



Disabled People's Housing Needs Study - An Assessment of the Housing Needs of People with Physical Disabilities

**Nottinghamshire and Derbyshire Strategic Housing Local
Authorities**

Local Report for Derby City Council

19 September 2012



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Executive Summary

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. 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 to support the development of plans and strategies concerned with housing for disabled people.
2. The focus of this research is the physical structure and facilities of a home (rather than care and support issues). This stand-alone report for Derby City Council is one of a series of 15 local reports and is complemented by an overview report for the study area as a whole. This section presents a summary of the key findings, conclusions and recommendations for Derby.

Methodology

3. 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 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 Black and Asian Minority Ethnic (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 Derby

4. There are an increasing number of people with physical disabilities in the city, who need homes and facilities to meet their needs.
5. It is estimated there are 11,344 people with a moderate physical disability and 3,243 with a serious physical disability in Derby (2010 figures). In the future, the ageing population will have an impact on the need, although not as much as in other local authority areas in Nottinghamshire and Derbyshire
6. The factors that affect demand from disabled households for housing may change in the future due to a number of factors, including: the economic downturn; the condition of private rented sector housing; welfare reform and potential under-occupation; health service changes; and, disabled children and adults living longer.
7. By 2015 it is estimated that between 1,161 and 2,258 households in the city 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 2,798 (from 2,109 in 2010).

How the current housing provision and services meet needs

8. 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.
9. Whilst many people would like to remain in their existing homes, around 200 Disabled Facilities Grants (DFGs) have been delivered each year, and this may not be sustainable in the future. For those able and willing to move to the social rented sector, there are limited lettings available and many of these will not meet the aspirations and demands of disabled people, or are not suitable to fully accommodate their disabilities.
10. 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.
11. However, there is an undersupply of accommodation of different types and sizes and tenures available to meet the needs of people with physical disabilities. The extent of this undersupply is detailed in paragraphs 16-20 below
12. 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. Private sector provision is restrained by market forces, although there is new provision (albeit very low numbers) being made in affordable housing through s106 planning agreements.

13. Local and county-wide services to meet the needs of disabled people in Derby 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. Particular concerns are about the process for DFGs, and the lack of co-ordinated accessible housing and other advice for disabled people. There is good understanding in Health and Social Care about the extent to which the right home will reduce on-going care, health and support inputs.

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

14. 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. These include; ground floor accommodation or stair lifts or through floor lifts to access upper floors; level access to a walk-in shower or wet room; level access to the front door.
15. 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. Any new provision of homes being considered should be mainly two-bedroomed, although there is also a need for one-bedroomed and larger homes.

Shortfall in properties to meet unmet need

16. A shortfall in the provision of suitable properties has been identified, showing that there is unmet need which could potentially be met by the provision of new homes. This also provides evidence to support relevant planning policies, strategic documents and funding bids.
17. 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 in its entirety. The local authority would have to balance the actual size and shape of this programme with those responding to other priority housing requirements.

High or low estimate of unmet housing need	2010	2015	2020	2025	2030
High estimate: based on ONS population change figures	1,651	1,792	1,939	2,106	2,296
Low estimate: based on High Level DLA claims	751	768	783	798	814

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

19. 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%	284	663
Affordable Housing	63%	483	1128

20. Property type and size of new provision:

- *Private Sector Provision being developed to meet the needs of disabled households should be mainly two-bedroomed bungalows. Affordable housing to meet the needs of disabled housing should be mainly two-bedroomed bungalows or flats, although provision also needs to be made for one-bedroomed and larger properties. It is not assessed here, whether/how the demands of people wanting a bungalow ideally, might be met through suitable, well-designed ground floor flats, although it may be necessary to consider this in the light of financial constraints.*

New housing – High needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	336	806	201
Flats	90	216	53
Houses	21	53	13
Total	447	1076	267

New housing – Low needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	144	346	86
Flats	38	93	23
Houses	9	23	5
Total	192	461	115

21. Wheelchair properties:

- *We estimate that there are 324 households with wheelchair users whose needs will not be met as of 2013, as set out below. This figure increases to 393 by 2033. (This is an estimated 17% to 58% of those in unsuitable accommodation with unmet needs for 2015)*

Wheelchair accessible provision (within new housing as above) to 2013

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	62	148	35
Flats	7	20	4
Houses	4	9	4
Supported	7	20	2
Total	79	196	46

Recommendations

Recommendations for Derby City	Details
<p>A. Scrutinise allocation activity</p>	<p>Ensure that adapted and wheelchair homes are not let to those who do not need them; and that they are let to those who do, including letting of over 60s accommodation to younger disabled people. Process analysis, and changes in policy (for example, holding a pool of void suitable properties). Consider extending use of choice based lettings system and development of accessible housing registers.</p>
<p>B. Draw up and update database of all affordable housing adapted / wheelchair stock.</p>	<p>Keep records of private sector stock that has benefited from DFGs. Consider extending use of choice based lettings system and development of accessible housing registers – including private sector landlords.</p>
<p>C. Review preventative policy in conjunction with adult services and health agencies</p>	<p>Consider tri-partite resourcing arrangements. To include explicit agreement of who should pay for adaptations or transfer to appropriate accommodation. Link policy to clear preventative rationale.</p>
<p>D. Introduce a residential design Supplementary Planning Document</p>	<p>Where not already in progress, introduce a residential design SPD that states where adaptable/ accessible/ wheelchair standard homes will be required (as a quota or by reference to a site design guide) and what is meant by accessible or adaptable. Ensure that developers are clear about what is expected of them in any proposed development, address concerns about financial viability or practical difficulties and consider any additional funding available to ensure viability and deliverability.</p>
<p>E. Implement existing planning policy around 'Special Needs Housing'</p>	<p>Include Lifetime Homes and Wheelchair properties. Include negotiations with developers. Use evidence in this report to implement policy.</p>
<p>F. Develop 'one-stop shop' approach for services for people with disabilities</p>	<p>Could involve improved referral and co-ordination or replacement / integration of services. Internal negotiations within authority, and with County and housing associations.</p>
<p>G. Overcome barriers which discourage people moving to a more suitable property</p>	<p>Address concerns about the upheaval of moving, provide help with planning and moving, including advocacy through One Stop Shop service to explain and discuss all housing options and offer a range of tenure options; home ownership/shared ownership/social rent/affordable rent.</p>
<p>H. Address Specific Urban and Black and Asian Minority Ethnic Equalities Issues where they exist</p>	<p>Derby has a significant BAME and urban population which face specific issues regarding accessing housing services which need to be taken into account.</p>

General Recommendations	Details
I. Raise Awareness	Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working
J. Ensure housing needs assessments highlight the needs of disabled people	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.
K. Promote preventative and early intervention investment	Promote preventative and early intervention investment, so that benefitting agencies (in particular health and social care) understand the value for money of investment.
L. Further Develop Home Improvement Agency	Further develop the Home Improvement Agency and a system of recycling adaptations – stair lifts in particular Work with Home Improvement Agencies (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.
M. 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 jointly with provider partners.
N. Agree a protocol for adaptations.	Agree a protocol for adaptations to homes across tenure, so that resources are more effectively used to meet the needs of more disabled people.
O. Ensure private sector / developer obligations are enforced	Ensure private sector / developer obligations are enforced in a co-ordinated way across the study area. Identify opportunities to bring together OT, housing and Planning expertise, plus local disabled people and representatives in development of a design guide. 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. Use publically owned land to meet needs	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,

1.0 Introduction

1.1 Study Aims and Methodology

1.1.1 Aims

1. A consortium comprising of fifteen local authorities within Nottinghamshire and Derbyshire commissioned Ecorys and ConsultCIH to undertake a Disabled Housing Needs Study to examine the housing needs of people with physical disabilities. 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.
2. The 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.
3. The research was to focus on the physical structure and facilities of a home, rather than the care and support issues. Outputs were an overview report, summarising the data and finding as for the study area as a whole, and separate reports for each of the participating local authorities. This report is one of the local reports.

1.1.2 Methodology

4. 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 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 in local authority areas with organisations specialising in disabled persons care, housing developers and service users (including a BAME focus group).

- Structured telephone interviews with households with disabled members.
- On-line surveys with households with disabled members.
- Stakeholder interviews with senior representatives of housing associations and experts from organisations such as Mencap and Rethink.

1.2 Local Context

5. Health in Derby is generally worse than national average, depending on gender, ethnicity and place within the city. The average life expectancy for women is 81.5 (England 81.8) and for men 76.8 (England 77.7). In deprived areas life expectancy is 8 years lower than other city areas. 49.9% of the total population live in eight wards within central Derby ranked amongst the 20% most deprived in England (IMD 2010¹).
6. A significant proportion of the population are from ethnic minorities (there are approximately 182 nationalities). The proportion of black and Asian minority ethnic (BAME) resident groups ranges from 1% in Spondon to 44% in Normanton and 46.9% in Arboretum. Asian residents form the largest ethnic grouping, accounting for 10.9% of the City's population. Within this grouping, it is estimated that in 2007 there were around 12,350 of Pakistani origin, 10,892 of Indian and 380 of Bangladeshi origin. These population groups have higher prevalence rates in particular diseases e.g. diabetes. There is also a Roma community.
7. In October-December 2010, 16.4% of Derby's working age population (aged 16-54) were in receipt of state benefits.
8. In terms of tenure there is 72% owner occupation, 21.2% social housing and 7% private rented sector. Derby Homes, the Council's ALMO, provides around two thirds of social housing and 13% of the total housing stock. A 2010/11 satisfaction survey identified that 44.4% of all respondents to the relevant question (656) stated they have a disability (42% in 2010).

1.3 Report Structure

9. The remainder of this report is structured as follows:
 - Section 2 sets out the housing needs of people with disabilities
 - Section 3 outlines how these needs are currently met
 - Section 4 summarises the results of the disabled resident's survey
 - Section 5 sets out demographic and housing needs data
 - Section 6 gives forecasts for future disabled persons' housing needs
 - Section 7 then draws conclusions from the report and makes recommendations.
10. A data set of background information is given in Annex 1.

¹ Figures in this section taken from the JSNA 2009- 2011.

2.0 The Housing Needs of People with Physical Disabilities

2.1 What does the evidence tell us about the housing needs of disabled people?

11. National evidence is covered in the Overview Report, with locally-relevant evidence set out here. We found a lack of detailed evidence at a local authority level, in relation to the perceptions of local people and projected future changes in need. These aspects were therefore covered through surveys, interviews and focus groups.
12. The last Census identified that nearly 19% of Derby's population are disabled, totalling 42,862 disabled people, which is above the national average. Using PANSI as the basis for national prevalence rates² for moderate and serious disability by age and sex, in 2010 it is estimated there are 11,344 with a moderate physical disability and 3,243 with a serious physical disability in Derby.
13. The May 2010 Nomis Labour Market statistics found that the total number of people in Derby receiving a disability related benefit was 13,070. The 2009 JSNA states that 1,483 adults aged 18-64 and 5,148 adults aged 65+ in Derby were receiving community based support in relation to physical disability, frailty and sensory impairment.
14. Whilst the 2008 Review of Demand for Disabled Facilities Grant (DFG) in the East Midlands did not report on specific figures for Derby, it did note that Derby was one of three highest funded authorities and recorded a higher than average growth between 2004/05 and 2007/08 of 52.4%. Also of relevance to Derby are:
 - BAME households with a disabled child or adult were found to be more likely to need high-cost adaptations such as extensions as the high number of other people living in the same property rules out other options. The higher costs associated with adapting accommodation with larger household sizes needs to be factored into the planning of DFG resources at a local authority and regional level. Adaptations for children under 18 have tended to be unpredictable and, because of their likely high cost, have the potential to absorb available funding
 - Lifestyle changes over the last 40 years have resulted in the growth of medical problems such as obesity, which is a concerning phenomenon in terms of DFG budgeting. Responding to the needs of morbidly obese DFG applicants can result in considerable additional expense because standard adaptations equipment often does not meet the added size and loading requirements. Property structures often also need extra reinforcement to cope with these additional demands.

² The prevalence rates given in the survey for moderate physical disability are 4.1% for 18-24 year olds, 4.2% for 25-34 year olds, 5.6% for 35-44 year olds, 9.7% for 45-54 year olds and 14.9% for 55-64 year olds. The prevalence rates given in the survey for serious physical disability are 0.8% for 18-24 year olds, 0.4% for 25-34 year olds, 1.7% for 35-44 year olds, 2.7% for 45-54 year olds and 5.8% for 55-64 year olds.

15. With regard to social care funded support, a consultation survey with Derby residents was conducted between December 2010 and February 2011 on a proposal to raise the eligibility threshold³ from meeting moderate needs and above to only meeting substantial needs. Around 3,000 questionnaires were sent out and 943 were completed. Respondents were asked what disability or physical impairment they had if any, half of the respondents (43%) said they had a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying.

16. The 2009 housing strategy reports that a large part of identified future housing need is due to the growing number of older households, many of whom will live with or acquire disabilities. New housing developments must be designed to meet these needs. This means not only adapting homes as older people's needs change with age, but also designing in adaptability. Similarly, neighbourhoods must be designed with residents of all ages and abilities in mind and offer services and amenities, which are accessible to all. More (mainstream and specialised) housing choices must be opened to older people, alongside better advice services to facilitate informed choices.

17. The local authority provides data on the demand for housing related support services from disabled people. 142 of the 2392 people (5.94%) who received services during 2010/2011 (excluding those in sheltered housing, and mostly for short term services such as hostels) either had physical and sensory needs or considered themselves with either a Mobility, Visual or Hearing Disability. This is broken down as follows (some may have had multiple selections):

- 94 people were assessed as having a Physical / Sensory Need
- 86 people considered themselves to have a Mobility Disability
- people considered themselves to have a Visual Disability
- 9 people considered themselves to have a Hearing Disability

18. Outcomes sampling information suggests that 55.94% (2,119) of 3,788 older service users of long term housing-related support could be classified as having a physical / sensory disability. 27.27% of people receiving other long term could be classified as disabled, (97 out of 356).

	Older People %	Other Long-Term %
Physical/Sensory Need	20.79% [788]	5.45% [19]
Mobility Disability	50.00% [1894]	16.36% [58]
Visual Disability	7.43% [281]	12.73% [45]
Hearing Disability	12.87% [488]	12.73% [45]

³ The eligibility threshold is the level at which the Council decides it will offer help to people with social care needs

2.2 Customer and Stakeholder Perspectives

2.2.1 Customer Perspective

19. Ten focus groups were conducted with residents from across Nottinghamshire and Derbyshire, primarily recruited from those responding to the telephone and online surveys. The topic guide was put together with the aim of gathering more in-depth feedback on key issues such as access to services/information and how people felt about housing provision for people with disabilities. One of the ten groups was held with a group of BAME residents as it was felt that they were underrepresented in the telephone/online surveys.
20. Those attending the focus groups were a mix of owner occupiers, council tenants and housing association tenants from across the fifteen local authorities. Some had lived in their property since before becoming disabled, while others had moved since. All had had some kind of adaptations made, ranging from grab rails to ceiling track hoists. Most respondents felt that their current property was suitable, and that with future adaptations it would remain so, though some felt that moving would be their only option in the future.
21. There was a general consensus that there is a lack of suitable housing, and that often any suitable housing available is not given to people with disabilities. Several respondents reported situations where adapted council properties had been given to applicants without disabilities and that properties had had adaptations removed.
22. Those renting from the council and housing associations felt that the process for getting a new property was difficult to understand and unfair, and in some cases people felt that there was no point in bidding as they had never had success in the past. One respondent said that she feared being taken off the list because she wasn't bidding, but she felt that there was no point bidding on properties that she knew would not be suitable.
23. Respondents in privately owned homes also faced barriers when considering a move, most commonly that bungalows, the most popular housing choice, were simply unaffordable, even to those who owned their own property.
24. Finding out what was available in terms of suitable properties was a problem for both council tenants and homeowners, with many feeling that it was difficult to know what was out there, especially when they had been offered unsuitable properties in the past which had been described as being suitable. These problems were exacerbated by language, cultural and communication issues for some in the BAME group.
25. The size of property on offer was also criticised, with many respondents feeling that housing providers did not take into consideration the fact that disabled people have families and may require overnight care. There were cultural issues about the need for separate self-contained kitchens raised by the BAME group as well as the need for additional socialising or prayer rooms

26. Anecdotal feedback suggested a lack of properties suitable for younger disabled people. Several respondents knew of young disabled people who had been put into accommodation with the elderly as that was the only adapted property available, but this caused problems if they ever wanted friends to visit. Affordability of properties for younger people was also discussed, with respondents feeling that many young people would simply not be able to afford to live independently. Rising heating costs and the changes to Housing Benefit were of concern.

2.2.2 Stakeholder Perspective

27. Stakeholders interviewed included Council officers, Housing Association representatives and third sector partners. Amongst them, there is a clear understanding of the rising demand for aids, adaptations and more extensive structural work to homes to accommodate the needs of the rising number of disabled people. Participants in focus groups were able to give examples of effective inter agency working, to achieve seamless and effective service delivery for disabled people and their families, but in some cases the identified positive practice was not consistently applied.

28. Examples were highlighted during discussions with stakeholders of a lack of awareness of alternative housing solutions and options for households who needed extensive disabled adaptations and facilities. There appeared to be no consistently applied option analysis and appraisal of alternatives to high cost adaptation work. Participants expressed enthusiasm for an improved approach to the development and dissemination of an adapted housing database that includes cross tenure homes with clear and easily accessible descriptions of the properties.

29. All participants supported the need for county-wide protocols to improve the advice and assistance for disabled people in planning for their future housing needs. Stakeholders across statutory and voluntary agencies expressed a need to better understand the current and future needs of disabled children and adults, the impact on all services of the ageing population and the implications of the increased life expectancy of people with severe physical and sensory disabilities including dementia.

2.3 Factors Affecting Future Demand

2.3.1 Wider Trends

30. This section draws on the wider literature review in the Overview Report. The economic downturn affects all sectors of the population trying to resolve their own housing needs, including those with a disabled family member. With mortgages less available and a sluggish house market, people are likely to continue to find it harder to sell their own home and move to something more suitable for some time yet.

31. Adding to this is the pressure to build more homes on the available land. There is a tension between this and building homes that are sufficiently generous in space standards to enable occupation by those with more significant disabilities, e.g. using a wheelchair. This particularly affects families with disabled children who need much

better circulation spaces to allow more complex mobility chairs to be manoeuvred. In addition, building upwards allows more density of homes but upper floor properties can only be accessible if lifts are fitted: a cost that most developers are unwilling to consider unless the development is specifically intended for older people.

32. Good health care and improved medical expertise means that more babies born with significant, often multiple disabilities are now surviving into childhood and adulthood. This means there is a need to support more families to care for their disabled children by providing or enabling suitable homes that will later also require more self-contained space that supports the independence of young adults.
33. Welfare reform to limit housing benefit to under-occupiers will impact on those with disabilities who need additional space for medical supplies, equipment or simply in terms of circulation space. This will particularly affect families with disabled children and disabled adults under 65 years old. It is also likely to lead to an increased demand for homes that meet space requirements for the disabled person but where benefit will cover the payable rent. Most authorities will in any case have difficulty in meeting demand for downsizing moves.

2.3.2 Customer Perspective

34. Focus group attendees who weren't currently considering a move felt that they may need to do so in the future as their condition worsened. This would mean that they would be, in most cases, too old to get a mortgage (if they could afford one) and in need of greater care.
35. Cuts in subsidised transport were an issue for many, and suggests that in future people will be more considerate of the location of their property in relation to local shops and will continue to drive for longer, therefore needing reserved parking spaces with dropped kerbs or driveways.
36. The lack of affordable homes in general meant that in many cases the children of disabled people would be unable to move out, and so the need for larger properties to cater for families was discussed. Many felt resentment that it was assumed that as a disabled person they were single with no children (in almost every case the attendees had partners and/or children). However, the BAME group commented that they were keen to dispel the myth that in Asian families children stay at home and support their families. In fact, just like just like children from White British backgrounds they want to move away to find work or experience life in a different environment. Changes to Housing Benefit worried many people as they felt that they had very little spare cash currently, if any, and having to find money to make up the difference between Housing Benefit and their rent would be very difficult.
37. The loss of homes to the 'right to buy' scheme was considered one of the main factors in the reduction of suitable available properties for those in council housing (or what was formerly council housing).

2.3.3 Stakeholder Perspective

38. The Derby City Council Supporting People Programme funds a Home Improvement Agencies (HIA) as well as a range of supported accommodation and floating support. This budget is under significant pressure and the Council is keeping the service under review and is seeking ways to make savings..
39. A clear message from the small number of housing developer partners involved in the focus groups was in favour of better space standards rather than Lifetime Homes Standard – in comparison with occupational therapists and housing options managers who were in favour of Lifetime Homes Standard to reduce future calls on Disabled Facilities Grants (DFGs), given the ongoing and increasing pressure on these budgets.
40. There are particular concerns about the needs of disabled children and young adults. Adaptations are expensive, often involving an extension. More disabled children are surviving birth, and children with multiple disabilities are surviving for far longer. This is to be celebrated, but the system is not geared up to meet their housing needs.

2.4 Key Points

41. From this chapter, the following key points can be made about the identified housing needs of disabled people in Derby.
42. Using PANSI as the basis for national prevalence rates for moderate and serious disability by age and sex, in 2010 it is estimated there are 11,344 with a moderate physical disability and 3,243 with a serious physical disability in Derby.
43. The main concerns of customers and residents are the lack of suitable housing and inappropriate allocations of both adapted and un-adapted housing and difficulty understanding affordable housing allocation processes.
44. Specifically, disabled people have a need for access to:
 - *Comprehensive but easy to understand advice and information.*
 - *Suitable accessible accommodation.*
 - *A fair and efficient allocation of adapted and purpose-built social housing.*
 - *Appropriate equipment.*
 - *Affordable private sector accommodation.*
 - *Properties for younger (non-elderly) people.*
 - *Adaptation of existing property (e.g. through DFGs).*
 - *Homes with high space standards.*
45. Most residents felt their current properties were adequate, or could be made so with adaptations, but looking to the future there were concerns about cuts to subsidised transport, difficulties in their children affording to remain near their disabled parents, and changes to the housing benefit system.

46. There were some specific cultural, language and communications equalities issues experienced by BAME groups.
47. Amongst stakeholders there was a lack of awareness of alternative solutions for those needing extensive adaptations and support for a cross-authority adapted housing database.
48. The factors that affect demand from disabled households for housing may change in the future due to:
- *The economic downturn.*
 - *The condition of private rented sector housing.*
 - *Welfare reform and potential under-occupation.*
 - *Health service changes.*
 - *The ageing population.*
 - *Disabled children and adults living longer.*

3.0 Meeting the Housing Needs of People with Physical Disabilities

49. The overview report sets out the legislative and regulatory requirements that exist in relation to housing provision for people with sensory and physical disabilities. Good practice and guidance is summarised in Appendix C to the Overview Report. The Overview Report also contains a commentary on cost benefit studies which consider the value of housing interventions in relation to savings to the public purse and the individual / household, of provision for people with disabilities. This section therefore sets out the more specific provision within Derby to meet the housing needs of people with disabilities.

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

Corporate Goals and Themes

50. Derby's Sustainable Community Strategy 2009-11 aims for Derby to be a place where people of all ages and from all walks of life will feel they belong to Derby and that Derby offers them everything they need – for work, education, housing, leisure and a safe and healthy lifestyle.. There is a commitment to provide lifetime homes for Derby people that are suitable for people of any age, support older people to live independently and prevent and reduce accidents in the home.

51. The 2011-14 council plan focuses on six key outcomes based on feedback received from residents, visitors and partners. Action to achieve improved health includes supporting more vulnerable people with a physical disability or learning disability to move out of accommodation-based care and support services into their own home. Working with partners to maximise the opportunities for more good-quality and affordable housing, which will include an 'Extra Care' programme, and delivering improvements to existing private sector housing conditions are identified as contributory to a thriving and sustainable economy.

Equalities and the Participation of Disabled People

52. Derby City Council recently received 'excellent' status under the equality framework for local government. The Council adopted the social model of disability⁴ a number of years ago. The Council has an elected member disability champion, a Disabled People's Diversity Forum and Disabled People's Employee Network. The Council's submission to achieve its 'excellent' equality framework status provides a number of examples of how the Forum has been influential in shaping things e.g., participation in street design. Feedback from other councils is that they want to repeat the good working relationship the council has with disabled people in Derby.

⁴ There is an acceptance that disability is not caused by someone's particular impairment, but by the way in which society fails to meet disabled people's needs.

53. Other opportunities for disabled people's involvement in service development and delivery are cited as Handyside Court (Extra Care) panel members, the 50+ Centre, DOPPS and Disability Direct. There is also a Disabled Children's Carers Group and a Peer Review Group for service users of housing related support services, and Derby Homes' has a service user group, SHOUT (Supported Housing Offering Unity and Trust) works to support service developments. Derby also has three elected older people's representatives on the East Midlands Older People's Advisory Group who represent 50+ Forum, dealing with homes for life, independence in older age and disability issues.

Housing Strategy

54. The 2009 -14 Housing Strategy describes four priority themes:

1. *Cohesive and empowered communities: to ensure that housing services contribute towards the building of safe, inclusive, empowered and vibrant communities with a shared sense of belonging*
2. *Affordable and accessible housing with appropriate and timely housing advice: to ensure that every household in Derby has access to decent and appropriate housing and housing-related advice services*
3. *Improving homes and the living environment: to regenerate homes and neighbourhoods in a sustainable way*
4. *Supporting vulnerable residents: to ensure vulnerable people receive appropriate housing and housing-related support*

55. To ensure that every household in Derby has access to decent and appropriate housing and housing related advice services the strategy recognises that it is necessary to provide appropriate information on the full range of housing and housing services available in the City, and that housing options need to be further developed and promoted as appropriate. This will include providing appropriate and desirable accommodation to meet the long-term housing, care and support needs of disabled residents and residents with special needs. In response the strategy states that all new affordable housing will be developed to Lifetime Homes standards and at least 10% will be developed to full mobility standards.

56. To support vulnerable residents the strategy describes how it will continue to focus on improving services for all vulnerable groups including older residents, Black and minority ethnic groups and people with physical and learning disabilities. Specific actions include:

- strengthening and improving the marketing of services provided by the Home Improvement Agency for vulnerable groups;
- better using adapted dwellings by the creation of an adapted property register which will improve the link between adapted properties and people that require adaptations;
- further develop assistive technology and resources to allow people to remain independent;

- working with partners to co-ordinate measures to address hospital discharge delays due to lack of support or appropriate adaptations;
- improving inter-agency commissioning with partners and providers to provide flexible housing-based support and care services;
- promoting the positive benefits and outcomes of housing related support services;
- continuing to work with housing associations to facilitate disabled people's adaptations so as to help prevent homelessness;
- seeking additional funding to subsidise take up of telecare by older people on a low income;
- continuing to provide information on availability of grants available for aids, adaptations and renewal grants;

Strategies for Disabled People, their Carers and for the Elderly

57. The Adults, Health and Housing Commissioning Strategy for Physical & Sensory Impairment (PSI) 2011-2014 sets out how Derby City Council will meet the needs of adults in Derby with physical and/or sensory impairment and their carers over the next three years. This strategy is for social care provision for adults aged 18-64:

- who are physically disabled
- have a visual impairment (blind/ partially sighted)
- have a hearing impairment (deaf or hard of hearing)
- have a dual sensory impairment (both deaf and blind)

58. Housing related commissioning implications are identified as:

- Clear information about suitable accommodation available
- Accessibility issues need to be considered when letting properties
- Need to work closely with disabled facilities grant to adapt properties appropriately to enable people to live independently
- Newbuild to include full wheelchair standards or designed to Lifetime Homes
- There is a need to acknowledge disabled people as a vulnerable group and to work collaboratively with regeneration schemes to address deprivation and inequality issues.

59. In response to design issues, and poor housing conditions the implications are:

- Where appropriate include Lifetime Homes standards

- Provide aids and adaptations to homes to help overcome barriers
 - Provide rehab services to aid people to remain in their own home
60. Partnerships which address housing standards are seen as essential in improving health and social care outcomes.
61. Particularly relevant commissioning priorities to homes and housing services include:
- Ensure that adults with PSI have fair access to appropriate housing and support to live independently
 - Maximise move-on accommodation to enable new provision for supported housing schemes
 - Existing services need to be reviewed to maximise impact, although the difficult financial climate will challenge the development of new services
 - Ensure services are developed which prioritise re-enablement and assistive technology so that adults with PSI are independent and reduce their dependency
 - Consider black & minority ethnic groups and cultural needs to ensure appropriate services are provided, with an increasingly diverse population
 - Work in partnership to ensure a smooth transition for aged 16-25 from childhood to adulthood
 - Minimise hospital admissions, bed blocking and re-admissions through joint working with partners to consider PSI needs
62. The 2009 – 12 Derby Carer's Strategy aims to provide accurate and timely information for carers, together with advice and support, to enable carers to feel recognised and valued and help them to live full and healthy lives. The strategy reports that local carers said they would find extra help with the house/garden beneficial to them. It appears there should be an action plan but this has not been made available.
63. A Better Derby for Older People 2009 – 2010 describes a number of ambitions for older people including maximising their income, enabling independent living, offering information about the full range of housing solutions available and developing housing solutions to meet the needs of local people. Proposed actions that can reasonably be expected to benefit older disabled people include to:
- further improve housing services and expand the range of equipment available to help people to live independently
 - work towards identifying aids and adaptations more effectively in properties and help match applicants to suitably-adapted dwellings
 - improve the quality and consistency about housing options for older people and continue to review existing sheltered housing to make sure it is appropriate

- continue to provide advice to keep homes warm through the Warm and Well project in Derby
- redevelop the Rebecca House sheltered housing scheme to provide modern facilities within and outside the building
- plans have been put in place to develop a total of 925 extra care housing units by 2015.

64. The draft Adult, Health and Housing Commissioning Strategy for Older People 2010-2013 sets out how Derby City Council will meet the needs of Derby's older people and their carers over the next three years. Referring to the Derby "*New Homes for Old*" care Home Review (2009-10) and the Review of Sheltered Housing Needs and Warden Provision in Derby (2010) it identifies the following commissioning implications:

- The need for increased Extra Care Housing development as an alternative to care home admission
- The need for increased specialist dementia care
- The need for increased bed-based intermediate care rehabilitation
- The need for clearer information about the supported housing options on offer
- The extension of services to owner-occupier and private rented sectors
- Improved links with low-level prevention services including Falls Prevention

65. Also of relevance are the significant health and social care problems for older people caused by housing issues; partnerships which address housing standards are seen as essential in improving health and social care outcomes.

66. The strategy states that comparator work has indicated that 925 units would be an optimal level of Extra Care Housing provision for Derby's older person population by 2015.

67. The council operates neighbourhood working in partnership with Derby Homes, Derbyshire Police and Derbyshire Fire and Rescue Service; there are neighbourhood managers who lead partnership working across each of 17 neighbourhood Forums. This approach is reported to enable local people to influence decisions and become more active in their neighbourhoods as well as providing a way to identify and respond to key neighbourhood priorities.

3.2 New Additional Homes

68. Chapter 6 of the Local Plan covers housing and within that a specific policy, H12, covers the provision of Lifetime Homes: On housing sites of 40 dwellings or more the City Council will seek to negotiate the provision of a proportion of lifetime homes based on a guideline target of 10% of overall site capacity. The precise proportion will be determined by reference to the following criteria:

- a. Housing needs within the local area;*

b. Accessibility to local shops and services;

c. Accessibility to local public transport services.

69. The Council states that its aim is to provide a more inclusive and accessible environment for everyone, including disabled people, and that although many issues concerning access are now covered by the Building Regulations (the Local Plan Review does not seek to duplicate these provisions) it is the Council's view that the revised Building Regulations do not adequately address the concept of lifetime homes. A lifetime home is defined as a dwelling which is designed with built-in flexibility that makes it easy to adapt to suit peoples changing life circumstances from families with young children through to frail older people and those with temporary or permanent disabilities.

70. On large sites of 40 or more dwellings or at least 1.5 hectares, the Council currently seeks to negotiate the provision of lifetime homes through S106 Agreements. On smaller sites where a S106 Obligation is not otherwise required, the Council relies on informal agreements to secure such provision.

71. The Local Plan is currently in the process of being reviewed through the development of the Core Strategy. The principle of Lifetime Homes and adaptable housing is likely to be addressed through this new document when developed. The 2011 Allocations Policy aims to make the best use of social housing and enable choice.

72. It provides a guide to size/type of property and size of household which advises that younger disabled people who are getting Disability Living Allowance will be considered for housing on older people's schemes. People who require adapted properties may also bid for properties that are not adapted to meet their needs, subject to an occupational therapist assessment.

73. In terms of priority, the policy states that applicants will be placed in A Band (urgent housing needs – not the top priority) if:

- Derby City Council's medical adviser has assessed you as having an urgent need to move on medical grounds. This may be because your current housing is having a serious detrimental impact on you or members of your household's health or ability to live independently
- an occupational therapist has assessed you as having a need for an adapted property and your current home cannot be adapted as needed
- you have a recommendation from Adult or Children's services for housing
- you have an urgent need to move on welfare grounds
- your discharge from hospital is prevented by your housing situation
- there is a likelihood of admission to residential care or hospital if re-housing is not made
- you are a tenant of a Derby Homefinder Landlord and no longer need the adaptations made to your property.

74. Applicants who have moved out of an adapted to an un-adapted property and still need adaptations will be considered to have deliberately worsened their own housing circumstances to qualify for a higher number of housing needs. They will be placed in Band C for 12 months from the date of their change in circumstances, with a reassessment at the end of the 12-month period. The reassessment depends on the applicant getting in touch with the council.
75. There is a Derby Safeguarding Adults Board, established in January 2010 with an active training programme, and a web site for vulnerable adults.
76. There is a Derby City Council Supporting People personalisation policy which is intended to clarify the ways in which Supporting People continues to work towards increasing choice and control for service users
77. Derbyshire County Council leads advice and information for people with disabilities through the First Contact signposting service. The filter form used by the service includes housing-related questions and referral routes (other than for adaptations) are to Derby's Housing Options Team. At the moment there are no specific performance indicators relating specifically to people with disabilities' use of and access to the First Contact system
78. Age UK also provides a specific housing options service for older people (HOPS) with a Home Options Advisor and Spirita HIA staff visiting customers in their homes and providing advice on a variety of housing issues. HOPS activities are acknowledged to save adaptations budget through assisting older people to move to more suitable homes, which can avoid adapting current homes. The Spirita HIA service is delivered via a service level agreement with the Council⁵.
79. A wide range of services are described by the Adults, Health and Housing Commissioning Strategy for Physical & Sensory Impairment 2011-2014. Of particular relevance are:
- Information, advice, assistance and advocacy e.g., by the Council and Disability Direct
 - Specialist services e.g., those provided by Sight for Support or CAMTAD (for people with hearing/deaf needs)
 - Home support: care, support & enablement e.g., assessment of physical needs can take place at Arthur Court which provides assessment for living skills and equipment needs for individuals to live in the community
 - Assistive technology & equipment e.g., telecare
 - Rehabilitation services and adaptations e.g., adaptations are assessed where needed for existing properties through the Disabled Facilities Grant to meet the changing needs of PSI
 - Supported housing & residential care e.g., specialist housing schemes are provided for the deaf at the Alternative Living Scheme (ALS), head injury cases at the Headway Project and Physical disabilities supported living at Boulton Lane

⁵ In 2011 the HIA was taken in-house and is now delivered directly by the council

3.2.1 What Provision Should Look Like

80. This section outlines the forward looking aspects of strategic documents outlined in 3.1 above, to set out aspirations for how provision should look in the future.

81. The Older People’s Housing Needs Study completed for the East Midlands Regional Assembly in 2009 recommended some specific actions to meet future needs. These included that:

- All new general needs housing is developed to Lifetime Homes Standards to enable more older people (and those with disabilities) to remain in general needs housing.
- All new flatted blocks of any tenure should have lifts to all storeys above the ground floor.
- Planning guidance should be provided for the development of ‘granny flat’ extensions to ensure that they are developed to accessible standards.
- Local authorities should set clear guidance for both RSL and private sector partners in line with these principles in relation to:
 - the future level of wheelchair housing (5%),
 - accessibility in relation to new general needs housing
 - specialist housing

82. The Adults, Health and Housing Commissioning Strategy for Physical & Sensory Impairment, Derby Carers Strategy and Better Derby for Older similarly set out how Derby City Council will meet the needs of adults in Derby with physical and/or sensory impairment and their carers over the next three years.

3.2.2 Supply

83. Fuller data on supply provision is covered in section 5. In summary the key figures are:

Type of supply	Derby
Social sector wheelchair standard properties	107 (ALMO) 185 (RSL)
Social sector adapted / supported / older people dwellings	3783 (ALMO) 1860 (RSP)
Social sector bungalow stock	1330 (ALMO)
Social sector lettings to wheelchair stock (pa)	208
Social sector lettings to adapted dwellings (pa)	136 (CORE)
Private sector bungalow stock	9813 (2006 HCS)
Private sector bungalows (currently on market)	345
Private sector supported / assisted living / care (not nursing)	154

84. Figures relating to private sector supported housing are taken from the Elderly Accommodation Council (which also includes services for older people with disabilities). It includes supported accommodation, elderly-specific schemes such as

retirement homes and villages and combined supported and extra care provision, but not nursing home schemes

3.3 Does Supply Currently Meet Needs Effectively?

3.3.1 Wider Trends and Stakeholder Perspective

85. At present it appears that the Council's ambitions for lifetime standard homes are only being met in some new socially rented homes. It can be that small adjustments to designs, such as levelling access routes and adjusting circulation spaces and door positions has meant that properties can be occupied by people with disabilities with far fewer and less expensive adaptations, highlighting the potential role that Occupational therapists can play..

86. Derbyshire's Joint Commissioning Strategy for people with physical disabilities⁶ includes some research findings (December 2007) into the effectiveness of the provision of adaptations via DFGs to people in non-local authority housing. Not all the data is included and some of the findings relate to Derbyshire County rather than Derby City Council, but some key issues are:

- Of the applicants who withdrew their application for a DFG (total number or proportion of all applicants not stated):
 - A third say they couldn't afford their contribution
 - 1 in 7 withdrew because 'if they had got better information early in the process they would have never have gone ahead with their application'.
 - Speed in processing the application by the County and District Council was rated as poor or very poor by 42% and 46% of applicants respectively.
- Where adaptations were 'in progress' but not yet completed:
 - 40.6% were dissatisfied with the way their application had been dealt with overall
 - 51.5% of these applicants felt the speed of processing their application was poor or very poor

87. Virtually all completed applicants were still using their adaptations. Despite some general deterioration in health nearly 80% of applicants' care needs had stayed the same, with only 4% lessening. This group had a more positive view of the process (though had suffered in the long process). Many made very positive comments on the impact the adaptations had made on their lives.

88. The allocations policy restricts lettings in sheltered housing to applicants of 55 years and over (except where the property is upper storey and no older person has expressed an interest). However, the 2007 vulnerable people's housing needs assessment for people with physical and sensory disabilities indicates that at least some sheltered housing can be let to younger people with physical disabilities.

⁶ April 2010 draft version - updated draft awaited

89. The Council has limited information on the location of adapted property, except those that have had a DFG. There is very limited information on adapted social rented homes except when disabled facilities are recognised at void inspection. At present, estate agents and managing agents are not engaged with the Council in considering how to advertise homes that could accommodate people with disabilities.
90. There is good understanding in Health and Social Care about the extent to which the right home will reduce ongoing long-term inputs. Funding the right home supports parents to care – this is usually an intensive job that is hard work. Without the right home and equipment, parents need more external assistance (e.g., to lift the child), which is a cost to social care. The same type of feedback was given about disabled adults and the need to support carers and prevent acute illness, which complicates conditions and increases disability. A rational preventative and cost-effective approach would be for social care and health to pay to get the right home environment as early as possible.
91. One recent case (across the whole of Derbyshire) was given as an example of how this could happen. Health, social care and housing all contributed to a new build bungalow for a family with four disabled children. However, it took ‘years’ for this to be achieved.
92. In terms of a wider assessment of cost effectiveness, Annex Two provides comparative information on the value for money of different interventions in terms of the benefits to, for example, individuals, households and the public sector.

3.3.2 Customer Perspective

93. Those attending the focus groups (drawn from across Derbyshire and Nottinghamshire) gave mixed messages about their levels of satisfaction with current service delivery. While most were complimentary about how aids and adaptations had been provided, others felt that waiting times for fundamental things, such as accessible showers, were too long and that in some cases planners and workmen were unsympathetic to the needs of disabled people (e.g. not waiting long enough after ringing doorbells before leaving, not being flexible when installing new kitchens).
94. Those who owned their own properties felt that they were in a particularly difficult position. They stated that they were given conflicting advice about whether adaptations would be paid for and felt that sourcing reliable tradesmen was something they needed help with. They also felt that they should have more access to social housing with one respondent suggesting some kind of 'swap' whereby owner occupiers could sell their property to the council in return for a place in appropriate accommodation.
95. The availability of information for people with disabilities, ranging from advice on benefits to housing and healthcare, was considered insufficient. Respondents talked about being passed from one organisation to another, and often not knowing who to call for what. The provision of a centralised point of contact for queries was considered to be something that would be of great benefit, with respondents

suggesting that they felt it would offer better value for money. The sharing of information by organisations was also criticised, with many respondents saying that they had to explain their situation over and over again to different organisations, and in some cases different branches of the same organisation.

96. There was a general consensus among respondents that there were not enough suitable properties available, and that some of those that the council or housing associations considered to be suitable were, in fact, not. The lack of step-free access, narrow doorways, bathrooms unsuitable for adaptation and the lack of storage space for wheelchairs and mobility scooters was criticised, as was the provision of properties with only one bedroom. This meant that some respondents were in homes they felt were unsuitable, but better than anything else that they might be able to find.

3.4 Key Points

97. The local plan makes provision for new developments to contain a proportion of properties built to the lifetime home's standard. (See paragraph 80 above). However, the Local Plan is currently in the process of being reviewed and will eventually be superseded by a new Core Strategy. The principle of Lifetime Homes and adaptable housing is likely to be addressed through the Core Strategy when developed

98. There are a number of local authority and third sector services to help meet housing needs which seem to be generally well-regarded but some concerns and comments were highlighted.

99. Disabled housing need will not be met by current projected supply, the need for adaptations remains high and the level of investment in DFGs is seen as unsustainable.

100. Those using the DFGs service sometimes experiences delays and there is some dissatisfaction with the process, although there are positive views of the impact DFGs had made on people's lives.

101. There is very limited information maintained on the location of adapted property and there is no engagement with estate agents on disabled facilities.

102. A stronger preventative strategy is needed, involving health and social service agencies, to develop or adapt the right homes.

103. The provision of a single, centralised point of contact for the multiple services for those with physical disabilities would be of benefit.

4.0 Disabled Resident Survey

104. A total of 600 telephone interviews with disabled residents or members of their family across the 15 local authority areas were completed, together with an online version to which 78 people responded. Respondents were asked two screening questions before they were able to complete the survey; the first identified the local authority area they lived in and the second confirmed that they had a physical disability or visual impairment. The total number of responses from Derby was 70, with results set out in the following section.

4.1 Profile of Respondents

105. The profile of respondents living in Derby in terms of household types, number of residents and age profile broadly reflected the wider sample from the 15 local authorities and was as follows.

Household type	Derby	Total
Single Person	33%	39%
Couple with no children living at home	41%	40%
Single parent with children u-16 living at home	1%	1%
Couple with children u-16 living at home	6%	3%
Sharing with other adults	10%	9%
Living with extended family	6%	3%
Parent(s) living with children over 16	3%	4%
Other	0%	1%

106. The majority of households (77%) were occupied by one or two people.

Number of people in household	Derby	All LAs
One	33%	39%
Two	44%	46%
Three	14%	10%
Four	3%	3%
Five	4%	2%
Six	1%	<1%
More than 6	0%	<1%
Don't know	0%	<1%

107. A high proportion of respondents were over 60, with 77% of households with at least one person over 60.

Age of household	Derby	All LAs
Both adults over 60	60%	70%
Both adults under 60	23%	16%
Mixed age (at least one over 60 and one under 60)	17%	14%

108. In terms of ethnicity, the profile in Derby was overwhelmingly white British, reflecting the overall demographic profile of the city. However, Derby had one of the highest proportions of respondents from BAME backgrounds behind Bassetlaw and Nottingham City.

Ethnic origin	Derby	All LAs
White British	89%	94%
White Irish	0%	1%
Other European	0%	1%
Other White	1%	<1%
White & Black Caribbean	1%	<1%
Other Mixed	0%	<1%
Indian	1%	<1%
Black Caribbean	0%	1%
Black African	3%	<1%
Other Black	0%	<1%
Other	0%	<1%
Prefer not to say	4%	2%

109. Little evidence was available regarding incomes, as a number of people preferred not to say or didn't know.

Household income	Derby	All LAs
Under £500/month	11%	8%
£501 - £1000/month	27%	21%
£1001 - £1500/month	7%	8%
£1501 - £2000/month	6%	3%
£2001 - £2500/month	1%	2%
£2501 - £3000/month	0%	0%
£3001 - £3500/month	1%	1%
£3501 - £4000/month	0%	0%
£4001 - £5000/month	0%	<1%
£5001 - £7500/month	0%	<1%
Above £7500/month	1%	<1%
Don't know/prefer not to say	44%	58%

110. The vast majority of respondents (77%) were 'non-working' households.

Working status of household	Derby	All LAs
Working (at least one adult in employment)	23%	18%
Not working (no employed adults)	77%	82%

111. Over half of the respondents were in receipt of disability related benefits, with over half in receipt of income related benefits such as Council Tax Benefit.

Benefits received	Derby	All LAs
Council Tax Benefit	36%	44%
Housing Benefit	31%	26%
Local Housing Allowance	1%	1%
Income Support	14%	9%
Pension Credit	16%	18%
Jobseeker's Allowance	6%	2%
Child Tax Credit	4%	3%
Child Benefit	4%	3%
Working Tax Credit	3%	2%
Disability Living Allowance	67%	58%
Attendance Allowance	16%	17%
Carers Allowance	23%	17%
Incapacity Benefit	1%	3%
None of these	13%	10%
Don't know	4%	7%
Other	1%	4%
Refused	4%	2%

4.2 Current Property

112. The predominant property type was a semi-detached house, with Derby (37%) having a relatively high proportion compared to the wider study area (33%). In contrast, relatively fewer (just under a fifth) lived in bungalows or ground floor flats.

What type of property do you currently live in?	Derby	All LAs
Terrace/end of terrace	16%	13%
Semi-detached house	37%	33%
Detached house	7%	11%
Bungalow	19%	29%
Ground floor flat	9%	5%
Flat/maisonette in a block with less than 5 floors	11%	4%
Flat/maisonette in a block of 5-10 floors	0%	<1%
Flat/maisonette in a block of more than 10 floors	0%	<1%
Flat/bedsit in a converted house	0%	1%
Caravan/mobile home	0%	<1%
Supported housing	0%	3%

What type of property do you currently live in?	Derby	All LAs
Extra care accommodation	0%	<1%
Other	1%	2%

113. Of the 14 respondents living in lifts, just 3 lived in a block with a lift. Derby had the largest proportion of respondents living in flats.

114. Over half of respondents either owned their house outright, or had an outstanding mortgage. Derby had the highest proportion of disabled respondents living in privately rented accommodation.

And do you...?	Derby	All LAs
Own your property outright	43%	47%
Own with a mortgage	9%	10%
Rent from the council	27%	28%
Rent from a housing association	9%	9%
Rent from a private landlord	7%	3%
Part-rent and part-own through shared ownership	1%	<1%
Other	4%	2%

115. Derby had one of the highest proportions of households living in properties with one bedroom (20%)

116. Very few (9%) of respondents said that they, or someone else in the household, were on the housing register.

4.3 Disabled Housing Needs

117. In terms of specific needs, between 30% and 40% are wheelchair users, 30% outside the house only and 1% inside.

Wheelchair use	Derby	All LAs
Inside the house only	1%	2%
Outside the house only	30%	22%
Both inside and outside the house	13%	10%
No wheelchair use	53%	66%

118. In addition, in Derby just over half (53%) use equipment or aids on a regular basis, and:

- 41% use a walking stick
- 5% have a wet room or walk-in shower
- 19% have a stairlift

- 30% have grab rails

119. Just over a quarter of respondents felt they needed level access to a shower or wet room and 19% having a need for level access to the front door.

(Do you have, or) do you need any of the following?	Derby	All LAs
Level access to the front door	19%	16%
Level floors within the home	6%	5%
Accessible toilet facilities	10%	8%
A level access shower/wet room	26%	24%
Adapted kitchen facilities	16%	9%
A stair lift or through-floor lift to get access to the upper floors	6%	12%
Ceiling track hoist	0%	2%
Widened doorways	11%	6%
Reserved parking bay outside property	16%	12%
Driveway to allow close access to property	4%	8%

120. Derby had a relatively low proportion of respondents who considered their property to be suitable for the needs of the disabled resident(s) – 76% compared to 84% overall. Those who felt the property was not suitable gave reasons including stairs being a problem, needing level access to the property, needing adaptations and having narrow doorways.

121. However, 21% of Derby respondents felt that they could afford the necessary adaptations (compared to a borough average across the study area of 18%)

4.4 Future Housing Plans

122. In terms of future plans, a quarter of respondents felt likely to move within 5 years, but the majority felt they were unlikely to.

Are you, or will you be, actively seeking to move to a more suitable property in the next 5 years?	Derby	All LAs
Yes, I/we are currently looking to move home	9%	9%
Not seeking to move now, but we are likely to do so in the next 5 years	14%	9%
Not seeking to move now and we are fairly unlikely to do so in the next 5 years	4%	8%
Not seeking to move now and we are very unlikely to do so in the next 5 years	60%	70%
Don't know	13%	5%

123. Those in Derby looking to move gave reasons for doing so which included wanting to move to a cheaper property, the current property being too big, to move closer to friends/family, the current property being unsuitable for adaptations and to move to a property which has already been adapted.

Are there any barriers which prevent you from moving?	Derby	All LAs
Can't afford a suitable home	24%	15%
Suitable home not available	10%	7%
Can't face the upheaval of moving	31%	22%
Would have to move away from friends/family	23%	22%
Would have to move away from jobs/schools	3%	2%
Tied to a fixed term tenancy	1%	<1%
Would be unable to sell current home	1%	3%
Would not want to move	7%	4%
Other	3%	5%
Don't know	4%	4%
No barriers	31%	42%

124. Most people (47%) would want to move within the local area, indicating a general satisfaction with the vicinity.

If you were to move, where would you like to move to?	Derby	All LAs
Don't want to move/wish to stay where I am	7%	10%
Move within the local area (10 miles)	47%	40%
Move outside the local area	10%	15%
Other	7%	3%
Don't know	29%	33%

125. In terms of number of bedrooms needed in a new house, Derby had a relatively low proportion of respondents requiring a house with three bedrooms. The majority felt they needed two bedrooms (56%), although 26% felt that they only needed one. Derby had one of the highest proportions of households who would require 2 bedrooms on the ground floor.

126. The majority (80%) of respondents would like a bungalow, but a significant number did not think they would be able to afford it. However, 21% said they would like to live in a flat.

What sort of property would you like/afford to live in?				
	Derby Like	Derby Afford	Total Like	Total Afford
Terrace/end of terrace	4%	7%	2%	6%
Semi detached house	7%	9%	8%	8%
Detached house	7%	1%	5%	2%
Bungalow	80%	50%	75%	52%
Flat/maisonette in a block with 5 floors or less	19%	16%	9%	9%
Flat/maisonette in a block with 6-10 floors	1%	0%	1%	1%
Flat/maisonette in a block with 10+	1%	0%	1%	1%

floors				
Supported housing	10%	11%	6%	9%
Extra Care accommodation	4%	1%	3%	3%
Other	6%	3%	3%	3%
Don't know	7%	30%	9%	27%
Don't want to move	3%	3%	3%	3%

127. A significant number indicated they would like to rent from a social landlord and felt this was affordable. However, a quarter would want to be/remain an owner-occupier and could afford to do so.

And how would you like/be able to afford to occupy your next home?				
	Derby Like	Derby Afford	Total Like	Total Afford
Own your property outright	37%	24%	42%	31%
Own your property with a mortgage	6%	6%	5%	6%
Rent from the council	39%	44%	39%	43%
Rent from a housing association	26%	29%	17%	20%
Rent from a private landlord	10%	14%	6%	8%
Part-rent and part-own (shared ownership)	3%	1%	2%	2%
Other	1%	0%	1%	1%
Don't know	17%	20%	12%	17%
Don't want to move	1%	3%	3%	3%

128. A significant proportion of people said they would seek advice from the Council/Housing Association or Social Services (49%) while 10% would seek advice from the Citizens Advice Bureau. However, there was little knowledge of other / voluntary services.

If you wanted advice about making your house more suitable, or other housing options, where would you go to find that advice?	Derby	All LAs
Council	26%	38%
Social Services	23%	19%
Citizens' Advice Bureau	10%	4%
Family	6%	8%
Housing provider	6%	7%
Healthcare provider	10%	8%
Age UK	4%	3%
Friends/Neighbours	3%	2%
Occupational Therapist	1%	3%
Internet	4%	2%
Mobility Centre	1%	1%
Other	9%	6%
Don't need advice	3%	3%

If you wanted advice about making your house more suitable, or other housing options, where would you go to find that advice?	Derby	All LAs
Don't know	20%	16%

4.5 Key Points

129. Demand is highest for one and two bedroomed properties bungalows or ground floor flats, in a mix of tenures.
130. Up to 40% are wheelchair users – 30% outside the house only and 1% inside. 41% use a walking stick on a regular basis.
131. In terms of adaptation, need is highest for level access shower/wet room, with need also high for level access to a front door and stair lift / lift access to upper floors.
132. Around one quarter of respondents felt that their property was not currently suitable for their needs.
133. Up to 23% expect to move within the next five years.
134. 24% expect to be able to afford to buy their next home, while 73% expected to find it in the social rented sector (multiple answers were allowed).
135. The main barriers which would prevent people from moving are having to move away from family and friends, concerns about the upheaval of moving and the lack of or un-affordability of a suitable home
136. Over 49% of respondents would go to the Council or Social Services for advice, with a relatively low level of awareness and use of non-statutory services.

5.0 Demographic and Housing Needs Data

137. This section outlines the key findings regarding housing issues for people with physical mobility disabilities based on related demographic and housing needs data. It should be read alongside the findings from the overall statistical report, where additional or complementary data can be found. The charts and tables referred to are in Annex 1.

5.1 Demographics

138. This study focuses on the short (three years) and medium (five years) term picture of demand for and supply of suitable accommodation to meet the needs of people with physical disabilities. 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. So, where available, we have also used forecasts and projections that related to the next ten and twenty years, to 2030.

5.1.1 Overall Population Change

139. In the short and medium term, the overall population in Derby is forecast to increase by 4.2% between 2010 and 2015, from 247,300 to 257,700. This rate of increase is above the study average of 3.6% increase, and is the third sharpest increase among the study authorities (see Chart 1 and Table 1). The current age breakdown is 208,700 residents aged under 65 and 38,600 aged 65 or older, including 5,600 aged 85+.
140. The working age population is projected to see an increase of 7,000 (3.31%%), the second greatest rate of increase, running above the overall projection of a 1.5% increase across the study area, while the 65+ resident population is expected to increase by 3,400 (8.8%), well below the study average (13.9%).
141. In the longer term (Chart 2 and Table 2), population is projected to reach 268,000 by 2020, and 287,600 by 2030 – a 40,300 increase on 2010, and a rate (16.3%) above the study average (14.7%). Again, this overall increase contains considerable differences between the rate of change for the under and over 65 year old populations.
142. 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 figures, the 18-64 group is projected to see 25,000 increase in the number of residents (12%), while there is projected to be a 15,300 increase in the 65+ group. This represents a 40% increase for the 65+ group.
143. These longer term shifts in age profile will particularly impact on the balance between working and non-working adults in the population. Derby is likely to see a loss of the proportion of working age population of 3.7%, a rate below the 6.5%

projected loss across the study area. This follows a similar pattern to that of the other main urban centre, Nottingham (Chart 3)

5.1.2 Population Change Among the Very Elderly

144. As regards the very elderly (85+ population) in the shorter term all areas will see a steady increase year on year, with Derby projected to see an increase of 16%, close to the study area average of 17%.
145. 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. Derby's increase will see an extra 4,700 over 85s in the population by 2030. This will result in the population of over 85s increasing by 83% by 2030 with a total of 10,300 residents in the group. Over 85s are projected to form 3.6% of the Derby population by 2030. However, this still represents the lowest proportion bar Nottingham in the study area (Charts 4 and 5).
146. 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 below.

5.1.3 Older People and Mobility Issues

147. Charts 7 and 8 and tables 3 and 4 show projections for the proportionate growth 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 7,281 people with these difficulties in Derby.
148. This is forecast to increase to 7,957 by 2015 and 10,790 by 2030 – a 48% increase on 2010 figures. Derby's long-term rate of increase is second lowest, and well below the average rate (64.2 %). This is in part a reflection of the lower than average projections for the overall rate of increase of this group.

5.1.4 Wheelchair Requirements

149. 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. In the case of Derby, in 2013 there are projected to be 3,240 households with wheelchair requirements, of which 10% (324) will not have their needs met. By 2033 these figures will have increased to 3,930 and 393 respectively. It is worth noting that in 2010 208 social housing lettings into wheelchair accessible accommodation were made.
150. 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.

5.1.5 Other Mobility-Related Conditions affecting Older People.

151. 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 (that is, fully or near blind), bringing the total to 10,500 residents in the study area and 1,312 in Derby.
152. There are also 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.
153. The projected rates of increase in these conditions for older people are shown in Charts 9 to 18 and tables 4. and 4a. Derby's rates of increase are again second lowest to Nottingham for these indicators, reflecting its more youthful age profile.

5.1.6 Working Age Population

154. Moving on to the working age population (18 to 64) with physical disabilities, 15,036 Derby residents are projected to have either moderate or severe physical disabilities by 2015, representing a 449 increase on 2010 figures. This includes 3,311 with severe disabilities.
155. In the longer term, by 2030 there are projected to be 16,558 residents with disabilities, including 3,730 with severe disabilities. This represents a 1,971 (13.5%) increase on 2010 figures, the second highest numerically, and the third highest proportionately (Chart 19)
156. Given the relatively marginal changes 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, chart 20 indicates an increase of 6.7% (from approximately 50,000 to 54,000) in this groups over the longer term across the study area. Derby is projected to see 6,810 working age residents in this position, a near 14% increase on 2010, the second fastest rate of increase in the study area.
157. 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.
158. 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 across the

authorities a minor increase in working age people affected by strokes (5%) and a slightly larger proportion with diabetes (7%) is forecast.

159. There are minimal changes to those with serious visual problems. For all these indicators, Derby is projected to experience the second or third highest rates of increase in the study area. It should be noted that these figures are at least in part a factor of the relative increase in Derby's younger population, compared to most other authorities (Charts 20 to 23).

5.2 Disabled Living Allowance

160. One of the most useful indicators of the prevalence of mobility-related disabilities in an area is the take up of Disabled Living Allowance (DLA). DLA is not currently 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.
161. 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:
162. 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
163. 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.

164. In 2010 there were 7,200 individuals claiming higher level DLA in Derby. This represented 2.9% of the population, slightly below the average rate among the fifteen local authorities.
165. 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, in Derby there will be 7,503 claimants by 2015 and 8,373 by 2030. This is a 16.3% increase on current numbers, above the 14.7% average for the study area (Charts 24 to 26 and Table 5).

5.3 Disabled Facilities Grants

166. Data on Disabled Facilities 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
167. Derby planned to complete 200 DFGs in 2009-2010, the second highest projections across the study area authorities. Historically, they have maintained this level of activity since 2004. The City Council undertook a survey of disabled residents' housing needs on their registers, and identified 182 households

awaiting DFG-related improvements (Table 6 and Chart 27). However, a more strategic analysis of the underlying large-scale need for DFGs in the private sector was included in the 2006 Private Sector Stock condition Survey. This concluded that over the long-term a maximum of £15M was required, to install aids and adaptations in 14,600 homes (17.8% of private sector stock).

168. What is also 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 7 and chart 28), which indicates that the average grant now costs £6,825, compared to £4,677 in 2004-5 – a 46% increase. Derby's average costs per grant are slightly above average, but they have maintained stability since 2004. Derby's central government allocation for DFGS in 20011/12 is £804,820.

5.4 Children with Disabilities

169. 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 (SEN) held by county councils, from which the numbers of children with specifically physical and sensory disabilities can be calculated by authority. Chart 29 gives numbers with physical, sensory and multiple disabilities as of 2010. As can be seen in chart 30 they represent a minority (10%) 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. Unsurprisingly, because of its population, Derby has one of the higher numbers of children with SEN statements because of physical disabilities among the fifteen authorities, but proportionately it also has an above average number of SEN statements for these reasons.
170. The other source of data is the 'Census of Children in Need' (Chart 31) which tracks social service engagement with children by their particular needs. There are three categories 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.
171. Again, unsurprisingly, in numerical terms Derby's 'Children in Need' assessments for mobility-related problems are among the highest in the study area.

5.5 Council Tax Exemptions

172. 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), by moving the property to a lower band

- 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

173. Derby has recorded the second highest number of properties (754) with some form of reduction, disregard or exemption, in the study area - unsurprising because of its size (Charts 32 and 32a and Table 8).

5.6 Housing Demand: Housing Registers

174. While all fifteen authorities run district wide housing registers, practice varies widely in the quantity, range and type of data kept on the housing needs of individuals. Moreover, different authorities have different criteria for eligibility for joining housing registers and keep different types of information relating to age, medical condition and physical and mobility housing requirements. Often households are grouped under priority banding systems, which are not consistent between local authorities

175. However, in so far as is possible to compare like with like, we have brought together and summarised data on those applicants with mobility and physical disability related requirements on the register, and compared this to the general applicant population. We have had to make a number of assumptions, which are detailed below.

176. Age: some authorities either highlight or only hold age-related data, often against banding information. Thus, for North East Derbyshire, older people in bands 1 and 2 have been treated as being in the physical disability categories

177. Need for adaptations and medical condition: some authorities specifically categorise applicants who require mobility-related adaptations, or purpose built accommodation. Others do not, but categorise applicants under medical categories of degrees of seriousness. Where we have adaptation requirement data we have used this; where we only or additionally have medical-need data, we use this

178. Accuracy in describing physical disability: where we can distinguish specifically mobility-related physical disability we have done so; where this is not possible we have categorised this as 'other' physical disability.

179. Wheelchair requirement: some authorities specifically list applicants requiring wheelchairs; others do not, though it cannot be assumed that there is no wheelchair requirement in these cases.
180. Base figures: to ensure a degree of consistency in the baseline, overall housing register figures are taken from the 2010 HSSA forms, representing the official local authority monitoring return to the DCLG
181. What will be apparent from table 9 is the considerable variation in the proportion of applicants who can be categorised as having (or potentially having) some form of mobility – related disability. This range runs from 3% (Chesterfield) to 38% (Erewash). The weighted average (i.e. taking account of different sizes of housing registers) is 14%. With 8,547 applicants on the register, Derby has the second highest number after Nottingham. But with only 4.1% of them with physical disabilities, this is well below the study average of 14.3% (Table 9 and Charts 33 and 34).

5.7 Letting Data: CORE Returns

182. The CORE (Continuous Recording of Lettings) 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 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
183. Data is split between general needs and supported housing lettings, with slightly more detailed information available on supported housing.
184. In 2009-2010, 60 lettings in Derby were made to people with some form of mobility or visual related disability, including 35 into supported housing lettings. This is midrange in the spectrum among all the authorities in the study. These figures are further put into perspective when we note that there were a total of 1,999 lettings in Derby. Thus, just 3. % of lettings were to those with mobility-related needs, one of the lowest proportions in the study (Table 10).
185. As regards lettings to those with mobility difficulties, 15 general needs lettings (1.2%) and 193 (25.6%) of supported housing lettings were made into wheelchair standard stock, with a further 43.5% supported housing lettings into specially adapted stock. This was above average for wheelchair lettings and numerically was the highest number in the study (Table 11).

5.8 Housing Demand and Lettings

186. 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 12 and Chart 35.
187. While 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.
188. Taking this into account, it is particularly clear that there is substantially excess demand for appropriate accommodation compared to available year-on-year reletting supply. As regards Derby, while only 4.1% of applicants on the register had physical, mobility-related housing needs, 17%% of these gained a social housing letting, an above-average level.

5.9 Housing Supply

5.9.1 Social Sector Supply

189. 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 supply or turnover, noted above). We have fairly detailed information on the quantity of wheelchair accessible housing association stock by authority (Table 13), 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 Derby having a rate close to average (2.5%).
190. As noted, 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 14 is based on local authority returns, and certainly underestimates the amount of such stock. It may exclude recent adaptations through DFGs (see above).
191. 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. For example, in the North Derbyshire and Bassetlaw HMA area, there are over 2,300 designated bungalows and low rise flats. 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 13.

192. 107 units of the Derby ALMO's homes are wheelchair units, and 3783 have mobility adaptations. A detailed breakdown of the types of ground floor accommodation in ALMO stock follows:

Ground Floor Property by Type						
Bedroom nos.	Bedsit	1	2	3	4	Total
Bungalow Detached		1	78	3	1	83
Bungalow End Terrace	6	239	44	3		292
Bungalow Semi Detached	9	484	104	86		683
Bungalow Terraced	10	223	37	1		271
Flat	7	1517	409	6		1939
Total	32	2464	672	99	1	3268

5.9.2 Supported and Emergency Accommodation

193. As well as supported housing provided primarily for older people through Derby Homes and most housing associations operating in Derby, there is some provision focussed on younger people who may have physical disabilities. These include the Active 8 Foyer, which has one flat adapted for people with physical disabilities; the YMCA, with 83 rooms some of which are disabled adapted; Milestone House, with two wheelchair accessible flats; and centenary House, with two wheelchair units. Some of these are available on a direct access / emergency basis; other will only take referrals via the Housing Options Single Point of Entry.

194. Other supported housing provision is managed by Spiritra, Derwent Living, Adullam, Hope Housing, Action Housing and Riverside.

5.9.3 Social Sector New Development

195. £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. This was to develop 138 units, including 27 under the Home Ownership for People with Long Term Disabilities (HOLD) programme. East Midlands Housing Association have been allocated £91,500 to develop two units in Grayling Street. Details of the thematic breakdown of the 2011-15 Affordable Housing Programme are not yet available.

5.9.4 Private Sector Supply

196. 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 34% considered that they could afford to purchase their next home. There is no single source of data on relevant private sector private sector supply, but there is some information: it has been estimated (in the Private Sector House Condition Survey 2006)) that there are 9,813 private sector bungalows in Derby. A snapshot (January 2012) view of a property website (Nestoria.com) showed 345 bungalows in the Derby area for sale. There are around 154 units of specialist private sector assisted or exclusive accommodation for older people / people with support needs in the local authority area (excluding the extra care and residential care sectors).

5.10 Supporting People Data

197. 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.
198. Table 15 shows the number of households benefitting from SP services as at 31 December 2010. 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.

5.11 Key Points

199. There are significant and increasing numbers of disabled people with housing needs in Derby, including older people, working age residents and families with children.
200. There is substantial excess demand for appropriate accommodation compared to year on year supply.
201. The information about existing suitable housing stock in all tenures is inadequate and ways to improve information, including from the private sector, should be explored.

202. 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, significantly increasing the need for housing for disabled people.
203. An estimated 2.5% of Derby's social housing stock is of wheelchair standard, according to CORE returns. However, the understanding of 'wheelchair standard' is not clear.
204. A significant number of disabled people will be looking to social housing to meet their needs, although there are still many who may be able to afford to buy a suitable property.
205. Derby planned to complete 200 DFGs in 2009-10, the second highest projection across the study area authorities
206. There are very limited to no facilities in supported accommodation (non-elderly) for wheelchair users, and normally communal areas are not fully accessible.
207. 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.

6.0 Future Need and Demand

6.1 Forecasting the Volume of Unmet Need

208. 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.
209. Unlike the Habinteg model, we 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.
210. 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 Disabled 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.
 - 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 the Survey of English Housing (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 for the first model (POPPI/PANSI base) these housing register figures were used as base 2010 figures (High Peak, Nottingham and Rushcliffe)
 - iv. Lettings are then taken into account. We have taken 2010 CORE lettings to people with physical disabilities, and rolled them out 'flat' 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 updated the lettings for 2010 only to take this into

account (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 recently 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. 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 34% (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 sum is:

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.

211. For Derby 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	1,651	1,792	1,939	2,106	2,296
Low estimate: based on High Level DLA claims	751	768	783	798	814

212. Details of these calculations appear in Tables 16a and 16b in Annex 1, with a summary of the workings for 2015 outlined below:

	Low Estimate	High Estimate
A. Total under 65s unable to work, plus over 65s with at least one mobility difficulty	7,300	14,204
B. Number in unsuitable accommodation	1,161	2,358
C. Minus Lettings for new supply	60	60
D. Minus DFGs delivered	255	256
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.	77	150
Total - people with physical disabilities in unsuitable accommodation with unmet needs as at 2015 (B minus C, minus D, minus E)	768	1,792

6.2 The Type of Housing Required

6.2.1 Wheelchair Housing

213. As noted in section 5.1.4 we estimate that in Derby, in 2013 there are projected to be 3,240 households with wheelchair requirements, of which 10% (324) will not have their needs met. By 2033 these figures will have increased to 3,930 and 393 respectively. It is worth noting that in 2010 208 social housing lettings into wheelchair accessible accommodation were made. Full details of the calculations appear in table 17 in annex 1.

6.2.2 Adapted and Appropriate Housing

214. 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.

215. 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	21%	56%	12%	1%

216. 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%

6.3 Programmes to Meet Need

217. As noted, the figures in section 6.1 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 study 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:
218. 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, un-affordability 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?’.
219. 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 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.
220. The majority of the programmes we illustrate are focussed on the affordable housing sector, and in particular the affordable rented sector (under 2% of survey respondents were interested in intermediate products, and under 6% in the private rented sectors). As noted earlier, around a third of the 18% planning to move could conceivably buy (or rent) their next home, and we netted these off from the ‘in needs’ calculation.
221. However, 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 barriers⁷.

222. 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. 663 units of the high estimate and 284 units of the low estimate. This would equate to between 2% and 8% of market housing development over the next 15 years.

223. Traditionally, the funding of social sector schemes involving new or refurbished housing for people with disabilities has been reliant on capital grant, (through the Affordable Housing Programme and its predecessors), 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.

224. Finally, 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.

225. 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

⁷ National Planning Policy Framework – consultation response, McCarthy and Stone, 2011

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 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 ‘under-occupation’ 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. The one difference was that around 10% expected to move into some form of supported housing (under 5% of others wanted this), so we have reflected this in their programme.

New housing – High needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	336	806	201
Flats	90	216	53
Houses	21	53	13
Total	447	1076	267

New housing – Low needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	144	346	86
Flats	38	93	23
Houses	9	23	5
Total	192	461	115

226. We estimate that there are 324 households with wheelchair users whose needs will not be met as of 2013. This figure increases to 393 by 2033.

Wheelchair accessible provision (within new housing as above) to 2013			
Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	62	148	35
Flats	7	20	4
Houses	4	9	4
Supported	7	20	2
Total	79	196	46

227. Applying the proportion of people able to afford their own home of 37%, we estimate that private sector provision should be 284 units for the low estimate scenario and 663 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).

228. 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.

229. 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.

6.4 Key Points

230. Based on projections for 2015, estimates of the number of people with physical disabilities in unsuitable accommodation with unmet needs range from 768 to 1,792. This range rises by 2030: ranging from 814 to 2296. Of these, we estimate that:

- 37% would be able to afford to buy a suitable new home and access private sector provision – (ranging in estimates of 284 to 663 people for 2015).
- 63% (ranging in estimates from 483 to 1,129 people for 2015) 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.

- 324 people would need fully wheelchair accessible provision, in the private sector and/or affordable provision (ranging in estimates of 17% to 58% of those in unsuitable accommodation with unmet needs for 2015)
231. Private Sector Provision being developed to meet the needs of disabled households should be mainly two-bedroomed bungalows. Affordable housing to meet the needs of disabled housing should be mainly two-bedroomed bungalows or flats, although provision also needs to be made for one-bedroomed and larger properties. It is not assessed here, whether/how the demands of people wanting a bungalow ideally, might be met through suitable, well-designed ground floor flats, although this may be necessary to consider in the light of financial constraints.
232. Private sector provision could be argued to provide between 284 and 663 units, with the majority of market properties to be developed being two-bedroomed bungalows (or acceptable provision made via ground floor flats).
233. We have also 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 in its entirety. The local authority would have to balance the actual size and shape of this programme with those responding to other priority housing requirements

7.0 Conclusions and Recommendations

There are an increasing number of people with physical disabilities in the city, who need homes and facilities to meet their needs.

234. It is estimated there are 11,344 people with a moderate physical disability and 3,243 with a serious physical disability in Derby (2010 figures). In the future, the ageing population will have an impact on the need, although not as much as in other local authority areas in Nottinghamshire and Derbyshire
235. The factors that affect demand from disabled households for housing may change in the future due to a number of factors, including: the economic downturn; the condition of private rented sector housing; welfare reform and potential under-occupation; health service changes; and, disabled children and adults living longer.
236. By 2015 it is estimated that between 1,161 and 2,258 households in the city 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 2,798.

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.

237. Whilst many people would like to remain in their existing homes, around 200 Disabled Facilities Grants (DFGs) have been delivered each year, and this may not be sustainable in the future. For those able and willing to move to the social rented sector, there are limited lettings available and many of these will not meet the aspirations and demands of disabled people, or are not suitable to fully accommodate their disabilities.
238. 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. However, there is an undersupply of accommodation of different types and sizes and tenures available to meet the needs of people with physical disabilities.
239. 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. Private sector provision is restrained by market forces, although there is new provision (albeit very low numbers) being made in affordable housing through s106 planning agreements.
240. Local and county-wide services to meet the needs of disabled people in Derby 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.

241. There are particular concerns are about the process for DFGs, and the lack of co-ordinated accessible housing and other advice for disabled people. There is good understanding in Health and Social Care about the extent to which the right home will reduce on-going care, health and support inputs.

There are a number of factors which many disabled people want from their homes, whether in their existing home, or by moving. These include; ground floor accommodation or stair lifts or through floor lifts to access upper floors; level access to a walk-in shower or wet room; level access to the front door.

242. 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. Any new provision of homes being considered should be mainly two-bedroomed, although there is also a need for one-bedroomed and larger homes.

A shortfall in the provision of suitable properties has been identified, showing that there is unmet need which could potentially be met by the provision of new homes. This also provides evidence to support relevant planning policies, strategic documents and funding bids.

243. We have made some estimates of the size and type of programme that could be introduced to address unmet need for between 768 and 1792 people. The figures are based on 2015 projected needs, and if the programme was implemented it could clear the backlog. The local authority would have to balance the actual size and shape of this programme with those responding to other priority housing requirements

Private sector provision can be expected to address part of the unmet need, with the rest met through the affordable housing sector.

244. 37% would be able to afford to buy a suitable new home and access private sector provision. Based on low and high estimates for 2015, this equates to 284 to 663 units.
245. 63% would need Affordable housing (483 to 1128 units) - Social Rented, and/or other rented tenures such as Affordable Rented – dependent on local affordability issues and funding restrictions.
246. 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.

7.1 Recommendations

247. The table below sets out recommendations for Derby, which have been drawn from the information and conclusions from this report. These are looked at in more detail in Annex 3. A number of more general recommendations are also set out as part of this, addressing gaps identified in the wider study area. These recommendations are looked into in more detail Annex 3, with Good Practice examples in Annex 4.

Recommendations for Derby City	Details
A. Scrutinise allocation activity	Ensure that adapted and wheelchair homes are not let to those who do not need them; and that they are let to those who do, including letting of over 60s accommodation to younger disabled people. Process analysis, and changes in policy (for example, holding a pool of void suitable properties). Consider extending use of choice based lettings system and development of accessible housing registers.
B. Draw up and update database of all affordable housing adapted / wheelchair stock.	Keep records of private sector stock that has benefitted from DFGs. Consider extending use of choice based lettings system and development of accessible housing registers – including private sector landlords.
C. Review preventative policy in conjunction with adult services and health agencies	Consider tri-partite resourcing arrangements. To include explicit agreement of who should pay for adaptations or transfer to appropriate accommodation. Link policy to clear preventative rationale.
D. Introduce a residential design Supplementary Planning Document	Where not already in progress, introduce a residential design SPD that states where adaptable/ accessible/ wheelchair standard homes will be required (as a quota or by reference to a site design guide) and what is meant by accessible or adaptable. Ensure that developers are clear about what is expected of them in any proposed development, address concerns about financial viability or practical difficulties and consider any additional funding available to ensure viability and deliverability.
E. Implement existing planning policy around 'Special Needs Housing'	Include Lifetime Homes and Wheelchair properties. Include negotiations with developers. Use evidence in this report to implement policy.
F. Develop 'one-stop shop' approach for services for people with disabilities	Could involve improved referral and co-ordination or replacement / integration of services. Internal negotiations within authority, and with County and housing associations.
G. Overcome barriers which discourage people moving to a more suitable property	Address concerns about the upheaval of moving, provide help with planning and moving, including advocacy through One Stop Shop service to explain and discuss all housing options and offer a range of tenure options; home ownership/shared ownership/social rent/affordable rent.
H. Address Specific Urban and	Derby has a significant BAME and urban population which

Recommendations for Derby City	Details
Black and Asian Minority Ethnic Equalities Issues where they exist	face specific issues regarding accessing housing services which need to be taken into account.

General Recommendations	Details
I. Raise Awareness	Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working
J. Ensure housing needs assessments highlight the needs of disabled people	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.
K. Promote preventative and early intervention investment	Promote preventative and early intervention investment, so that benefitting agencies (in particular health and social care) understand the value for money of investment.
L. Further Develop Home Improvement Agency	Further develop the Home Improvement Agency and a system of recycling adaptations – stair lifts in particular Work with Home Improvement Agencies (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
M. 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 jointly with provider partners.
N. Agree a protocol for adaptations.	Agree a protocol for adaptations to homes across tenure, so that resources are more effectively used to meet the needs of more disabled people.
O. Ensure private sector / developer obligations are enforced	Ensure private sector / developer obligations are enforced in a co-ordinated way across the study area. Identify opportunities to bring together OT, housing and Planning expertise, plus local disabled people and representatives in development of a design guide. 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. Use publically owned land to meet needs	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,

248. These are further expanded upon in Annex 3 and with Good Practice examples in Annex 4.

Glossary

ALMO	Arms Length Management Organisation
BAME	Black and Asian Minority Ethnic
CORE	Continuous Recording of Lettings
DCLG	Department of Communities and Local Government
DFG	Disabled Facilities Grant
DH	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
HCS	(English) Housing Condition Survey
HIA	Home Improvement Agencies
HOLD	Home Ownership for People with Long Term Disabilities Programme
HOPS	Housing Options for Older People
ICES	Integrated Community Equipment Store
LDD	Local Development Document
ONS	Office of National Statistics
PANSI	Projecting Advisory Needs and Services Information
POPIS	Protecting Older People Information System
PSI	Physical and Sensory Impairment
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

Annex One: Charts and Tables

Chart 1 Overall percentage population increase 2010-2015

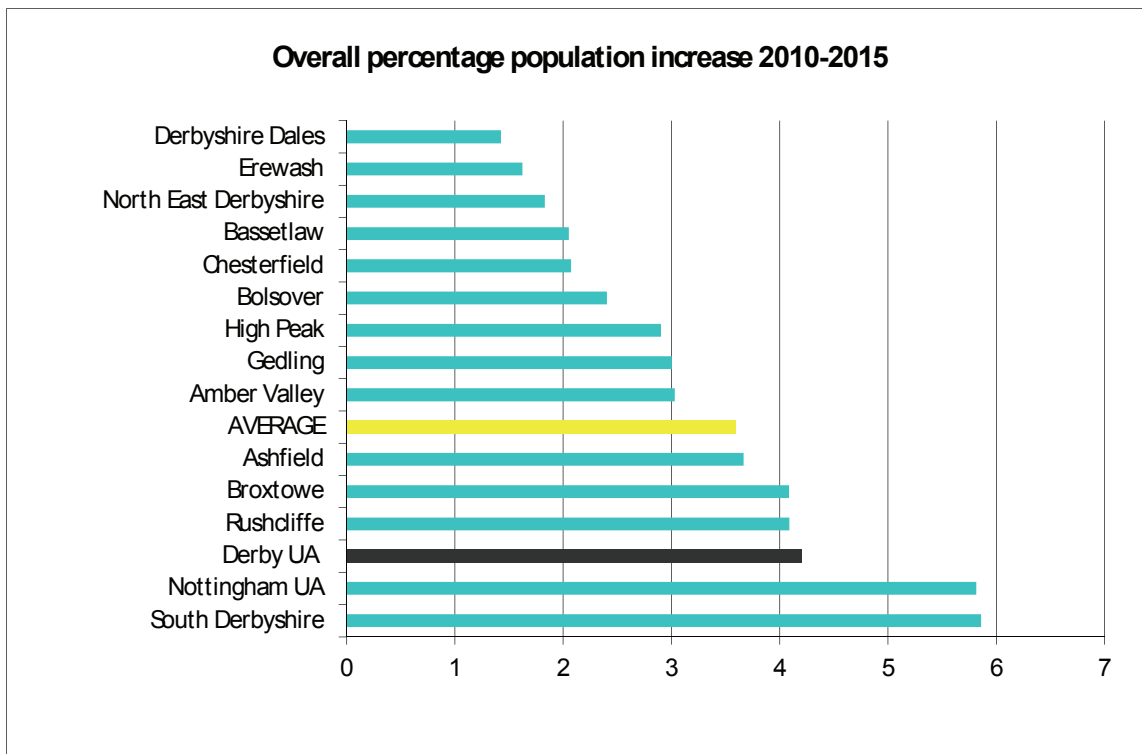


Chart 2 Overall percentage population increase 2010-2030

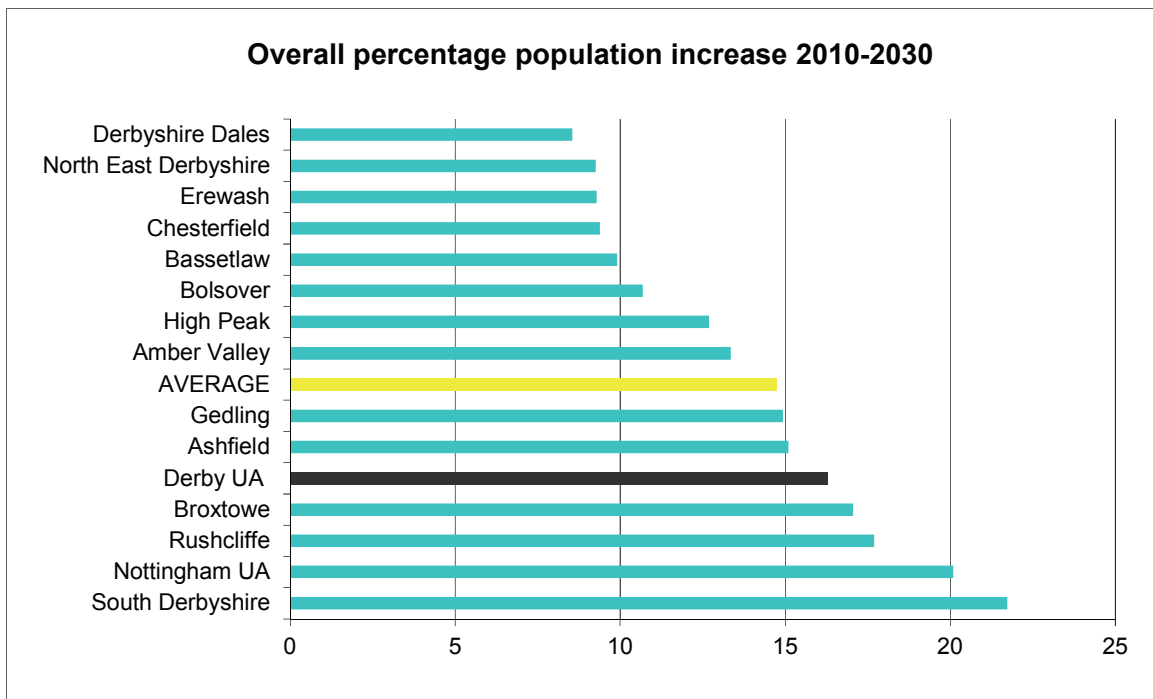


Chart 3 Percentage loss of working age population 2010-2030

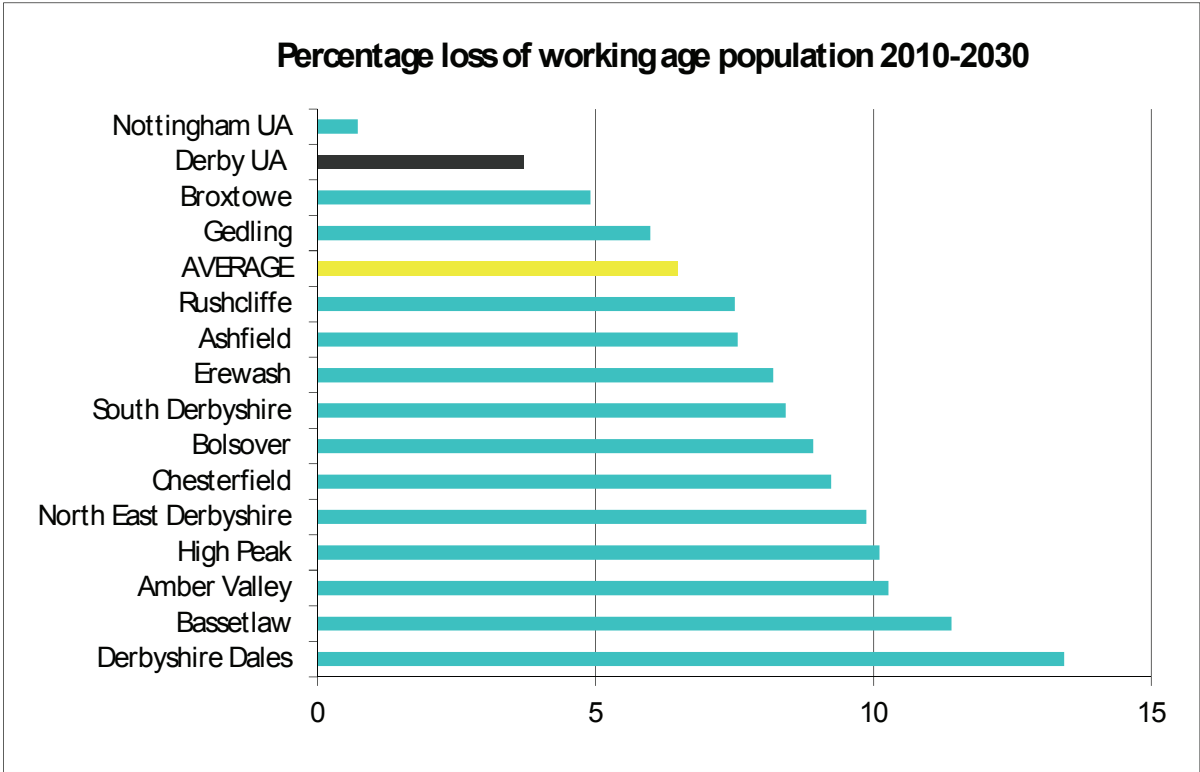


Chart 4 Percentage increase in 85+ population 2010-2015

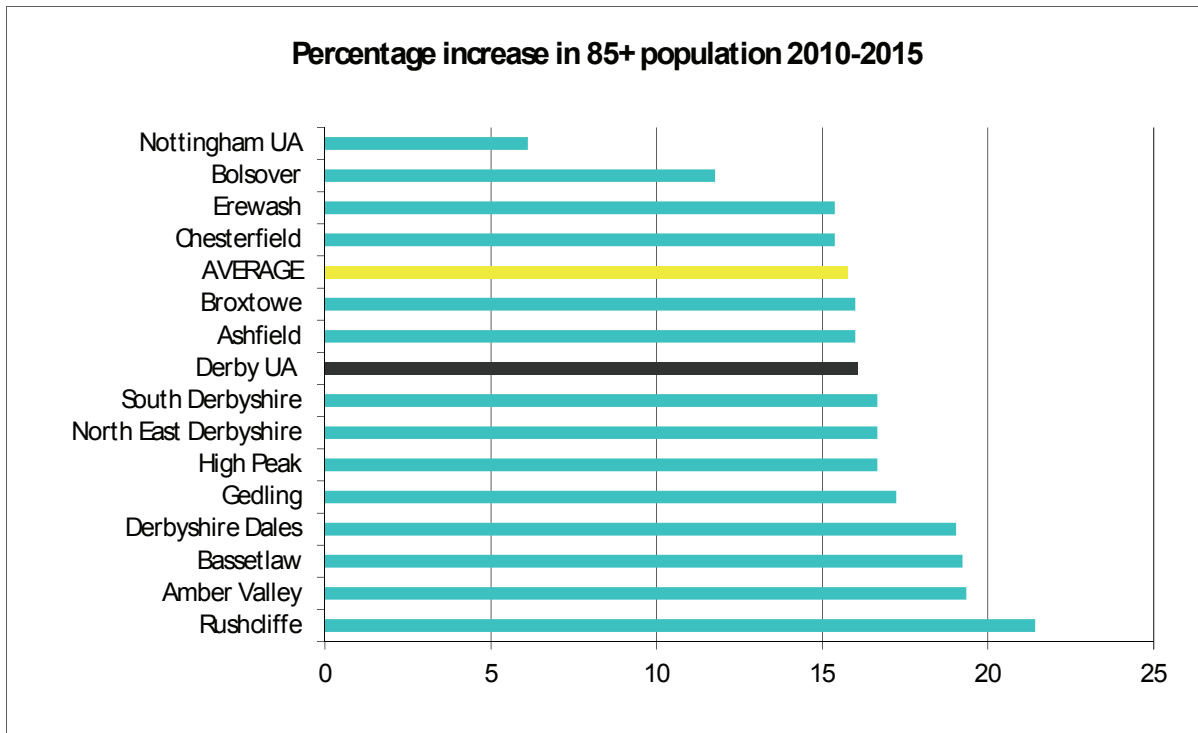


Chart 5 85+ residents as proportion of population

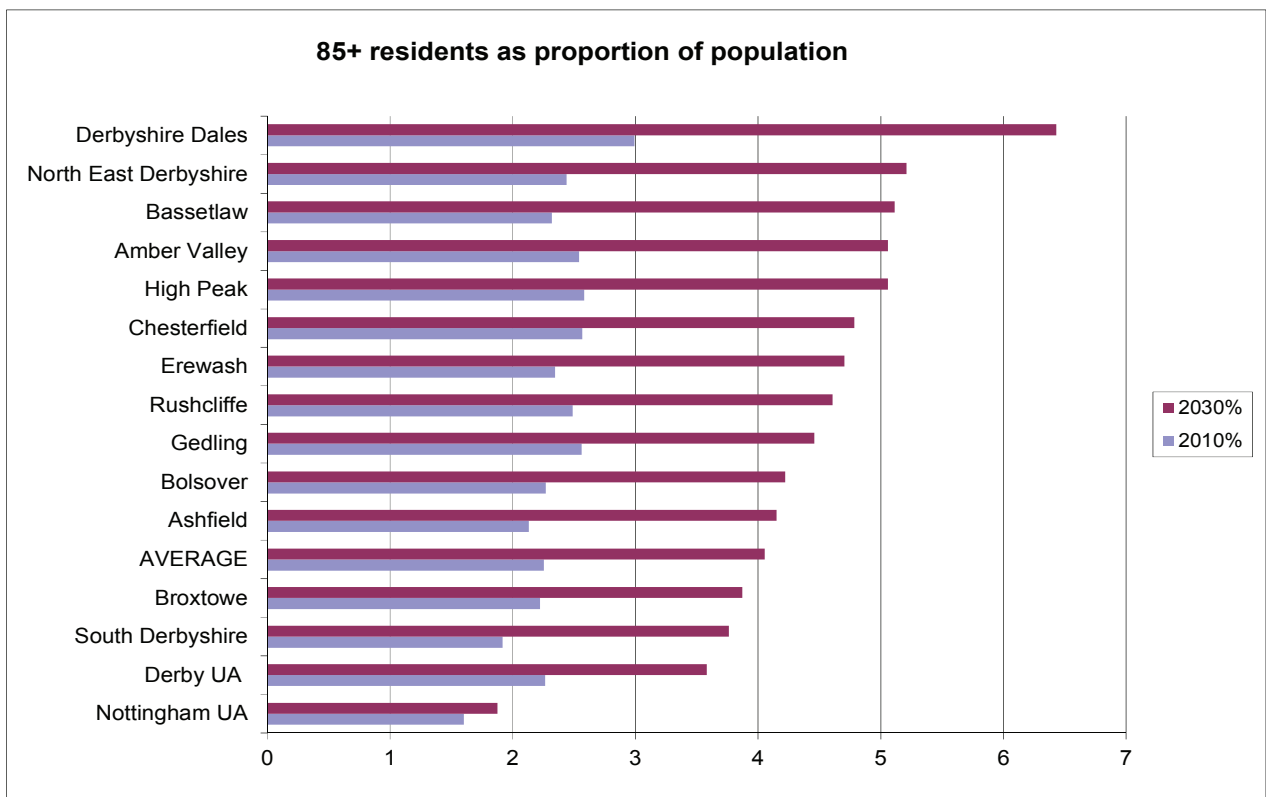


Chart 6 Annual rate of increase in over 85+ population

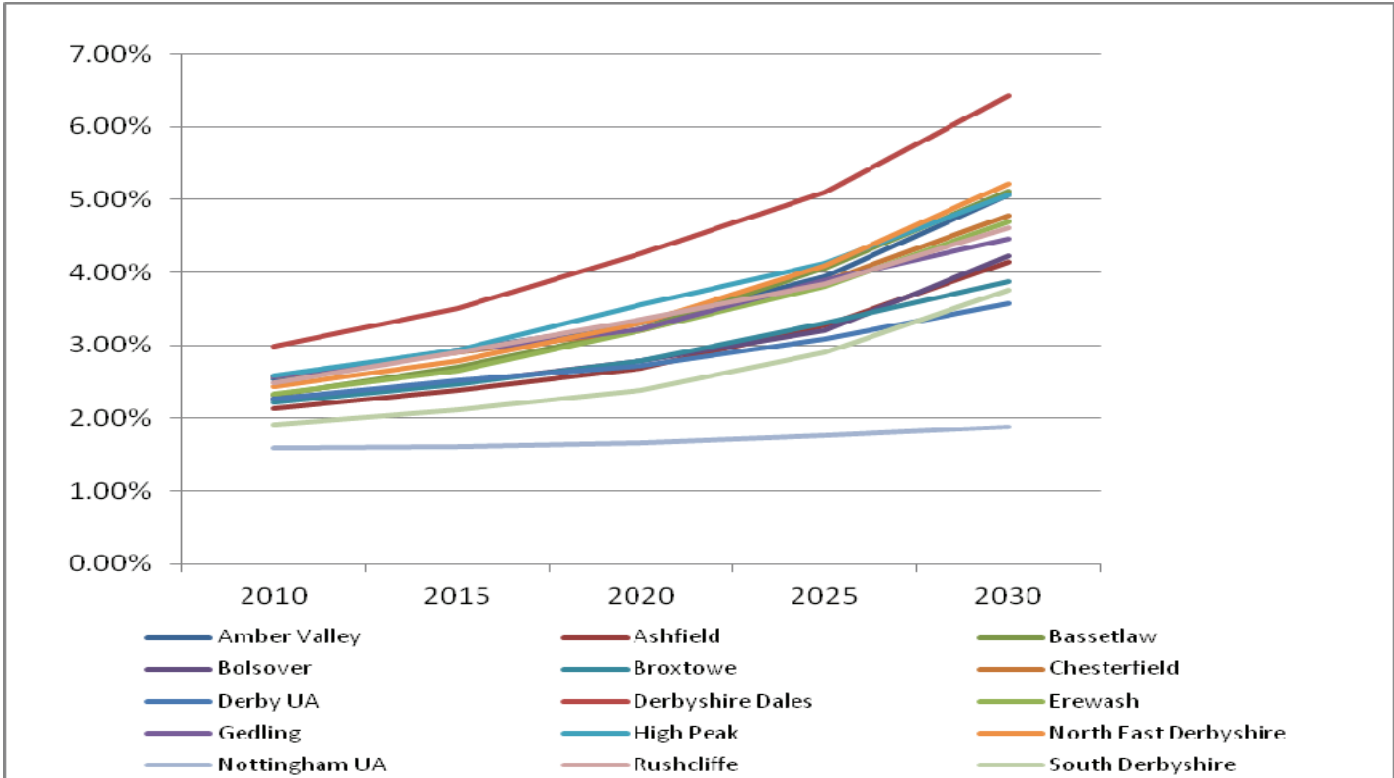


Chart 7 Percentage increase in 65+ population unable to manage at least one mobility- related activity 2010-2015

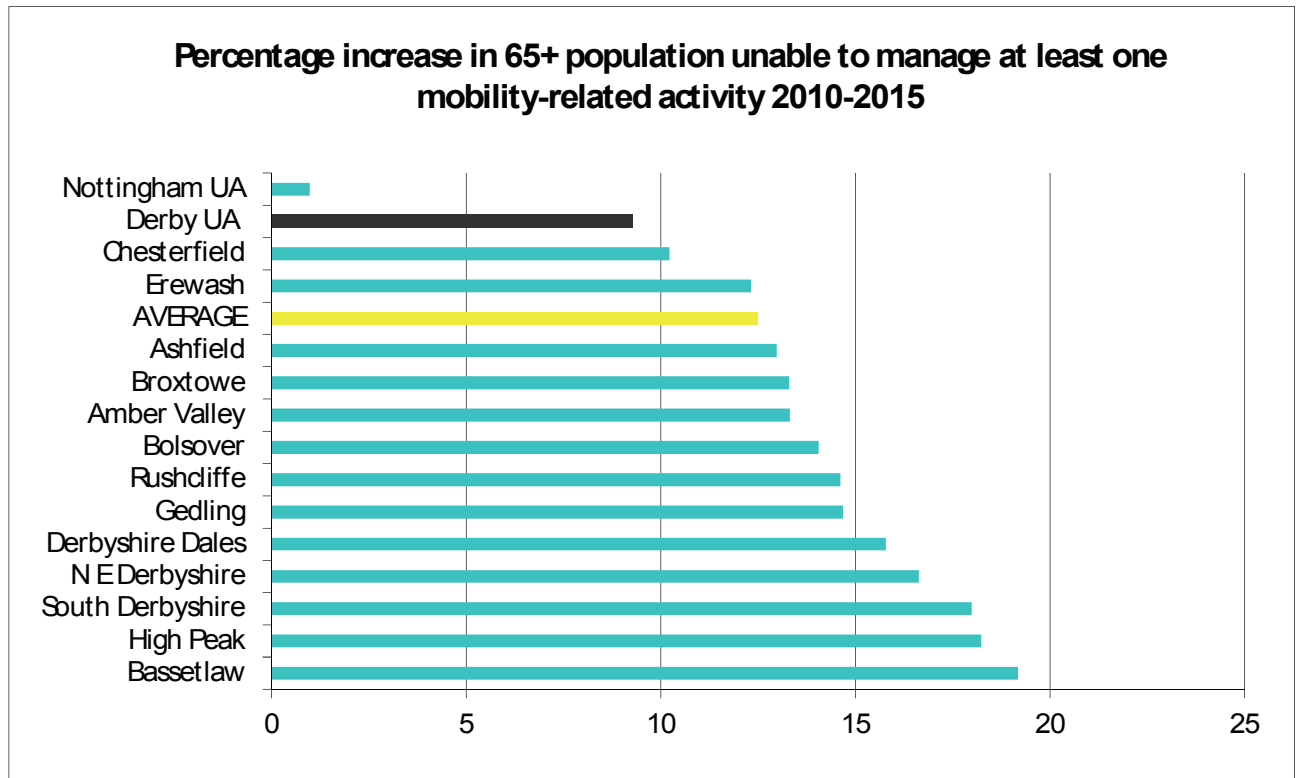


Chart 8 Percentage increase in 65+ population unable to manage at least one mobility- related activity 2010-2030

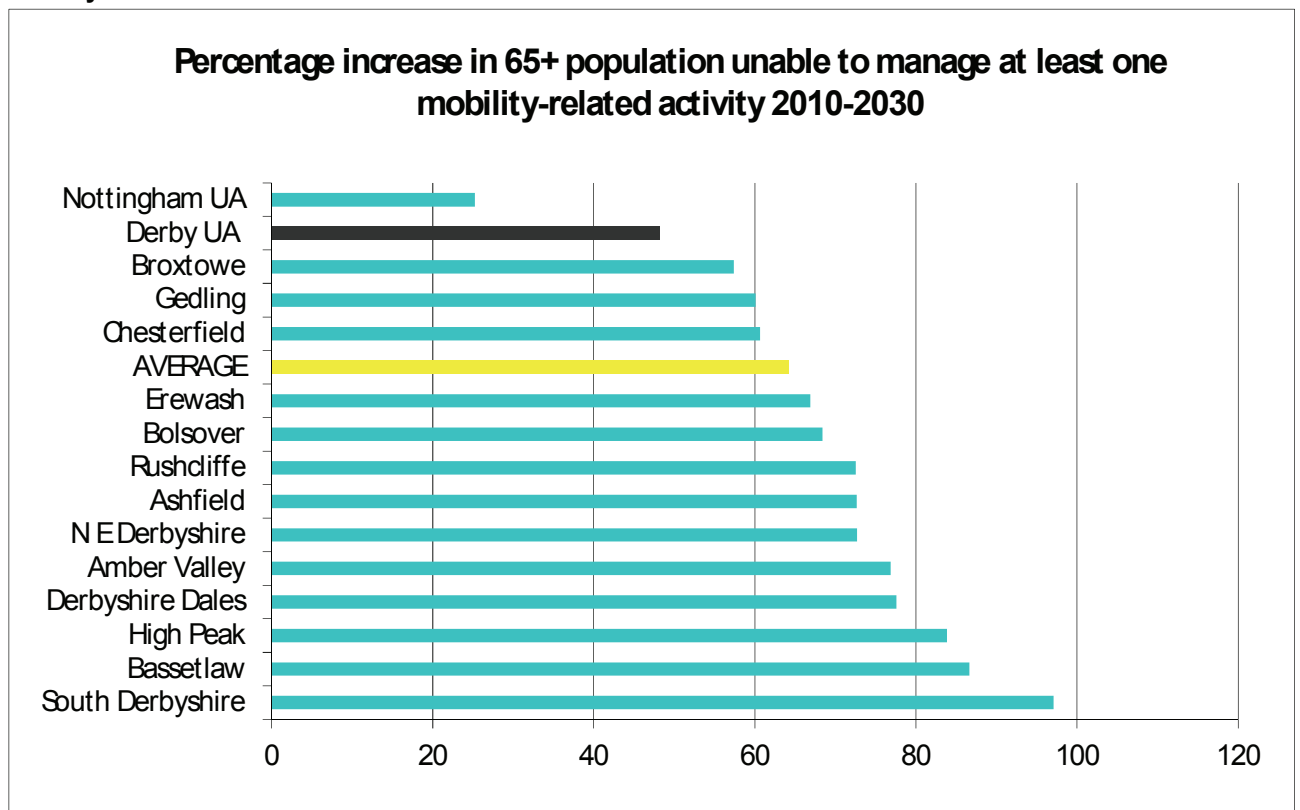


Chart 9 Percentage increase in 75+ population with registerable visual condition 2010-2015

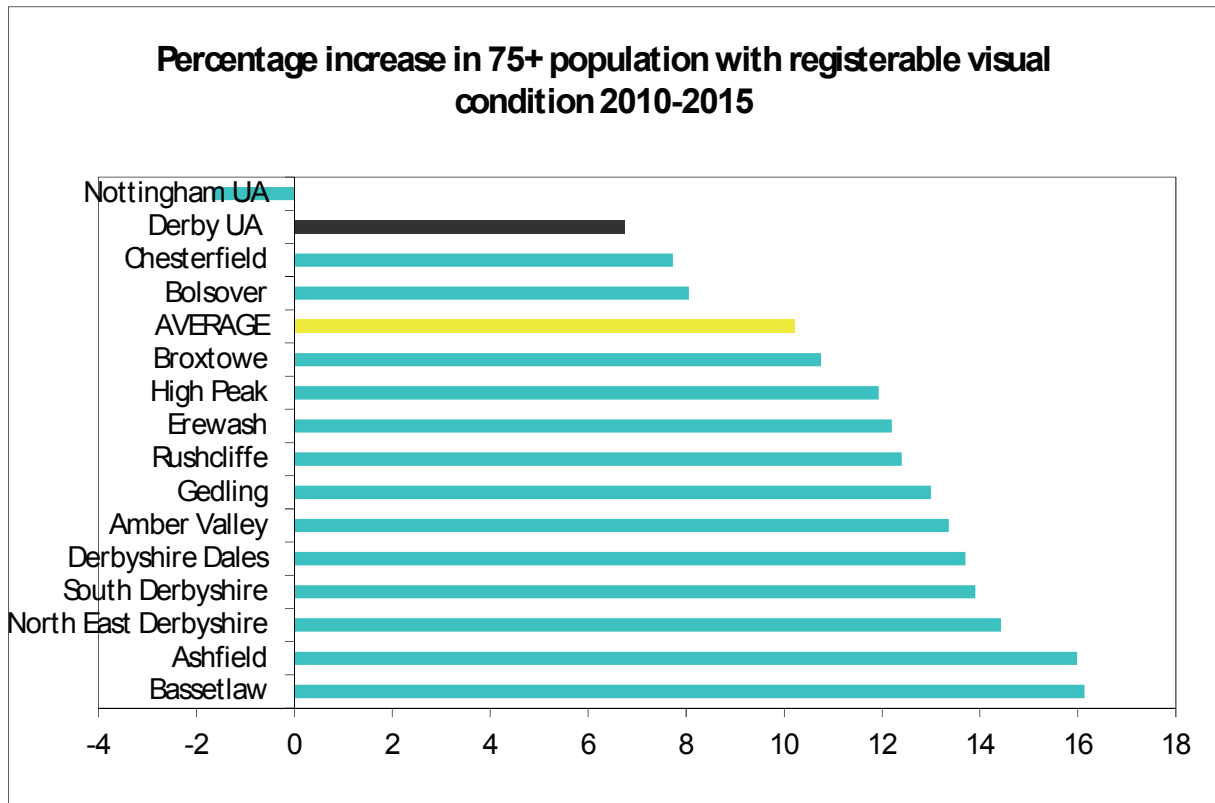


Chart 10 Percentage increase in 75+ population with registerable visual condition 2010-2030

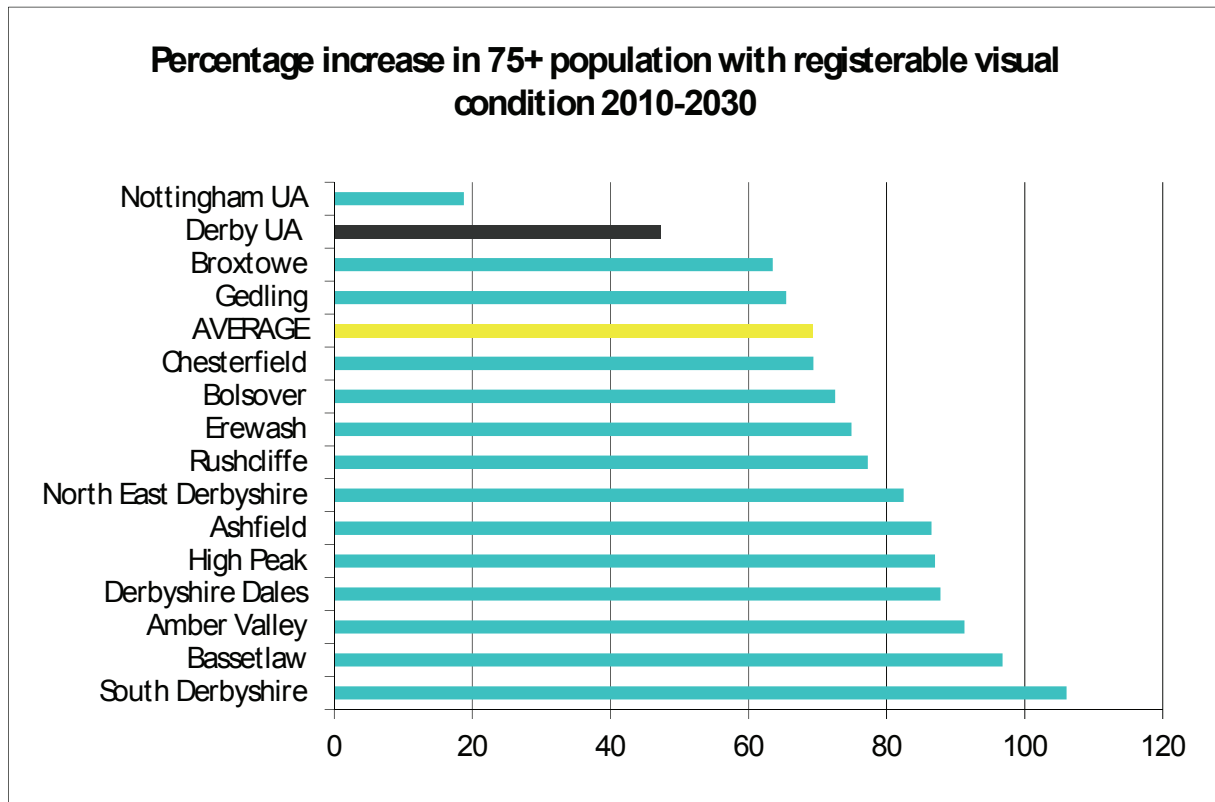


Chart 11 Percentage increase in 65+ population with limiting long-term illness 2010-2015

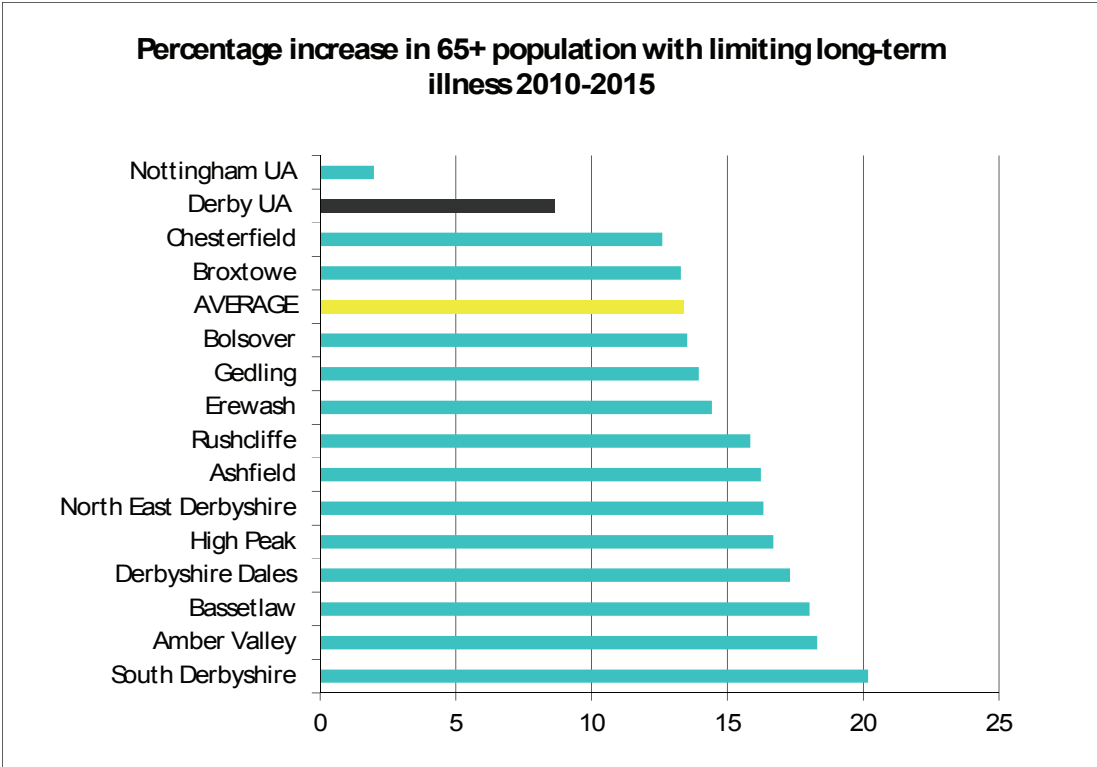


Chart 12 Percentage increase in 65+ population with limiting long-term illness 2010-2030

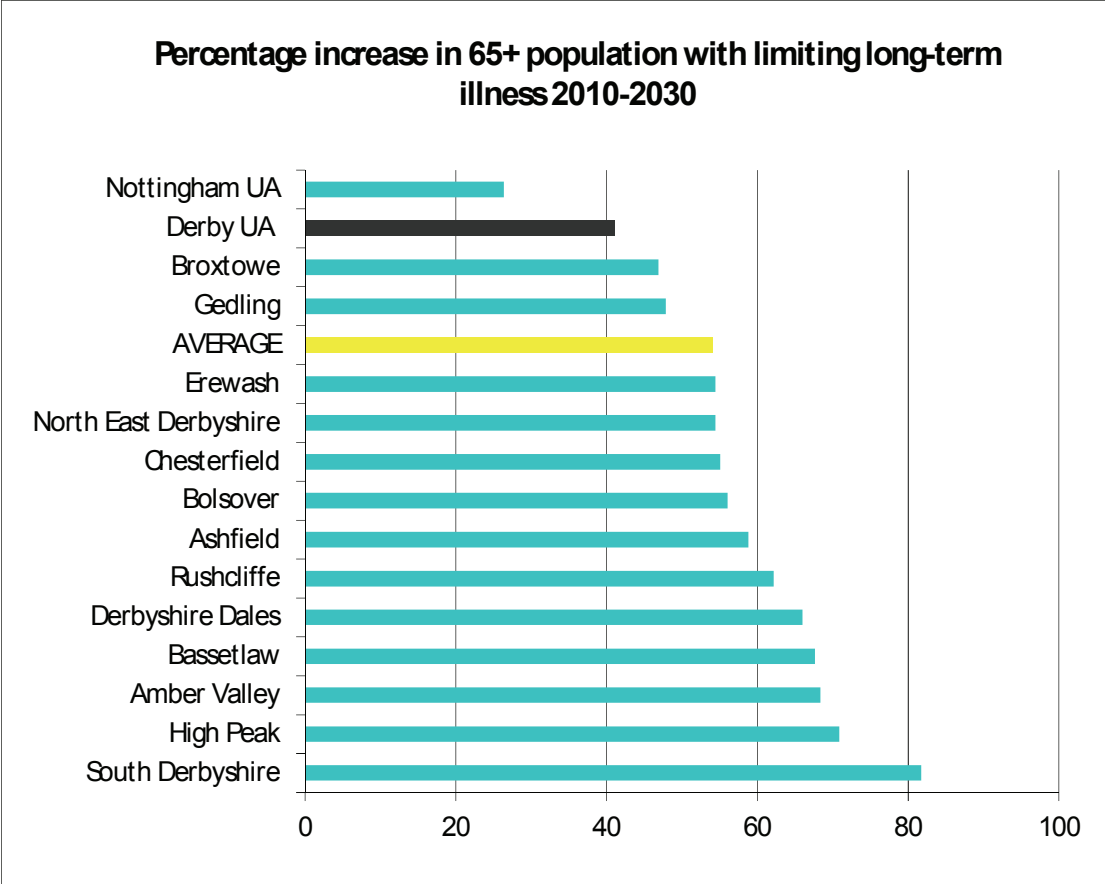


Chart 13 Percentage increase in 65+ population with heart-related health condition 2010-2015

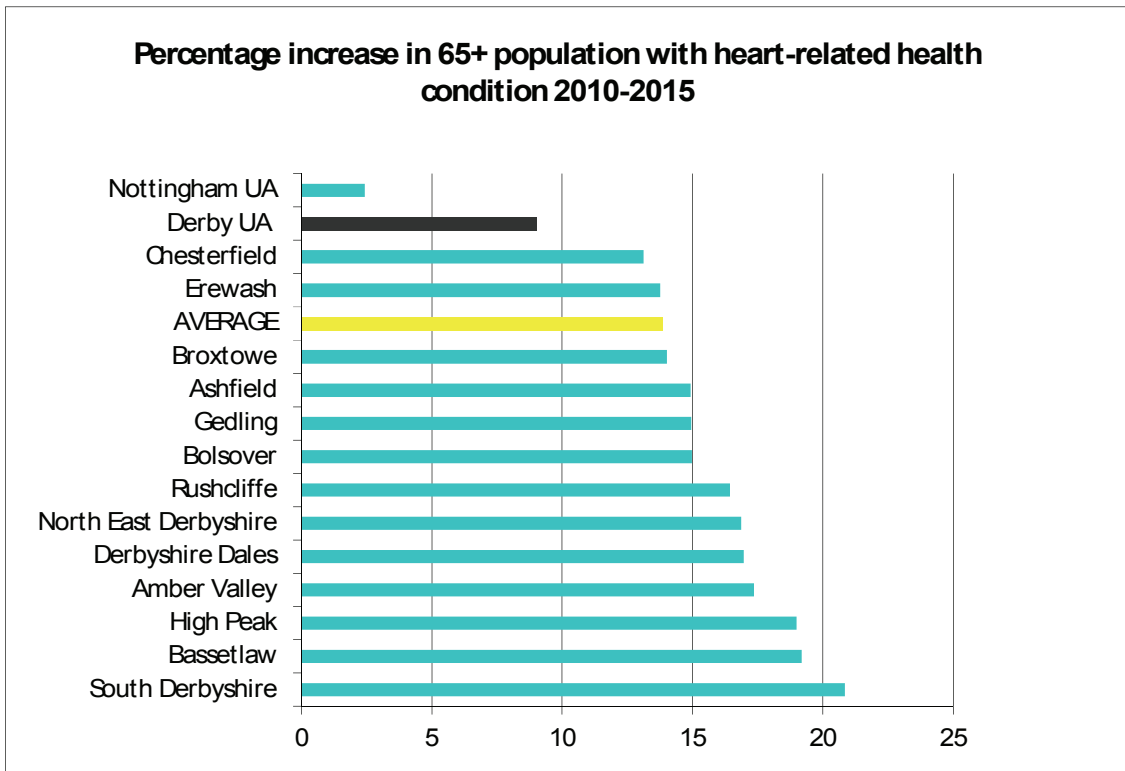


Chart 14 Percentage increase in 65+ population with heart-related health condition 2010-2030

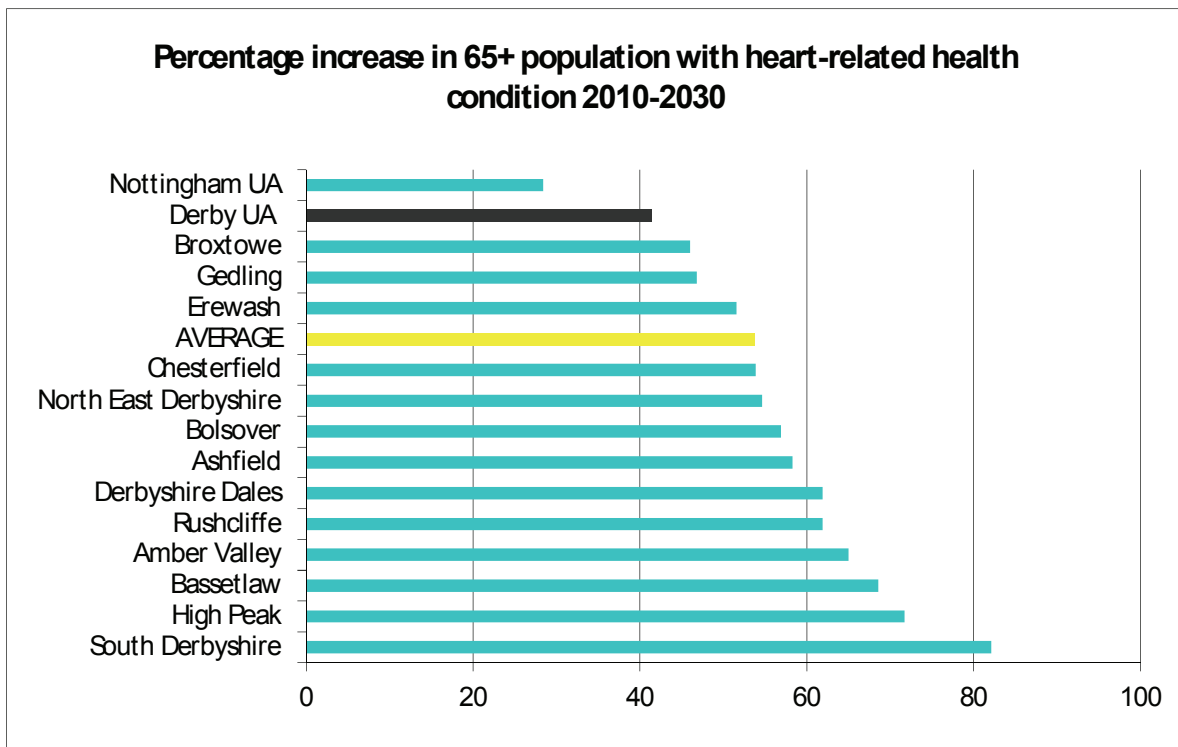


Chart 15 Percentage increase in 65+ population with stroke-related health condition 2010-2015

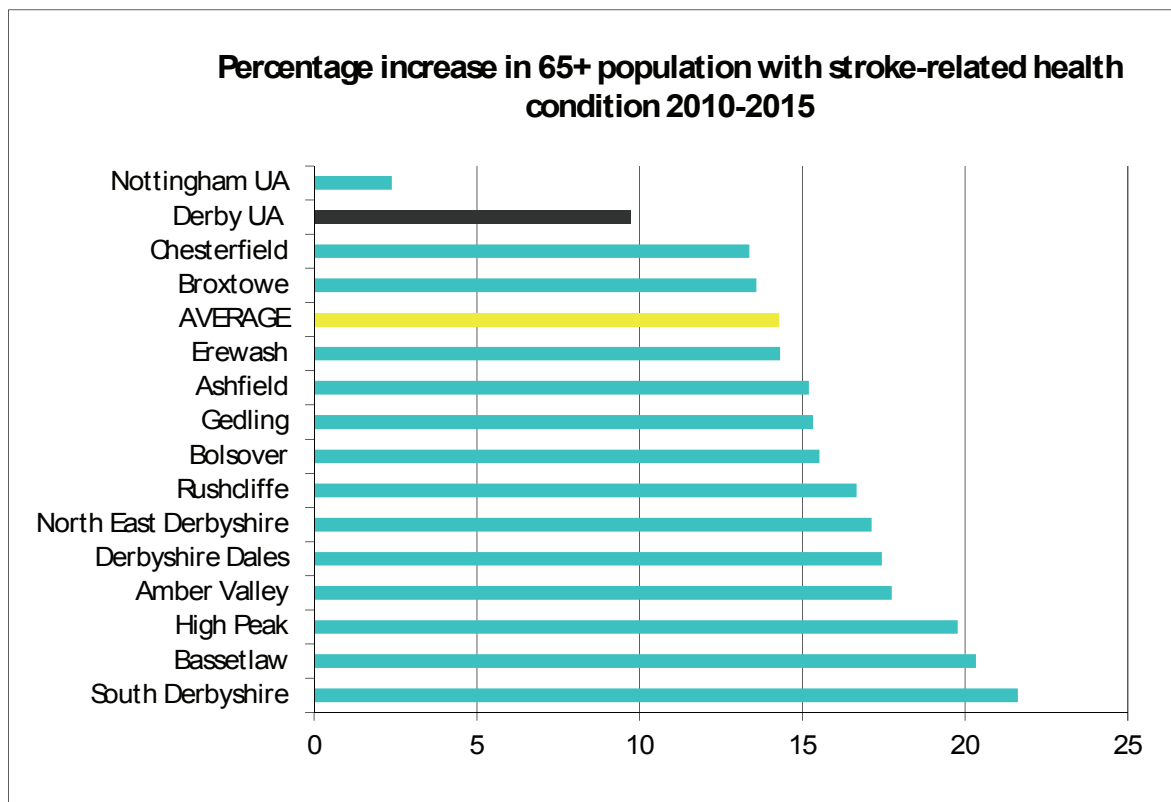


Chart 16 Percentage increase in 65+ population with stroke-related health condition 2010-2030

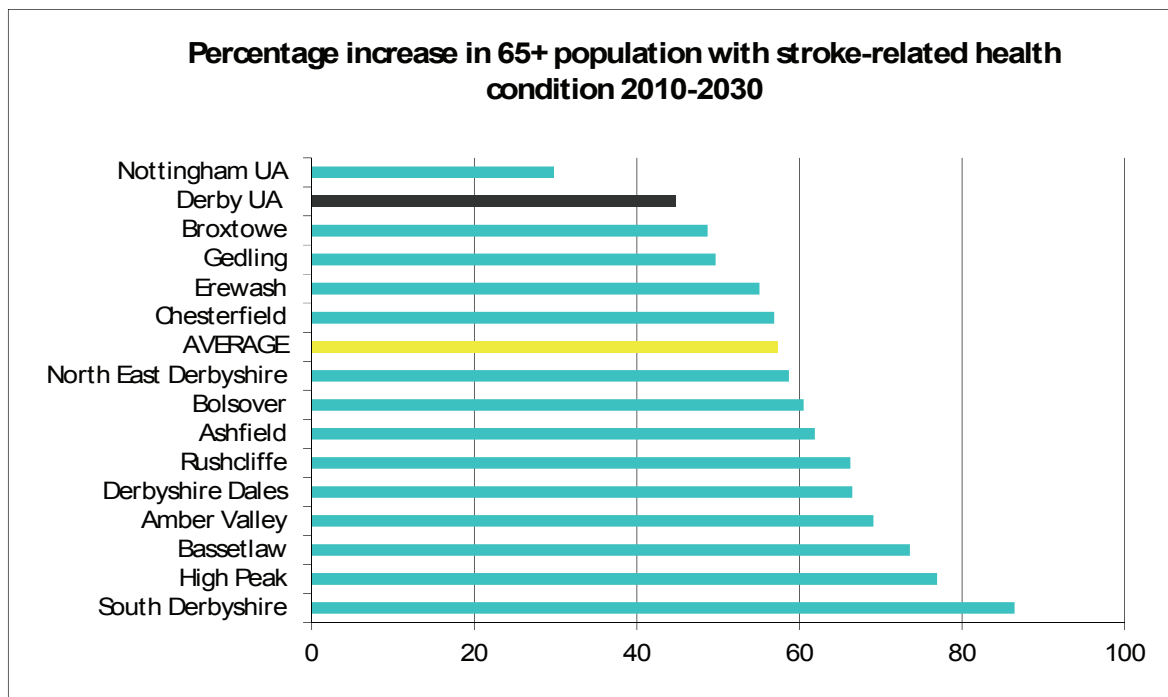


Chart 17 Percentage increase in 65+ population predicted to have bladder problem 2010-2015

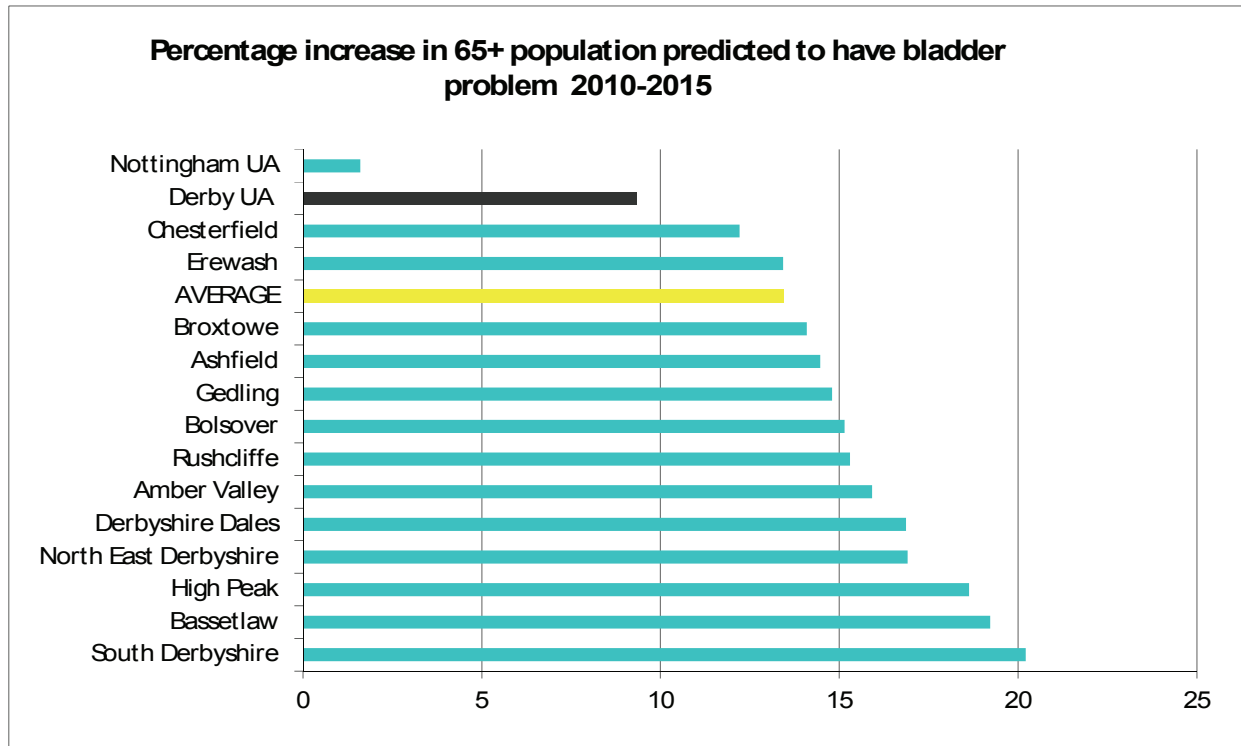


Chart 18 Percentage increase in 65+ population predicted to have bladder problem 2010-2030

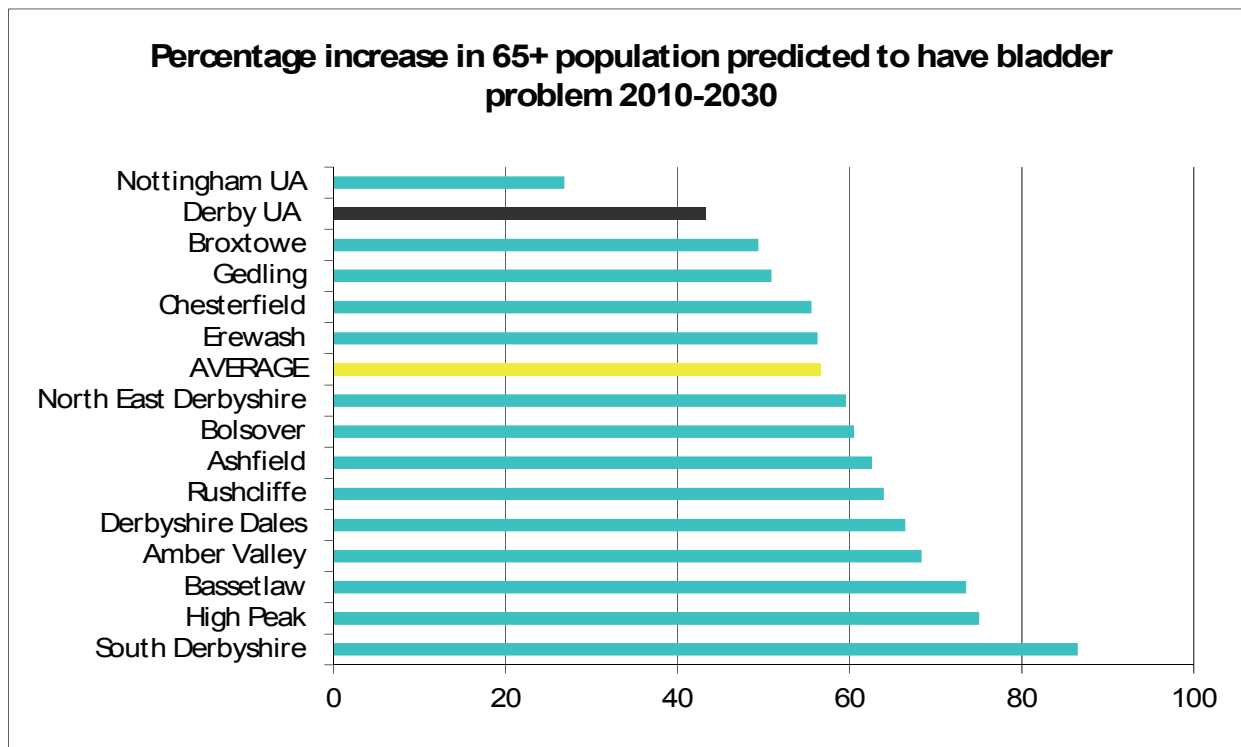


Chart 19 Percentage change 18-64 population with moderate and severe physical disabilities 2010-2015

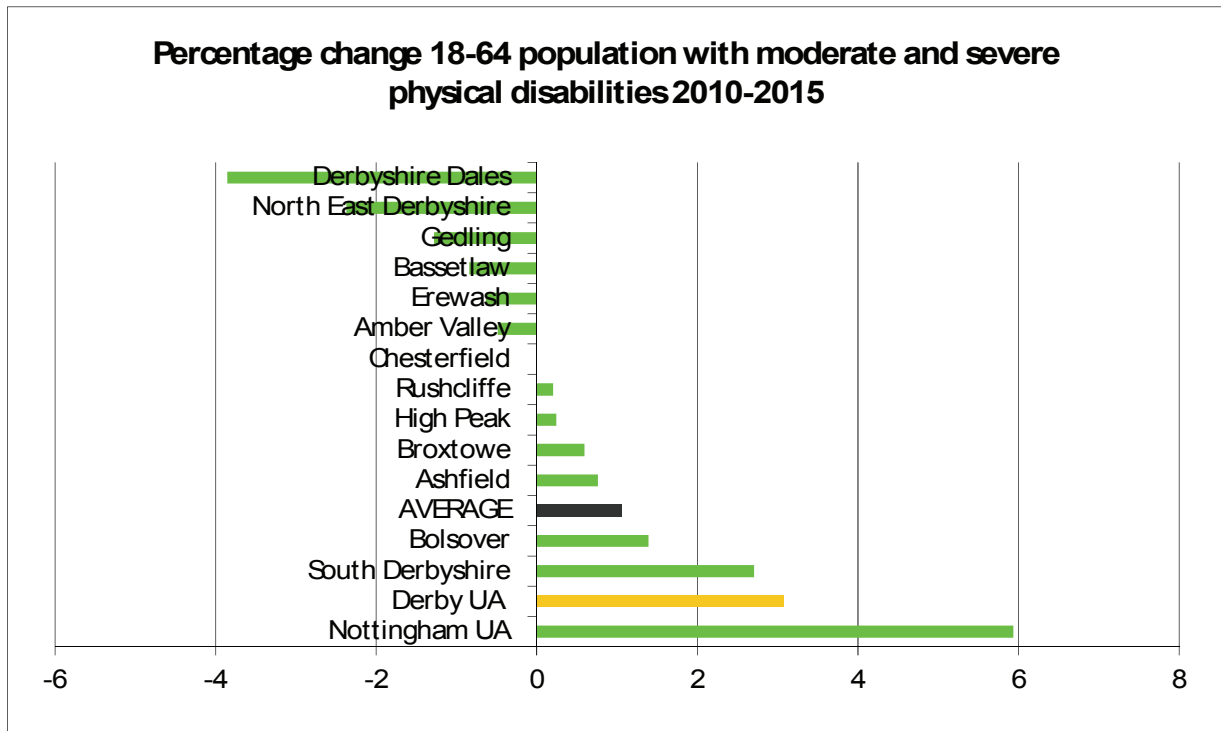


Chart 20 Percentage change 18-64 population unable to work because of serious physical disability 2010-2030

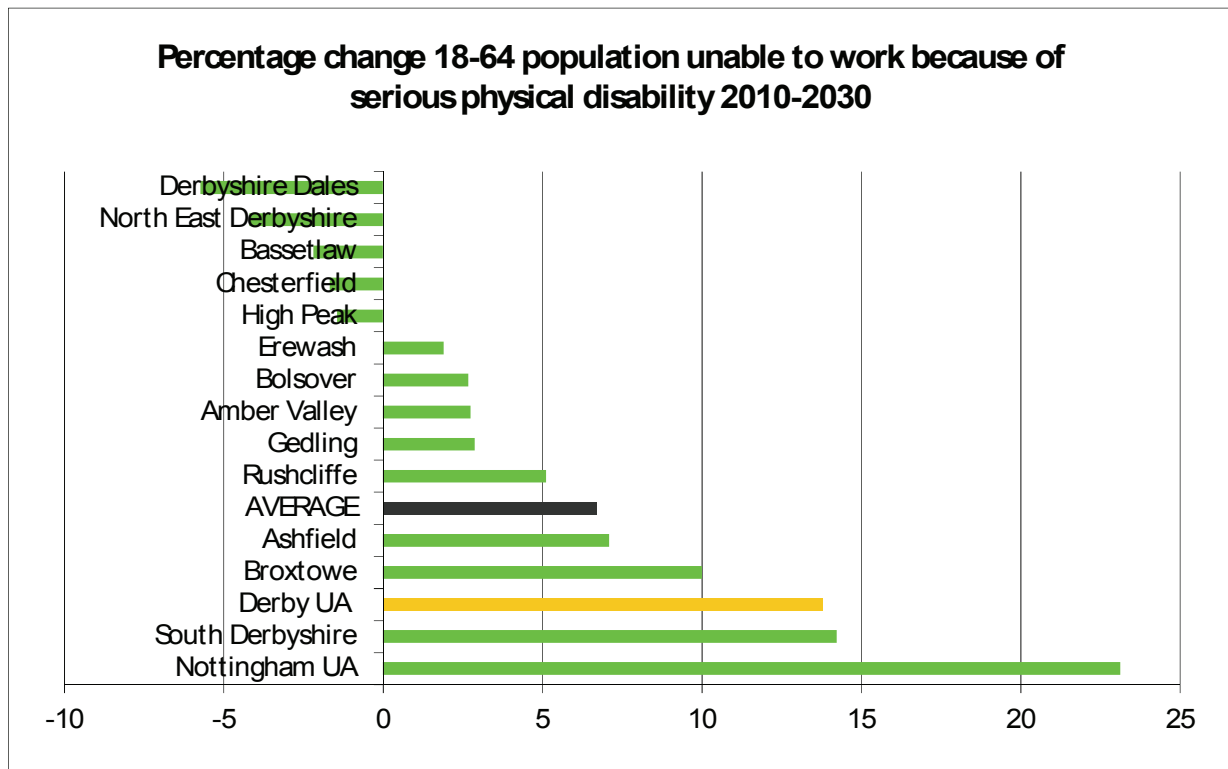


Chart 21 Percentage change 18-64 population with serious visual impairment 2010-2030

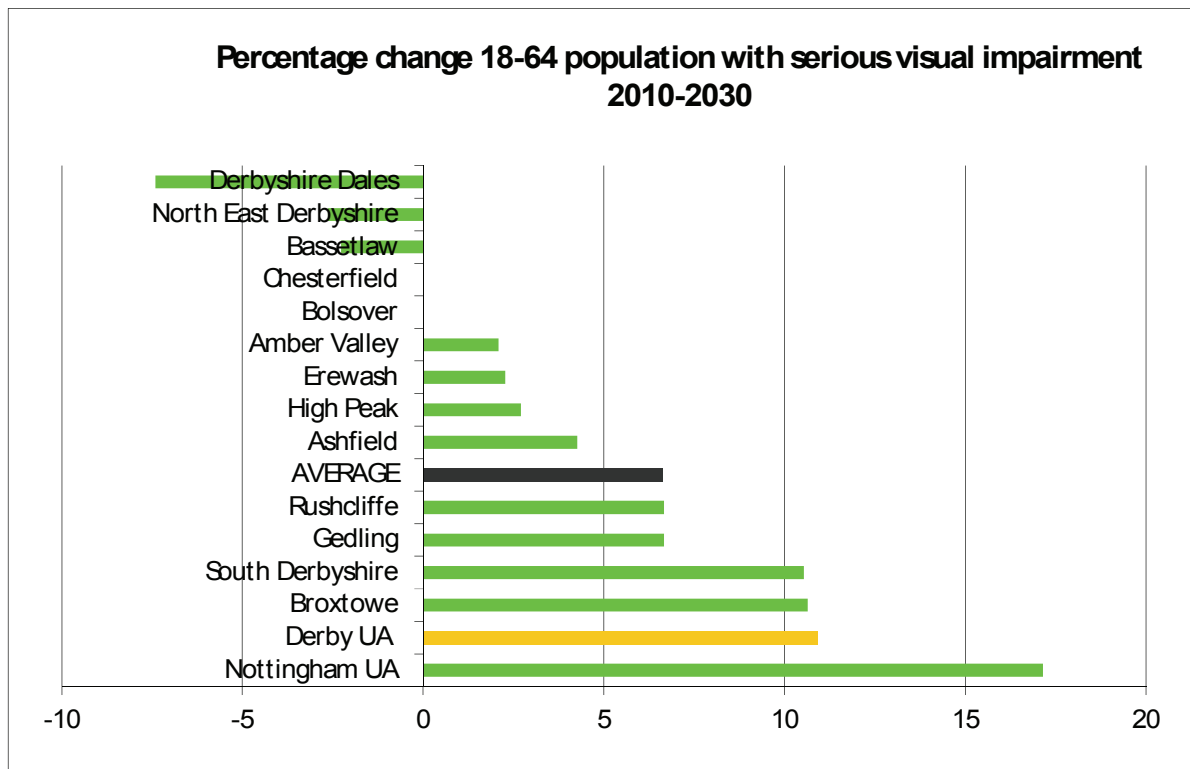


Chart 22 Percentage change 18-64 population with predicted to have type 1 or 2 diabetes 2010-2030

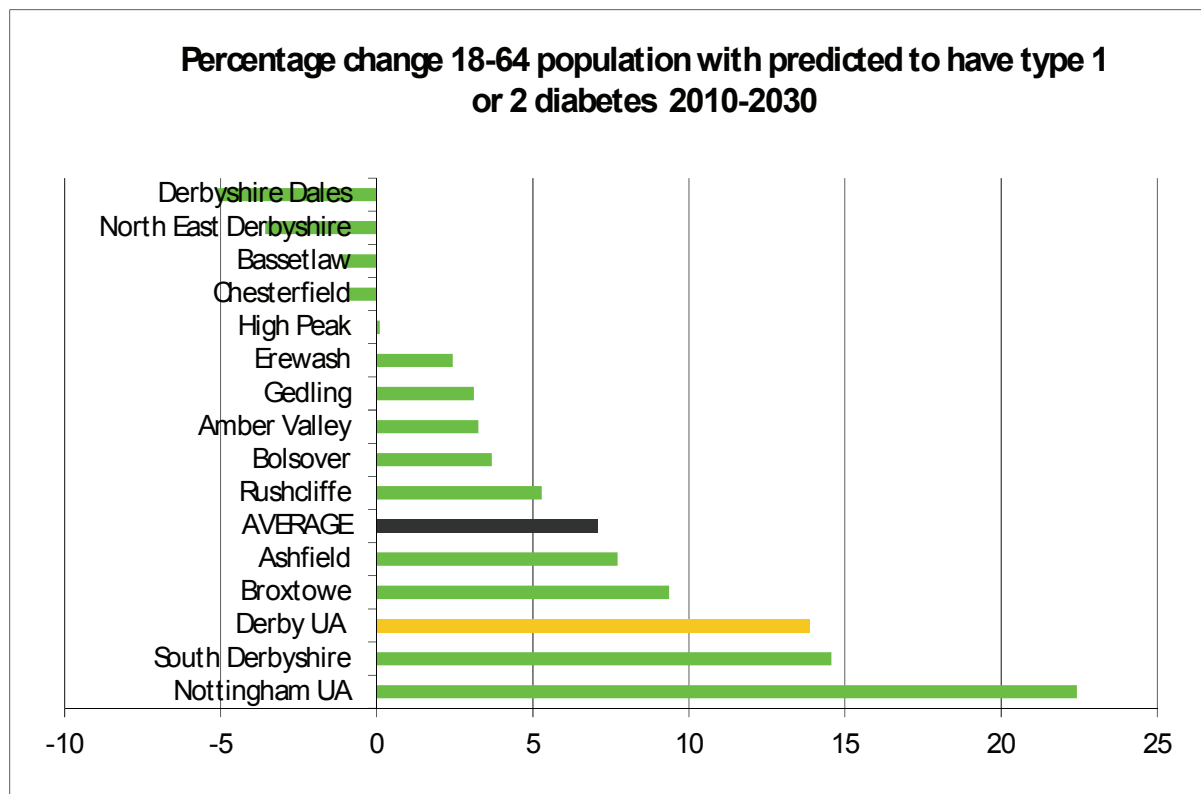


Chart 23 Percentage change 18-64 population with predicted to have disability because of stroke 2010-2030

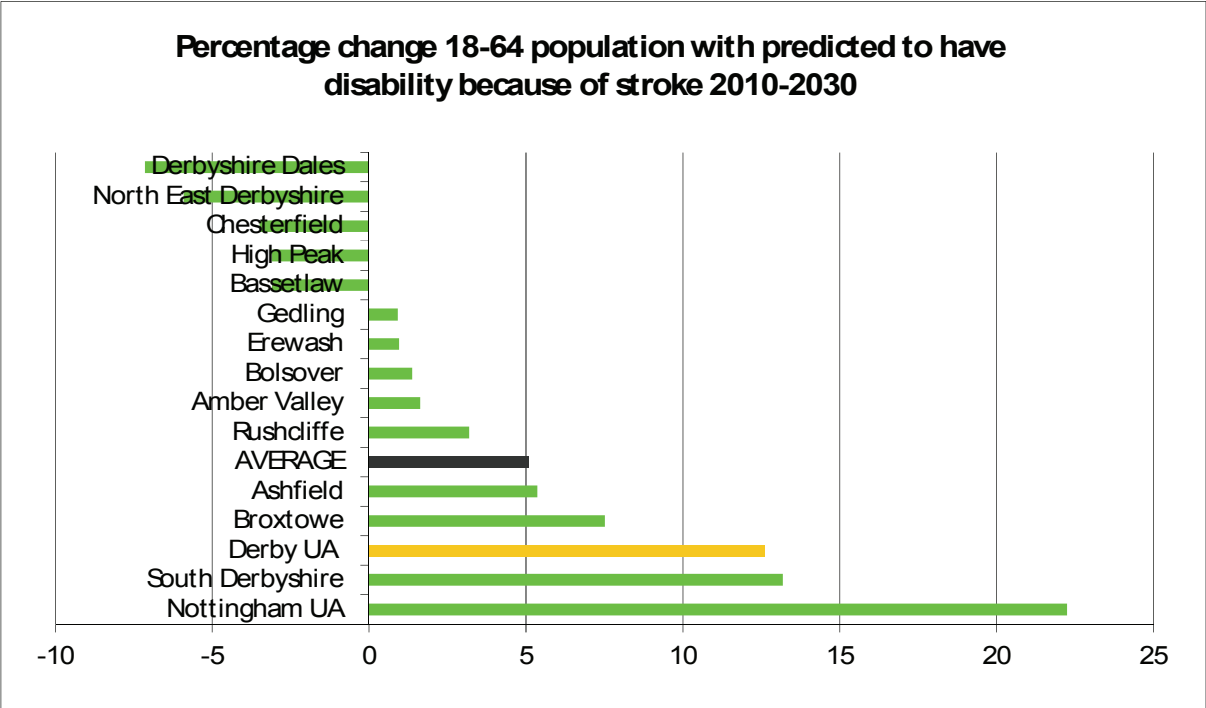


Chart 24 Percentage population claiming higher level DLA 2010

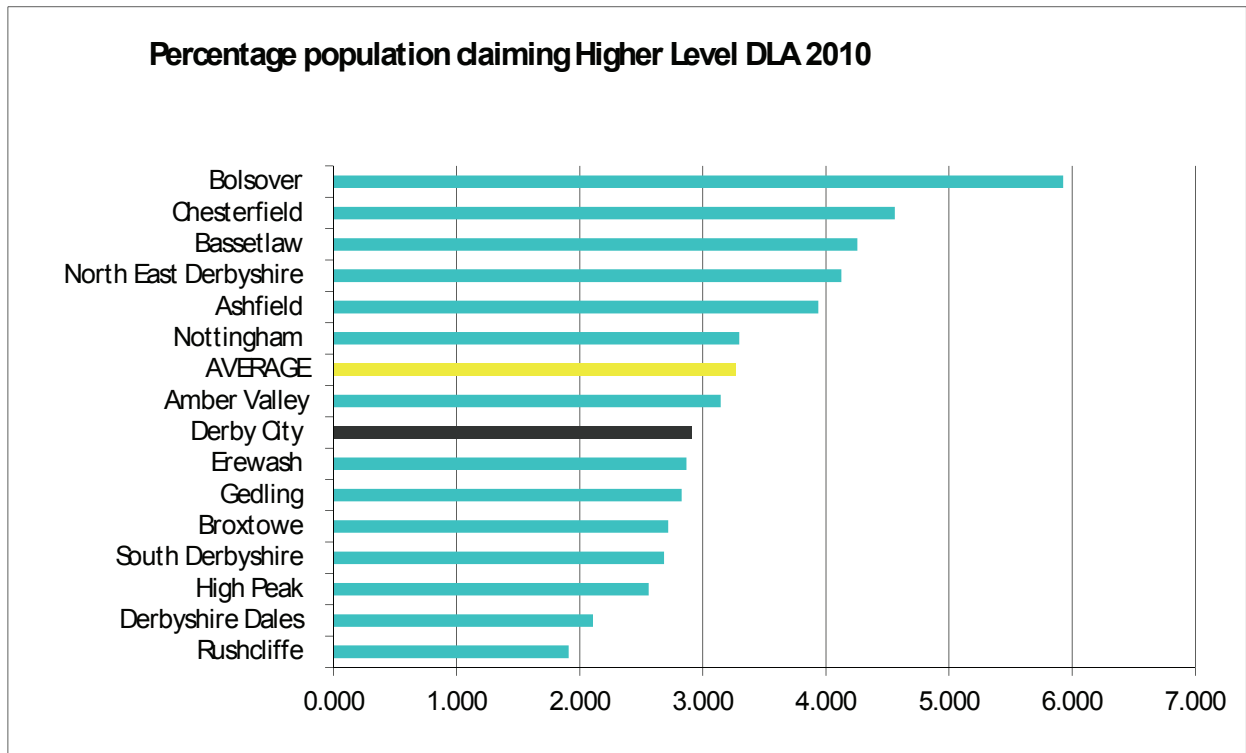


Chart 25 Percentage increase projected in higher level DLA claimants 2010-2030

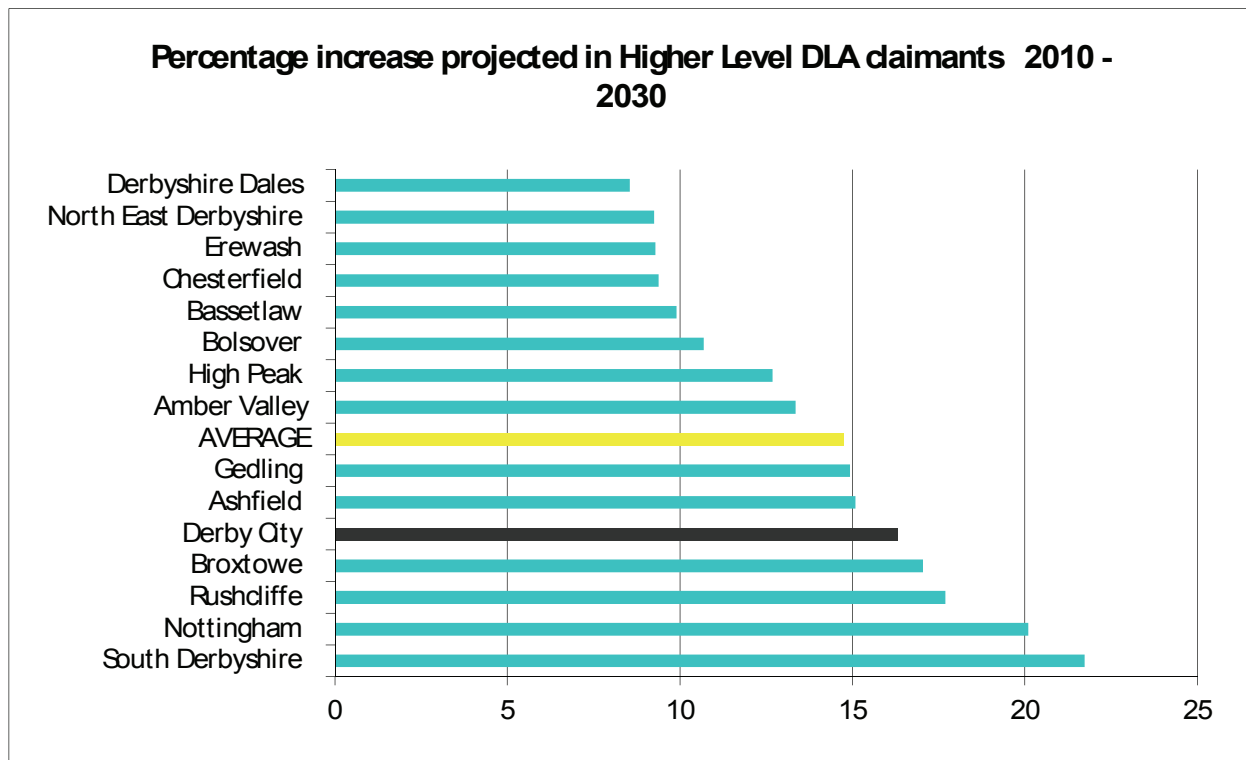


Chart 26 Percentage increase projected in higher level DLA claimants as proportion of population 2030

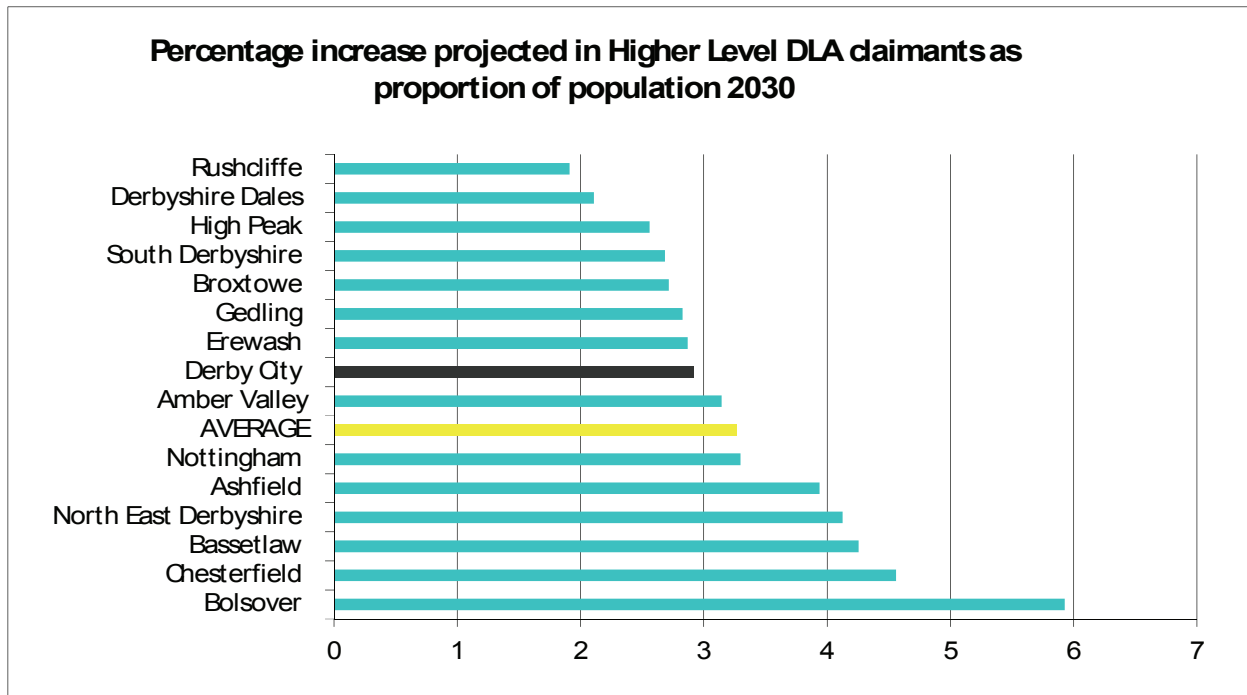


Chart 27 Disabled facilities delivered and planned 2004-2010

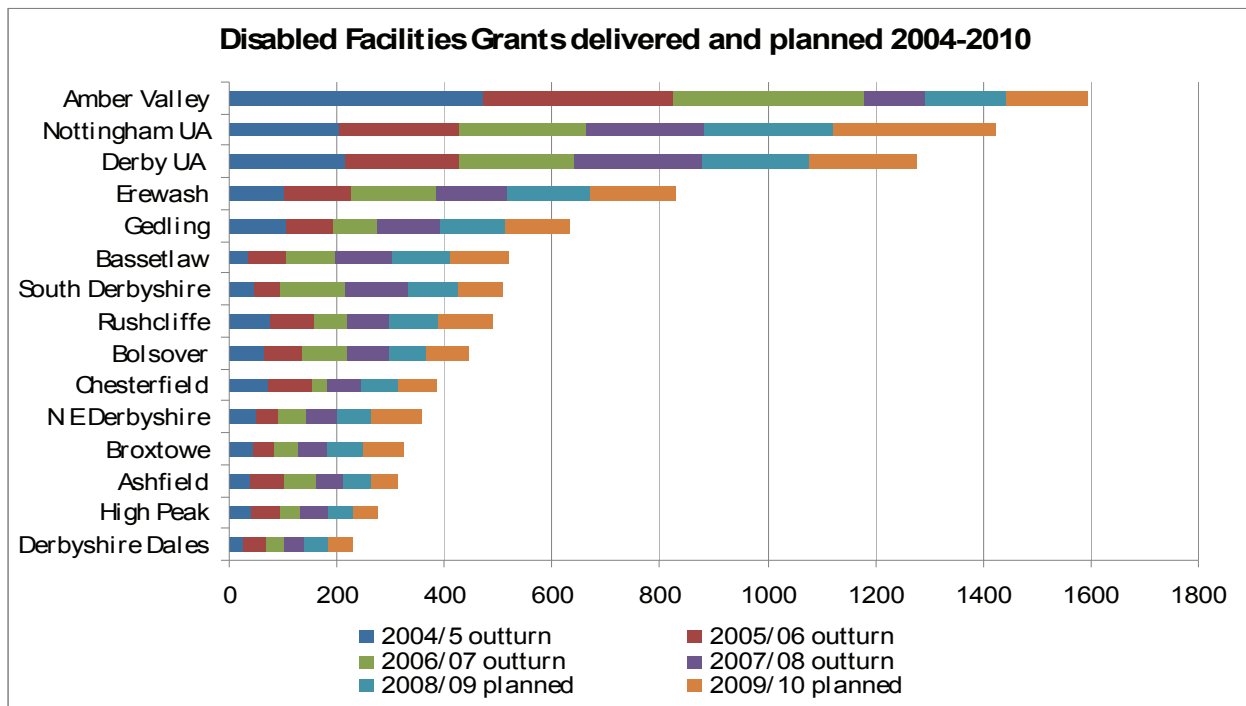


Chart 28 Average cost per mandatory DFG, 2004/5 and 2009/10

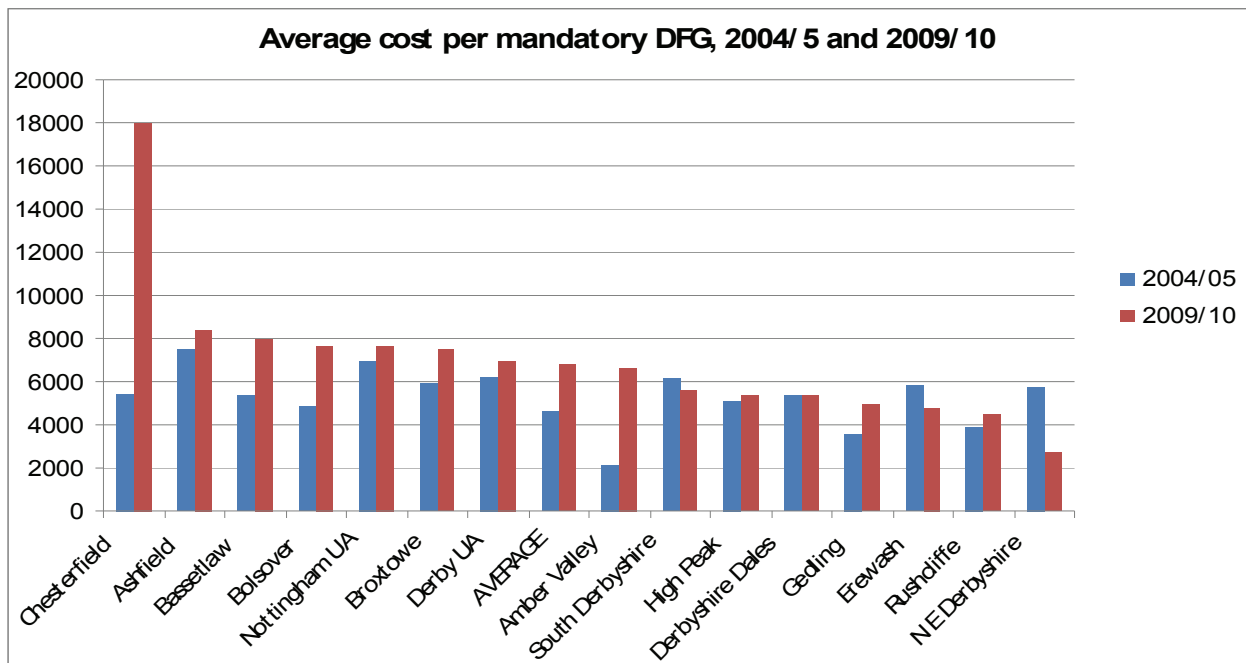


Chart 29 Children assessed as having SEN through physical disability

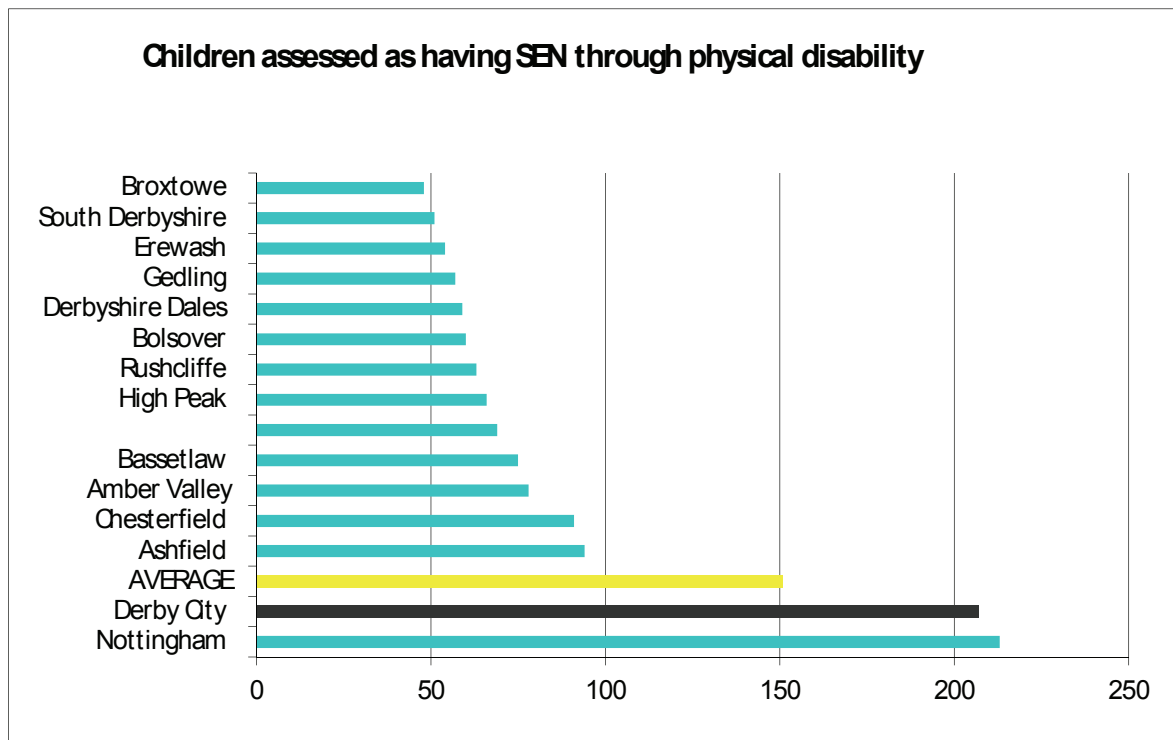


Chart 30 Percentage SEN pupils with physical mobility-related disability

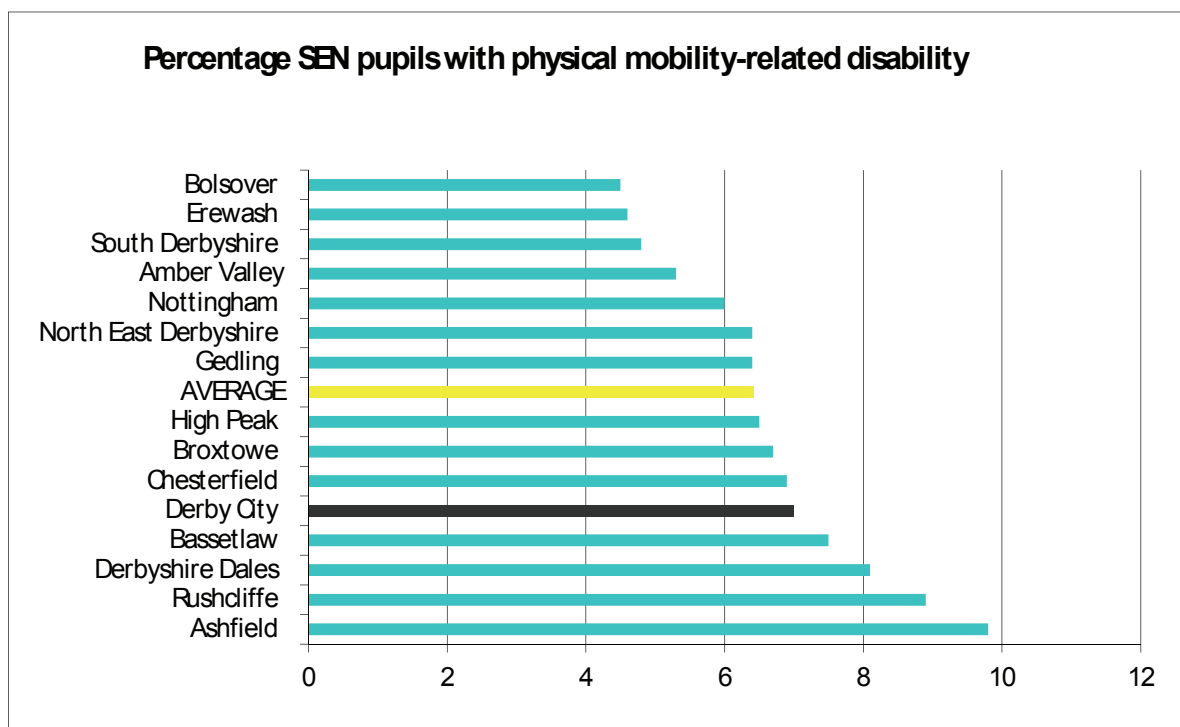


Chart 31 Children in need with mobility, hand and visual problems

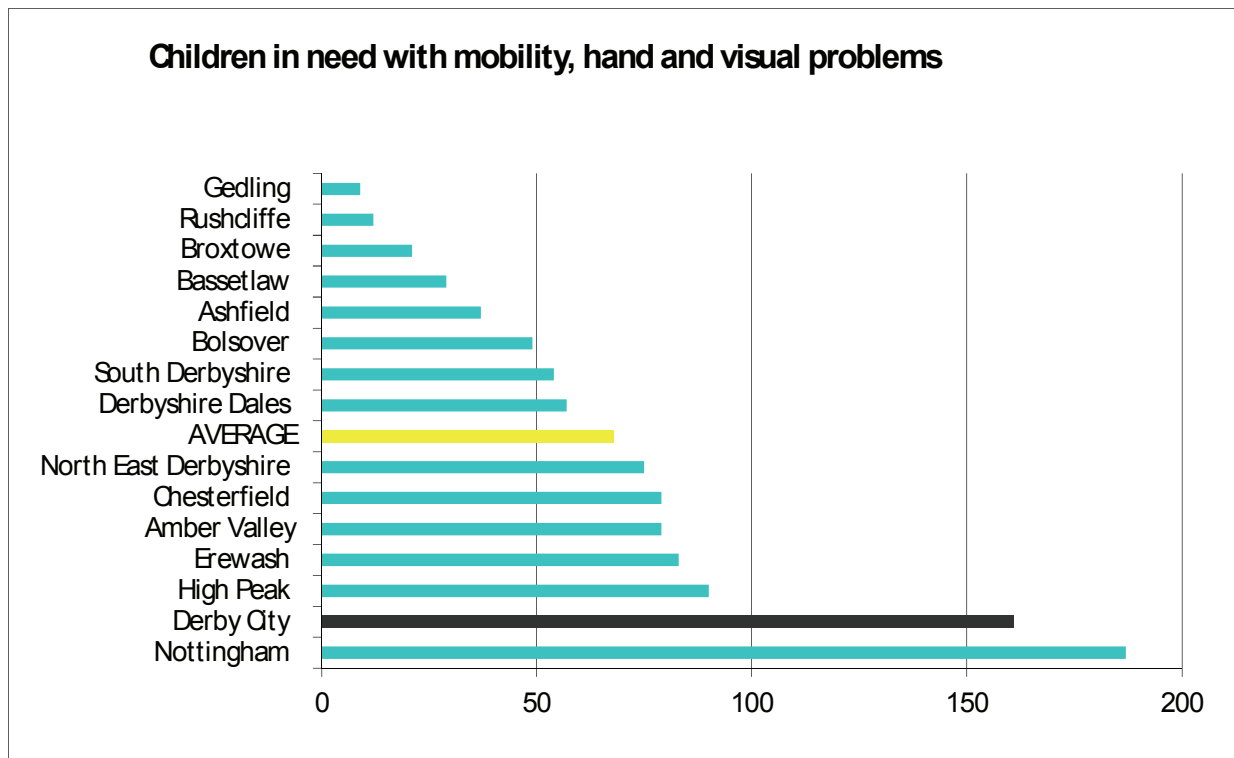


Chart 32 Council tax exemptions, disregards and discounts because of disability

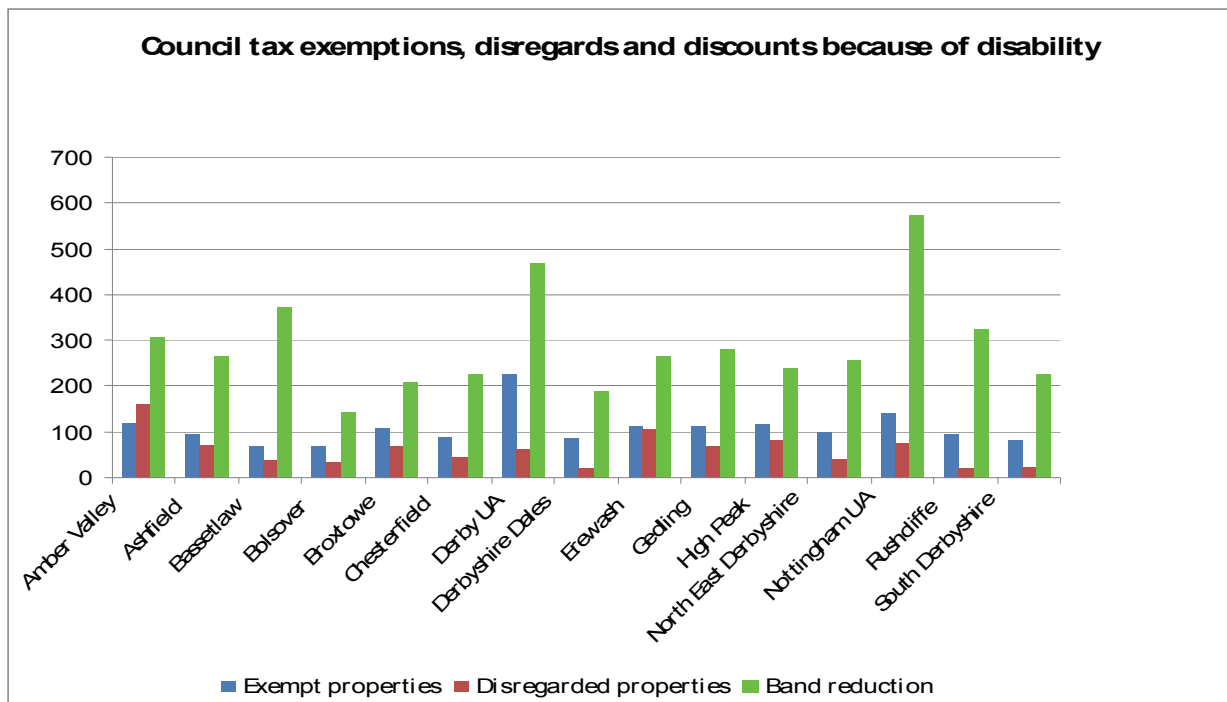


Chart 32A Total council tax alterations because of physical disability

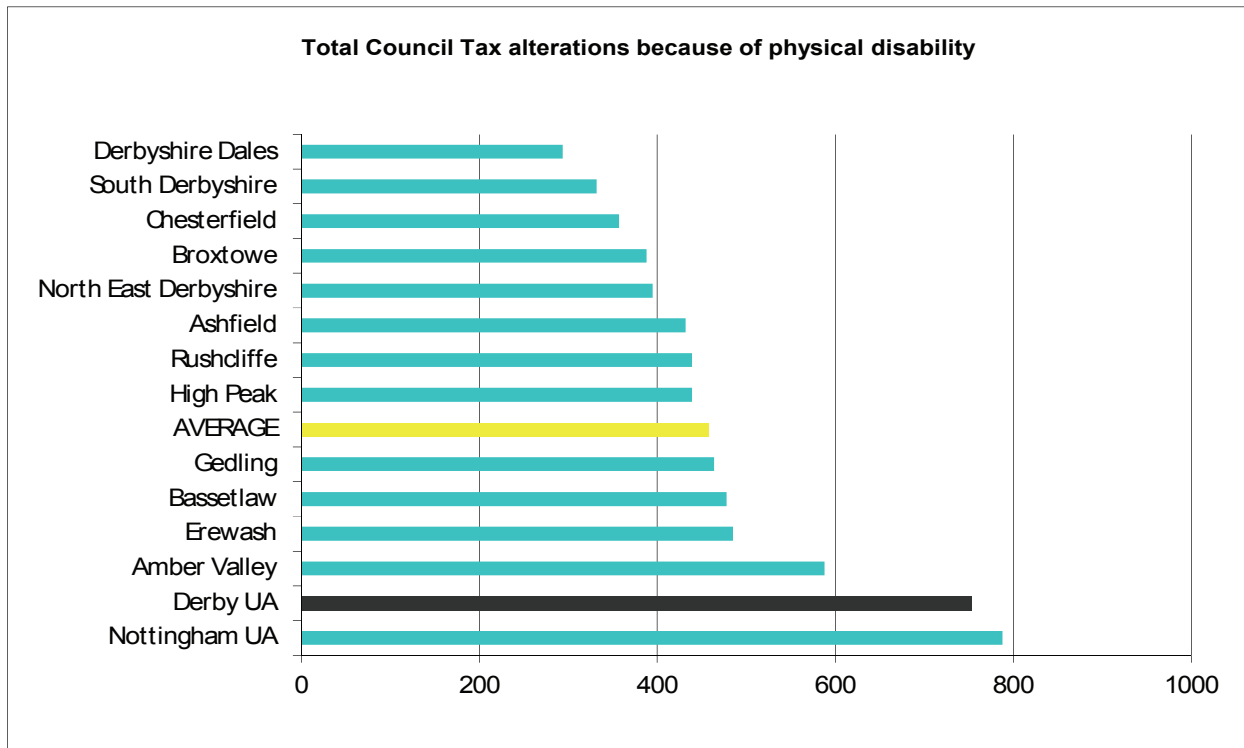


Chart 33 Percentage physically disabled residents on housing register

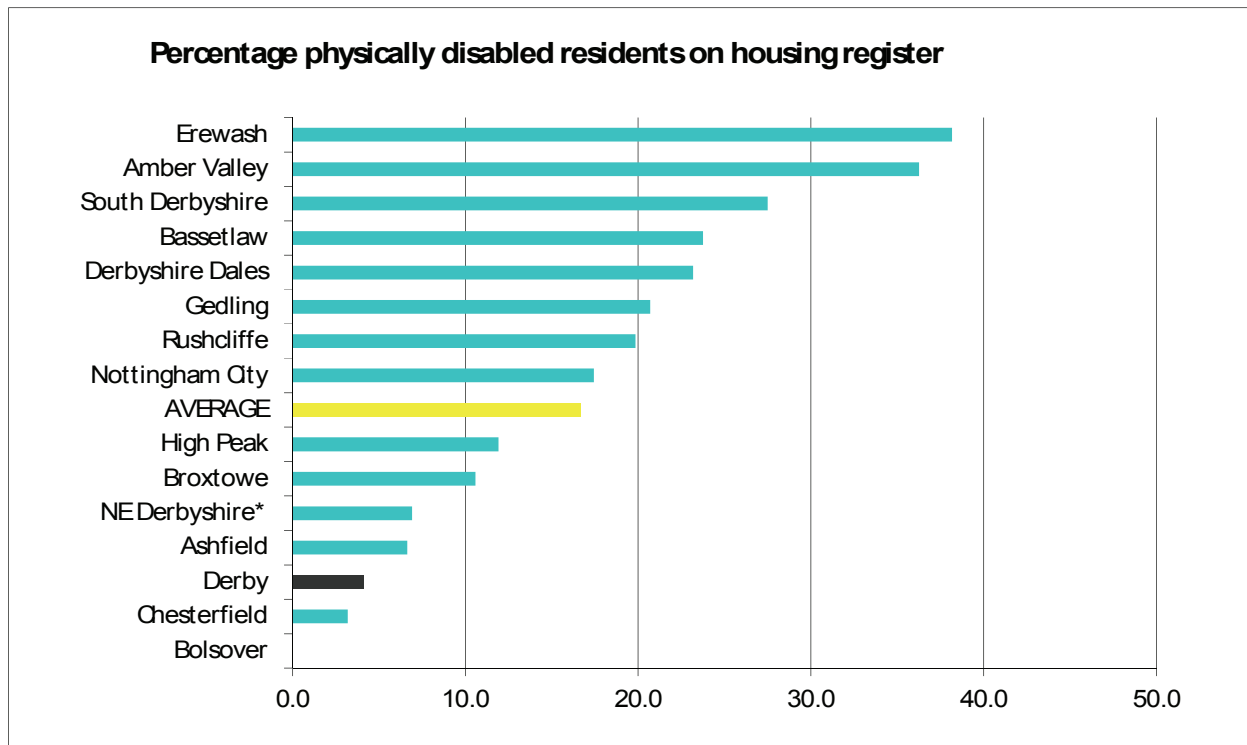


Chart 34 Total on housing register 2010

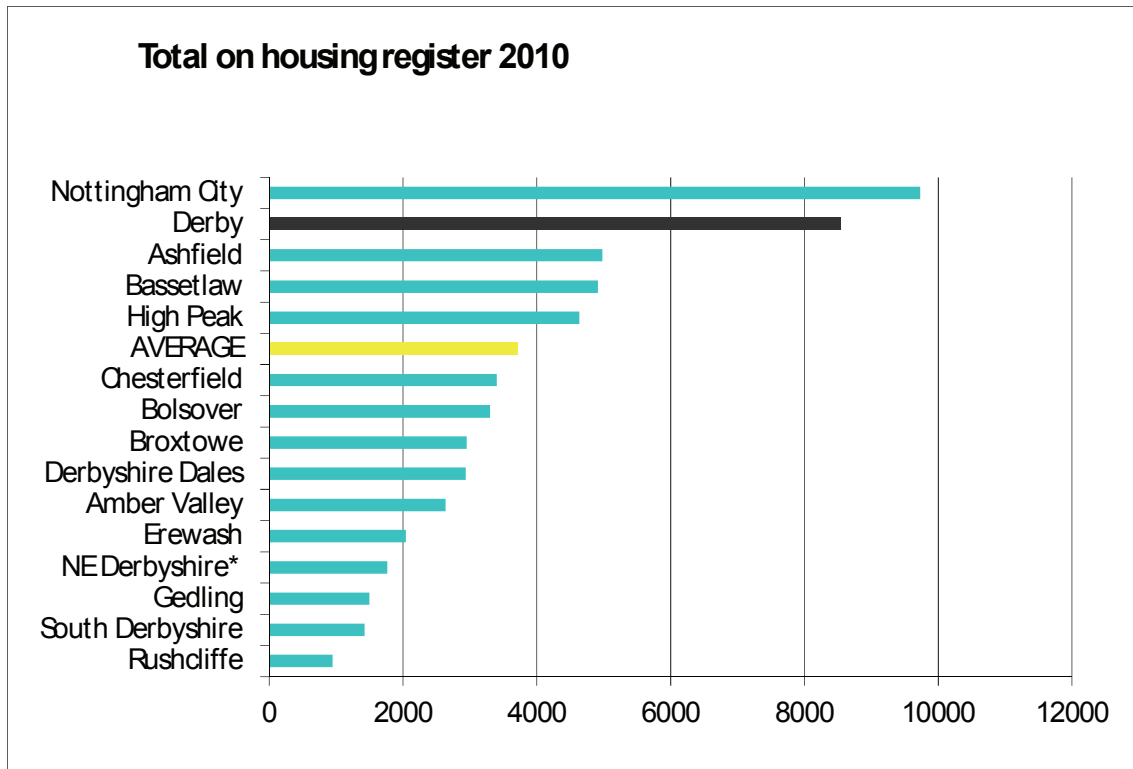


Chart 35 Percentage lettings to people on the register with mobility disabilities 2010

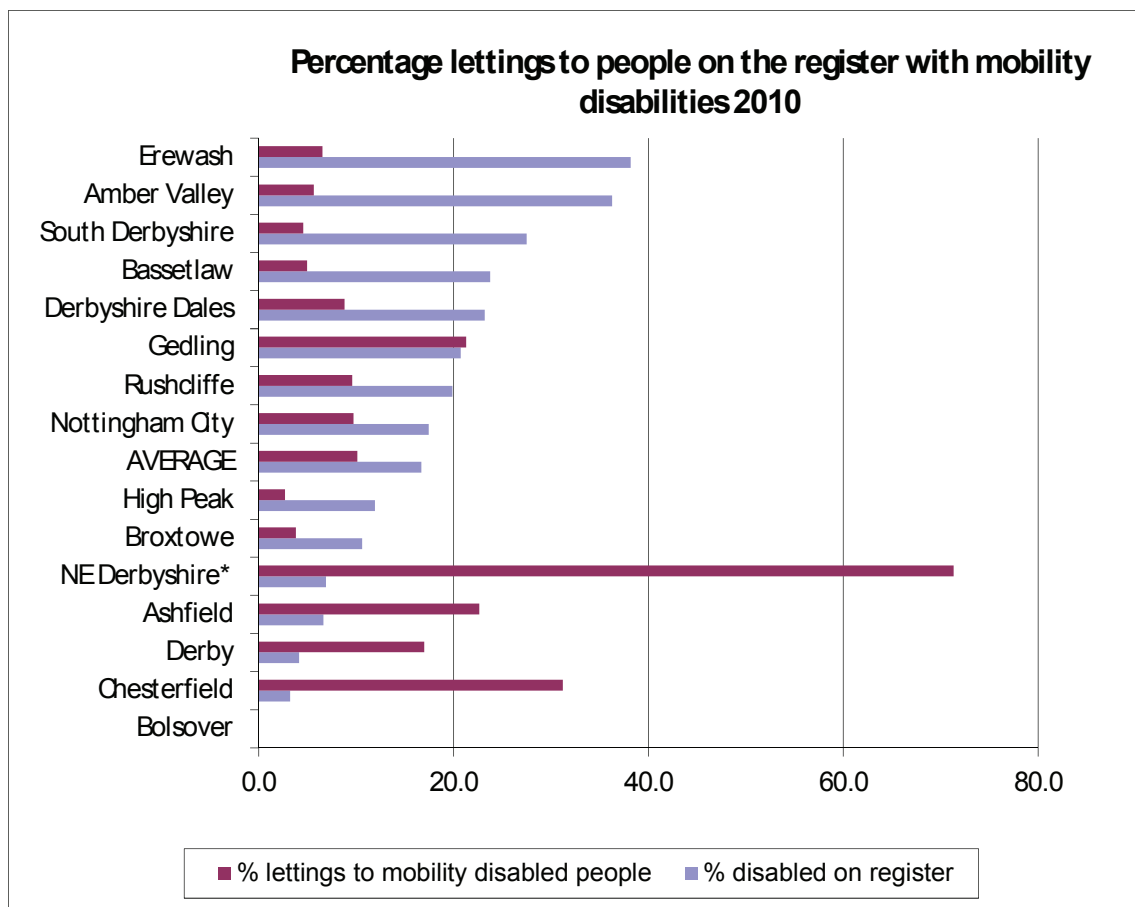
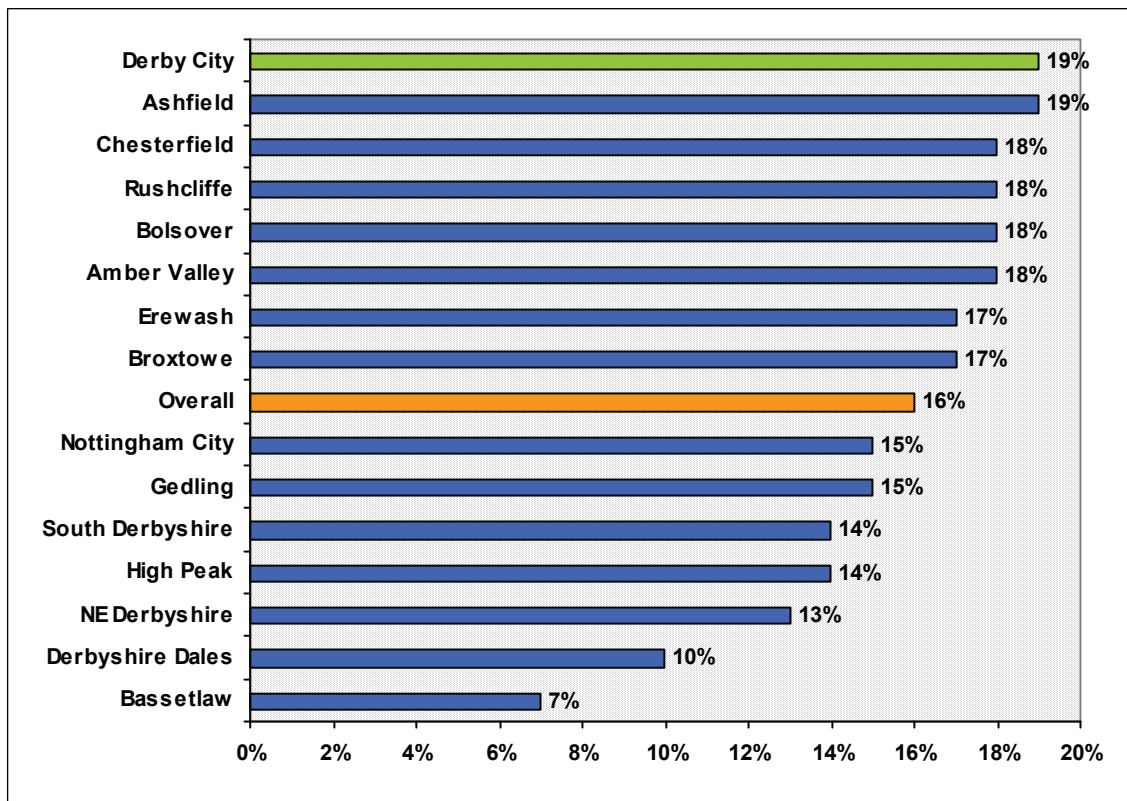
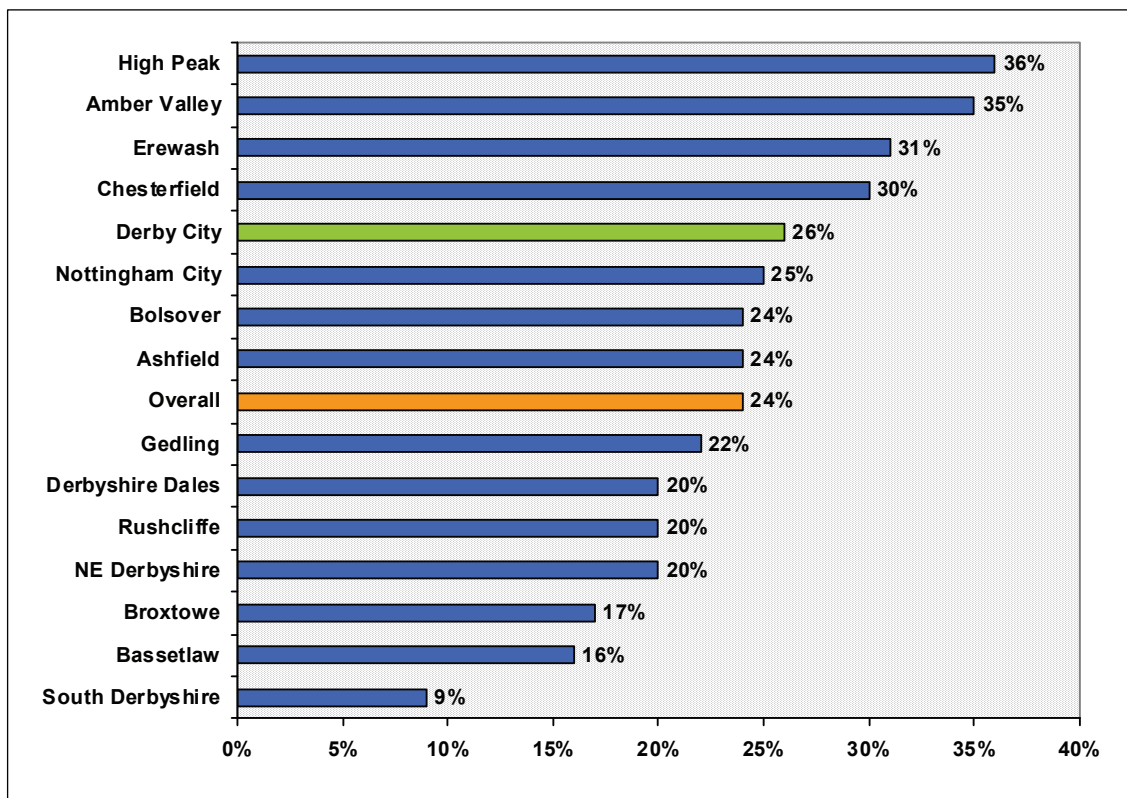


Chart 36: Proportion of respondents needing a level access shower/wet room



Base: All respondents (678)

Chart 37: Proportion of respondents needing level access to their front door



Base: All respondents (678)

Table A.2 Population change by authority, 2010-2030

	Population 18-64						Population 65+						change 2010-30	% change 2010-2015	change 2010-30	% change 2010-2015
	2010	2015	2020	2025	2030	change 2010-30	2010	2015	2020	2025	2030					
Amber Valley	99,500	98,900	100,300	101,500	101,200	1,700	22,600	26,900	29,800	33,000	37,200	14,600	64.6			
Ashfield	97,000	98,000	100,400	102,600	103,200	6,200	20,300	23,600	25,900	28,300	31,800	11,500	56.7			
Bassetlaw	91,200	89,700	90,000	90,000	88,800	-2,400	20,900	24,700	27,500	30,600	34,400	13,500	64.6			
Bolsover	61,300	61,200	61,800	62,300	61,800	500	13,600	15,500	17,000	18,700	21,100	7,500	55.1			
Broxtowe	92,900	94,800	98,300	101,300	103,400	10,500	19,700	22,400	23,900	25,900	28,400	8,700	44.2			
Chesterfield	82,400	82,000	82,500	82,500	81,800	-600	18,900	21,400	23,400	26,000	29,000	10,100	53.4			
Derby UA	208,700	215,700	223,500	229,600	233,700	25,000	38,600	42,000	44,500	48,400	53,900	15,300	39.6			
Derbyshire Dales	54,700	52,900	52,400	52,200	51,400	-3,300	15,500	18,300	20,300	22,300	24,800	9,300	60.0			
Erewash	91,200	90,100	90,800	91,700	91,500	300	19,700	22,600	24,600	26,700	29,700	10,000	50.8			
Gedling	91,900	92,300	94,900	97,600	99,300	7,400	21,300	24,300	26,200	28,200	30,800	9,500	44.6			
High Peak	77,000	76,900	77,500	78,500	78,000	1,000	16,000	18,800	21,200	23,500	26,800	10,800	67.5			
North East Derbyshire	77,900	76,300	76,500	77,000	76,700	-1,200	20,500	23,900	26,100	28,200	30,800	10,300	50.2			
Nottingham UA	271,600	288,600	301,600	313,100	323,800	52,200	34,500	35,300	36,400	39,200	43,800	9,300	27.0			
Rushcliffe	92,600	93,900	96,300	99,100	100,800	8,200	19,900	23,200	25,800	28,300	31,600	11,700	58.8			
South Derbyshire	79,300	81,700	85,000	87,400	88,400	9,100	14,600	17,700	20,000	22,700	25,900	11,300	77.4			
TOTAL	1,569,200	1,593,000	1,631,800	1,666,400	1,683,800	114,600	316,600	360,600	392,600	430,000	480,000	163,400	51.6			

Table A.3 65s and over unable to manage at least one mobility-related activity, short and medium terms

	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
	Number						Percentage change (on 2010 base)					
Amber Valley	4,244	4,230	4,433	4,577	4,719	4,809	0.0	-0.3	4.5	7.8	11.2	13.3
Ashfield	3,675	3,787	3,794	3,927	3,995	4,152	0.0	3.0	3.2	6.9	8.7	13.0
Bassetlaw	3,686	3,827	3,980	4,104	4,177	4,393	0.0	3.8	8.0	11.3	13.3	19.2
Bolsover	2,427	2,446	2,514	2,607	2,674	2,768	0.0	0.8	3.6	7.4	10.2	14.1
Broxtowe	3,586	3,719	3,817	3,855	3,939	4,063	0.0	3.7	6.4	7.5	9.8	13.3
Chesterfield	3,638	3,615	3,710	3,778	3,869	4,010	0.0	-0.6	2.0	3.8	6.3	10.2
Derby UA	7,281	7,464	7,572	7,635	7,825	7,957	0.0	2.5	4.0	4.9	7.5	9.3
Derbyshire Dales	2,863	2,974	3,034	3,145	3,180	3,315	0.0	3.9	6.0	9.8	11.1	15.8
Erewash	3,644	3,699	3,771	3,894	4,012	4,093	0.0	1.5	3.5	6.9	10.1	12.3
Gedling	3,904	4,055	4,184	4,252	4,354	4,477	0.0	3.9	7.2	8.9	11.5	14.7
High Peak	2,945	3,075	3,201	3,243	3,427	3,482	0.0	4.4	8.7	10.1	16.4	18.2
NE Derbyshire	3,559	3,717	3,836	3,891	4,034	4,151	0.0	4.4	7.8	9.3	13.3	16.6
Nottingham UA	6,618	6,553	6,600	6,596	6,624	6,683	0.0	-1.0	-0.3	-0.3	0.1	1.0
Rushcliffe	3,770	3,849	3,953	4,119	4,181	4,321	0.0	2.1	4.9	9.3	10.9	14.6
South Derbyshire	2,568	2,568	2,780	2,862	2,983	3,030	0.0	0.0	8.3	11.4	16.2	18.0
TOTAL	58,408	59,578	61,179	62,485	63,993	65,704	0.0	2.0	4.7	7.0	9.6	12.5

Table A.4 65s and over unable to manage at least one mobility-related activity, long term

	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030
	Number					Percentage change (on 2010 base)				
Amber Valley	4,244	4,809	5,610	6,502	7,506	0.0	13.3	32.2	53.2	76.9
Ashfield	3,675	4,152	4,709	5,447	6,344	0.0	13.0	28.1	48.2	72.6
Bassetlaw	3,686	4,393	5,080	5,867	6,879	0.0	19.2	37.8	59.2	86.6
Bolsover	2,427	2,768	3,065	3,507	4,086	0.0	14.1	26.3	44.5	68.4
Broxtowe	3,586	4,063	4,528	5,055	5,643	0.0	13.3	26.3	41.0	57.4
Chesterfield	3,638	4,010	4,485	5,022	5,844	0.0	10.2	23.3	38.0	60.6
Derby UA	7,281	7,957	8,604	9,579	10,790	0.0	9.3	18.2	31.6	48.2
Derbyshire Dales	2,863	3,315	3,835	4,360	5,084	0.0	15.8	34.0	52.3	77.6
Erewash	3,644	4,093	4,654	5,263	6,080	0.0	12.3	27.7	44.4	66.8
Gedling	3,904	4,477	5,023	5,521	6,250	0.0	14.7	28.7	41.4	60.1
High Peak	2,945	3,482	3,993	4,626	5,415	0.0	18.2	35.6	57.1	83.9
North East Derbyshire	3,559	4,151	4,752	5,427	6,146	0.0	16.6	33.5	52.5	72.7
Nottingham UA	6,618	6,683	6,876	7,416	8,287	0.0	1.0	3.9	12.1	25.2
Rushcliffe	3,770	4,321	4,922	5,597	6,504	0.0	14.6	30.6	48.5	72.5
South Derbyshire	2,568	3,030	3,572	4,186	5,061	0.0	18.0	39.1	63.0	97.1
TOTAL	58,408	65,704	73,708	83,375	95,919	0.0	12.5	26.2	42.7	64.2

Table A.4a Other medical conditions, 65 and over, all authorities

	Other medical conditions, 65 and over - short and medium term										No. increase 2010-2015	%increase 2010-2015
	2010	2011	2012	2013	2014	2015						
Long term limiting illness	159,804	163,265	168,417	173,353	177,653	181,230					21,426	13.4
Heart attack	15,493	15,845	16,402	16,832	17,226	17,641					2,148	13.9
Stroke	7,292	7,459	7,723	7,931	8,119	8,332					1,040	14.3
Danger of falls	84,263	86,090	88,905	91,078	93,243	95,609					11,346	13.5
Bladder problem	51,911	53,023	54,758	56,139	57,468	58,894					6,983	13.5
	Other medical conditions, 65 and over - longterm										No. increase 2010-2030	%increase 2010-2030
2010	2015	2020	2025	2030								
Long term limiting illness	159,804	181,230	198,785	220,664	246,206	86,402					54.1	
Heart attack	15,493	17,641	19,298	21,307	23,828	8,335					53.8	
Stroke	7,292	8,332	9,197	10,258	11,472	4,180					57.3	
Danger of falls	84,263	95,609	105,549	117,216	133,594	49,331					58.5	
Bladder problem	51,911	58,894	64,814	72,201	81,335	29,424					56.7	

Table A.5 Higher mobility rate Disabled Living Allowance claimants

	High rate DLA, short and medium term										High rate DLA, long term					% change 2010-2030	% change 2010-2030
	2010	2011	2012	2013	2014	2015	change 2010-2015	% change 2010-2015	2010	2015	2020	2025	2030	change 2010-2030			
Amber Valley	3,840	3,859	3,884	3,906	3,931	3,956	116	3.0	3,840	3,956	4,092	4,230	4,353	513	13.3		
Ashfield	4,620	4,652	4,683	4,718	4,754	4,789	169	3.7	4,620	4,789	4,974	5,156	5,317	697	15.1		
Bassetlaw	4,770	4,787	4,804	4,825	4,847	4,868	98	2.1	4,770	4,868	5,000	5,132	5,242	472	9.9		
Bolsover	4,440	4,458	4,481	4,499	4,523	4,547	107	2.4	4,440	4,547	4,671	4,802	4,914	474	10.7		
Broxtowe	3,060	3,084	3,109	3,133	3,161	3,185	125	4.1	3,060	3,185	3,321	3,457	3,582	522	17.1		
Chersterfield	4,620	4,638	4,656	4,675	4,693	4,716	96	2.1	4,620	4,716	4,830	4,948	5,053	433	9.4		
Derby City	7,200	7,258	7,319	7,383	7,442	7,503	303	4.2	7,200	7,503	7,803	8,094	8,373	1,173	16.3		
Derbyshire Dales	1,480	1,482	1,486	1,491	1,495	1,501	21	1.4	1,480	1,501	1,533	1,571	1,606	126	8.5		
Erewash	3,180	3,189	3,197	3,209	3,220	3,232	52	1.6	3,180	3,232	3,309	3,395	3,475	295	9.3		
Gedling	3,200	3,214	3,234	3,251	3,273	3,296	96	3.0	3,200	3,296	3,423	3,556	3,678	478	14.9		
High Peak	2,380	2,393	2,406	2,421	2,434	2,449	69	2.9	2,380	2,449	2,526	2,610	2,682	302	12.7		
North East Derbyshire	4,060	4,072	4,085	4,101	4,114	4,134	74	1.8	4,060	4,134	4,233	4,341	4,435	375	9.2		
Nottingham	10,090	10,232	10,357	10,469	10,575	10,677	587	5.8	10,090	10,677	11,142	11,613	12,117	2,027	20.1		
Rushcliffe	2,150	2,167	2,184	2,202	2,219	2,238	88	4.1	2,150	2,238	2,333	2,435	2,530	380	17.7		
South Derbyshire	2,520	2,550	2,579	2,609	2,638	2,668	148	5.9	2,520	2,668	2,818	2,955	3,067	547	21.7		
TOTAL	61,610	62,048	62,492	62,933	63,371	63,825	2,215	3.6	61,610	63,825	66,138	68,490	70,692	9,082	14.7		

Table A.6 Mandatory Disabled Facilities Grants

	Total number of mandatory grants (completed)						Total expenditure on mandatory grants (£ thousand)														
	2004/5		2005/06		2006/07		2007/08		2008/09		2009/10										
	outturn	planned	outturn	planned	outturn	planned	outturn	planned	outturn	planned	outturn	planned									
Amber Valley	469		356		354		114		150		150		886		942		640		700		1,000
Ashfield	36		66		59		51		50		50		317		545		392		420		420
Bassetlaw	35		70		91		106		110		106		499		961		847		916		850
Bolsover	64		71		85		78		69		78		330		543		580		500		600
Broxtowe	46		38		43		52		70		73		273		288		390		507		550
Chesterfield	70		83		28		63		70		70		428		229		462		1,061		1,260
Derby UA	213		212		215		238		200		200		1,369		1,400		1,379		1,400		1,400
Derbyshire Dales	28		40		32		39		45		45		198		198		214		240		240
Erewash	103		123		158		132		156		156		638		706		632		750		750
Gedling	107		86		83		117		120		120		455		404		551		602		600
High Peak	43		53		36		54		45		45		249		246		277		242		242
NEDerbyshire	50		42		50		56		67		91		200		337		215		246		250
Nottingham UA	205		220		236		221		240		300		1,600		1,635		1,639		1,800		2,300
Rushdiffe	74		84		62		76		92		100		367		238		342		411		450
South Derbyshire	46		47		121		118		92		83		271		620		657		417		466
TOTAL	1589		1591		1653		1515		1576		1667		8080		9292		9217		10212		11378

Table A.7 Cost per mandatory Disabled Facilities Grant over time

	2004/ 5	2005/ 06	2006/ 07	2007/ 08	2008/ 09	2009/ 10
	outturn	outturn	outturn	outturn	planned	planned
Amber Valley	£2,186	£2,489	£2,661	£5,614	£4,667	£6,667
Ashfield	£7,556	£4,803	£9,237	£7,686	£8,400	£8,400
Bassetlaw	£5,371	£7,129	£10,560	£7,991	£8,327	£8,019
Bolsover	£4,844	£4,648	£6,388	£7,436	£7,246	£7,692
Broxtowe	£5,891	£7,184	£6,698	£7,500	£7,243	£7,534
Chesterfield	£5,471	£5,157	£8,179	£7,333	£15,157	£18,000
Derby UA	£6,258	£6,458	£6,512	£5,794	£7,000	£7,000
Derbyshire Dales	£5,321	£4,950	£6,188	£5,487	£5,333	£5,333
Erewash	£5,825	£5,187	£4,468	£4,788	£4,808	£4,808
Gedling	£3,617	£5,291	£4,867	£4,709	£5,017	£5,000
High Peak	£5,116	£4,698	£6,833	£5,130	£5,378	£5,378
N E Derbyshire	£5,800	£4,762	£6,740	£3,839	£3,672	£2,747
Nottingham UA	£6,956	£7,273	£6,928	£7,416	£7,500	£7,667
Rushdiffe	£3,959	£4,369	£3,839	£4,500	£4,467	£4,500
South Derbyshire	£6,174	£5,766	£5,124	£5,568	£4,533	£5,614
TOTAL	£4,677	£5,079	£5,621	£6,084	£6,480	£6,825

Table A.8 Council Tax Exemptions, disregards and band reductions

	Exempt property Class E (in hospital)	Exempt property Class I (moved to receive care)	Exempt property Class J (moved to give care)	Disregard- Patients where the hospital is their main residence	Disregardt - Patients in residential care	Band reductions for disabilities	TOTAL
Amber Valley	112	6	1	16	145	308	588
Ashfield	85	6	3	1	70	267	432
Bassetlaw	60	7	0	0	39	372	478
Bolsover	58	8	1	3	31	142	243
Broxtowe	95	13	2	0	69	209	388
Chesterfield	87	3	0	1	42	224	357
Derby UA	216	10	0	0	61	467	754
Derbyshire Dales	77	7	0	0	22	188	294
Erewash	104	4	4	107	0	266	485
Gedling	107	6	1	0	70	280	464
High Peak	94	18	4	2	81	240	439
North East Derbyshire	90	7	1	2	39	256	395
Nottingham UA	124	14	1	3	71	575	788
Rushcliffe	86	8	1	1	20	323	439
South Derbyshire	75	7	0	0	24	226	332
TOTAL	1,470	124	19	136	784	4,343	6,876

Table A.9 Housing register data

	Total of housing register	Identified older groups in need	Wheelchair requirement	Medical / social need	Need for specially adapted property	Visual / combined visual disability	Other physical disability	Grand total	% Housing register
Amber Valley	2639	750	0	99	207	0	0	957	36.3
Ashfield	4981	0	0	0	331	0	0	331	6.6
Bassetlaw	4913	0	0	51	9	0	1108	1168	23.8
Bolsover	3299	0	0	0	0	0	0	0	0.0
Broxtowe	2955	0	0	0	276	36	0	313	10.6
Chesterfield	3405	0	0	0	0	0	109	109	3.2
Derby	8547	0	95	0	319	48	0	353	4.1
Derbyshire Dales	2936	0	126	0	383	0	172	681	23.2
Erewash	2043	0	133	0	283	61	303	780	38.2
Gedling	1497	0	0	0	263	47	0	310	20.7
High Peak	4638	0	66	0	268	46	173	553	11.9
NE Derbyshire*	1765	122	0	0	0	0	0	122	6.9
Nottingham City	9734	0	0	0	0	0	0	1699	17.5
Rushcliffe	947	0	0	0	167	21	0	188	19.9
South Derbyshire	1429	0	60	91	191	51	0	393	27.5
TOTAL	55728	872	480	241	2697	310	1865	7957	14.3

Table A.10 Lettings to applicants with mobility-related disabilities

		Lettings to people with mobility disabilities										General and Supported disabled lettings	
		General Needs lettings					Supported Housing lettings						
		Required full wheelchair access	Required wheelchair access to essential rooms	Required level access housing	Requires adaptations related to visual impairment	Total	Required full wheelchair access	Required wheelchair access to essential rooms	Required level access housing	Requires adaptations related to visual impairment	Total	Lettings to people with mobility disabilities	Overall % lettings to people with mobility disabilities
Amber Valley BC		2	2	9	0	13	1	3	37	0	41	54	6.6
Ashfield BC		2	5	63	2	72	0	2	1	0	3	75	7.2
Bassetlaw DC		7	0	5	1	13	10	2	31	2	45	58	7.4
Bolsover DC		2	0	3	1	6	3	0	25	0	28	34	7.0
Broxtowe BC		0	0	4	0	4	1	1	5	1	8	12	4.9
Chesterfield BC		3	3	13	1	20	4	2	8	0	14	34	3.6
Derby City		5	2	14	4	25	8	3	20	4	35	60	3.0
Derbyshire Dales DC		2	0	15	0	17	2	1	40	0	43	60	16.9
Erewash BC		0	0	8	0	8	0	2	39	2	43	51	7.4
Gedling BC		0	2	13	0	15	7	0	39	5	51	66	12.5
High Peak BC		2	0	3	1	6	2	0	6	1	9	15	3.2
NE Derbyshire DC		2	2	58	0	62	10	2	12	1	25	87	14.1
Nottingham City		13	3	58	11	85	11	3	51	15	80	165	4.1
Rushcliffe DC		0	0	0	0	0	7	0	11	0	18	18	8.9
South Derbyshire DC		1	3	5	0	9	2	0	5	2	9	18	4.5
TOTAL		41	22	271	21	355	68	21	330	33	452	807	5.9

Table A.11 Analysis of mobility-adapted accommodation lettings

Core lettings data 2009 - 2010		Lettings analysis										
General needs lettings		Supported lettings					Adapted supported stock					
All general needs lettings	Wheelchair standard stock let GN	Wheelchair % general needs wheelchair stock	All supported lettings	Fitted with aids or adaptations	Designed to accessible general standard	Designed to wheelchair user standard	% Supp lettings designed to wheelchair user standard	% Adapted supported stock				
Amber Valley BC	6	1.5	431	15	239	67	15.5	71.0				
Ashfield BC	27	2.8	78	71	11	15	19.2	52.6				
Bassetlaw DC	6	1.4	362	178	57	1	0.3	35.6				
Bolsover DC	3	1.1	198	25	1	3	1.5	91.9				
Broxtowe BC	0	0.0	118	9	21	12	10.2	49.2				
Chesterfield BC	7	1.0	206	135	101	52	25.2	78.6				
Derby Qty	15	1.2	754	102	135	193	25.6	43.5				
Derbyshire Dales DC	3	1.3	123	0	161	12	9.8	92.7				
Erewash BC	5	1.0	187	32	118	5	2.7	88.8				
Gedling BC	1	0.4	248	0	33	76	30.6	91.1				
High Peak BC	0	0.0	143	0	6	49	34.3	57.3				
NE Derbyshire DC	19	3.3	41	100	707	22	53.7	68.3				
Nottingham Qty	45	1.8	1561	14	100	69	4.4	56.1				
Rushcliffe DC	0	0.0	119	147	147	5	4.2	100.0				
South Derbyshire DC	3	1.3	157	444	1,939	8	5.1	98.7				
TOTAL	140	1.6	4,726	444	1,939	589	12.5	62.9				

Table A.12 Lettings to mobility disabled as proportion of needs, 2009-10

	Total on housing register	Grand total w. mobility-related disability	% housing register	Lettings 2009-10 to people with mobility disabilities	Lettings as % of physically disabled on register
Amber Valley	2639	957	36.3	54	5.6
Ashfield	4981	331	6.6	75	22.7
Bassetlaw	4913	1168	23.8	58	5.0
Bolsover	3299	0	0.0	34	
Broxtowe	2955	313	10.6	12	3.8
Chesterfield	3405	109	3.2	34	31.2
Derby	8547	353	4.1	60	17.0
Derbyshire Dales	2936	681	23.2	60	8.8
Erewash	2043	780	38.2	51	6.5
Gedling	1497	310	20.7	66	21.3
High Peak	4638	553	11.9	15	2.7
NE Derbyshire*	1765	122	6.9	87	71.3
Nottingham City	9734	1699	17.5	165	9.7
Rushcliffe	947	188	19.9	18	9.6
South Derbyshire	1429	393	27.5	18	4.6
TOTAL	55728	7957	16.7	807	10.1

Table A.13 Housing association stock data

Core lettings data 2009 - 2010					
Stock analysis					
Housing association stock (RSR)					
	HA general needs	HA Supported and older	HA wheelchair general needs	HA wheelchair supported / Older	% wheelchair stock
Amber Valley BC	4249	2680	15	4	0.3
Ashfield BC	1283	467	29	96	7.1
Bassetlaw DC	786	370	11	5	1.4
Bolsover DC	618	331	9	23	3.4
Broxtowe BC	867	207	2	14	1.5
Chesterfield BC	752	640	3	65	4.9
Derby Qty	5399	1860	98	87	2.5
Derbyshire Dales DC	2907	930	15	12	0.7
Erewash BC	4475	2048	17	66	1.3
Gedling BC	3642	1357	462	162	12.5
High Peak BC	676	357	0	5	0.5
NE Derbyshire DC	544	189	6	5	1.5
Nottingham Qty	6013	3298	4	115	1.3
Rushcliffe DC	2530	1468	3	56	1.5
South Derbyshire DC	689	125	5	28	4.1
TOTAL	35430	16327	679	743	2.7

Table A.14 Local authority wheelchair units and mobility-adapted accommodation

Local authority	Status	Wheelchair units	Mobility adaptations
Amber Valley	LSVT		
Ashfield	ALMO	261	1213
Bassetlaw	ALMO		2154
Bolsover	LA		
Broxtowe	LA	27	
Chesterfield	LA		3734
Derby	ALMO	107	403
Derbyshire Dales	LSVT		
Erewash	LSVT		
Gedling	LSVT		
High Peak	LA	21	465
North East Derbyshire	ALMO		
Nottingham	ALMO	142	2448
Rushcliffe	LSVT		
South Derbyshire	LA	6	898

Table A.15 Supporting people – beneficiary households December 2010

	Frail Elderly	Older people with support needs	People with a Physical or Sensory Disability	Total Contracted Household Units	% Frail Elderly	% Older people with support needs	% People with a Physical or Sensory Disability
Derby	..	3,797	37	5,011	0.00	75.77	0.74
Nottingham	668	9,489	124	13,283	5.03	71.44	0.93
Derbyshire	58	13,276	21	14,871	0.39	89.27	0.14
Nottinghamshire	178	11,711	69	14,250	1.25	82.18	0.48

Table A.16b Unmet housing need among people with physical and sensory mobility disabilities: low estimate

Based on High Level DLA	Demand												Supply												Unmet need																		
	High level DLA claimants						Numbers with PMDs in unsuitable homes						Lettings PA adjusted for new supply						DFGSPA						Adjustment for self-help (2)																		
	2010	2015	2020	2025	2030	2030	2010	2015	2020	2025	2030	2030	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030											
	3840	3,876	3,913	3,950	3,987	3,987	0.95	15.9%	611	616	622	628	634	634	57	57	57	57	57	57	57	57	57	54	54	54	54	54	318.6	318.6	318.6	318.6	318.6	41	41	41	41	41	197	203	208	214	219
Amber Valley	4620	4,739	4,860	4,985	5,113	5,113	2.57	15.9%	735	753	773	793	813	813	331	331	331	331	331	331	331	331	331	75	75	75	75	75	62.4	62.4	62.4	62.4	62.4	49	50	51	53	54	548	566	584	602	621
Ashfield	4770	4,796	4,821	4,847	4,873	4,873	0.54	15.9%	768	762	767	771	775	775	1168	1168	1168	1168	1168	1168	1168	1168	1168	58	58	58	58	58	103.6	103.6	103.6	103.6	103.6	51	51	51	51	51	546	550	554	558	562
Bassetlaw	4440	4,445	4,450	4,455	4,460	4,460	0.11	15.9%	706	707	708	708	709	709	0	0	0	0	0	0	0	0	0	34	34	34	34	34	89	89	89	89	89	47	47	47	47	47	536	537	537	538	539
Bolsover	3060	3,075	3,091	3,106	3,122	3,122	0.50	15.9%	487	489	491	494	496	496	313	313	313	313	313	313	313	313	313	12	12	12	12	12	64.4	64.4	64.4	64.4	64.4	32	33	33	33	33	378	380	382	385	387
Broxtowe	4620	4,655	4,770	4,847	4,925	4,925	1.61	15.9%	735	746	758	771	783	783	109	109	109	109	109	109	109	109	109	34	34	34	34	34	76.8	76.8	76.8	76.8	76.8	49	50	51	51	52	575	586	597	609	620
Chesterfield	7200	7,300	7,402	7,505	7,610	7,610	1.39	15.9%	1,145	1,161	1,177	1,193	1,210	1,210	353	353	353	353	353	353	353	353	353	62	60	60	60	60	255.6	255.6	255.6	255.6	255.6	76	77	78	79	81	751	768	783	798	814
Derby UA	1480	1,516	1,552	1,589	1,628	1,628	2.41	15.9%	235	241	247	253	259	259	681	681	681	681	681	681	681	681	681	60	60	60	60	60	45.8	45.8	45.8	45.8	45.8	16	16	16	17	17	114	119	125	130	136
Derbyshire Dales	3180	3,180	3,180	3,180	3,180	3,180	0.98	15.9%	506	506	506	506	506	506	780	780	780	780	780	780	780	780	780	51	51	51	51	51	165.6	165.6	165.6	165.6	165.6	34	34	34	34	34	255	255	255	255	255
Erewash	3200	3,223	3,246	3,270	3,294	3,294	0.72	15.9%	509	512	516	520	524	524	310	310	310	310	310	310	310	310	310	66	66	66	66	66	126.6	126.6	126.6	126.6	126.6	34	34	34	34	34	282	286	289	293	296
Gedling	2380	2,412	2,444	2,476	2,509	2,509	1.33	15.9%	378	383	389	394	399	399	553	553	553	553	553	553	553	553	553	15	15	15	15	15	55.2	55.2	55.2	55.2	55.2	25	26	26	26	27	283	288	292	297	302
High Peak	4060	4,132	4,206	4,281	4,357	4,357	1.78	15.9%	646	657	669	681	693	693	122	122	122	122	122	122	122	122	122	90	87	87	87	87	71.2	71.2	71.2	71.2	71.2	43	44	45	46	46	441	455	466	477	488
North East Derbyshire	10090	10,136	10,182	10,228	10,275	10,275	0.45	15.9%	1,604	1,612	1,619	1,626	1,634	1,634	1699	1699	1699	1699	1699	1699	1699	1699	1699	255	165	165	165	165	284.4	284.4	284.4	284.4	284.4	107	107	108	108	109	1,055	1,062	1,069	1,075	1,075
Nottingham UA	2160	2,196	2,243	2,291	2,341	2,341	2.15	15.9%	342	349	357	364	372	372	188	188	188	188	188	188	188	188	188	18	18	18	18	18	97.6	97.6	97.6	97.6	97.6	23	23	24	24	25	203	210	217	224	232
Rushcliffe	2520	2,557	2,595	2,633	2,672	2,672	1.47	15.9%	401	407	413	419	425	425	393	393	393	393	393	393	393	393	393	18	18	18	18	18	101.4	101.4	101.4	101.4	101.4	27	27	27	28	28	255	260	266	271	277
South Derbyshire	61,610	62,277	62,955	63,644	64,344	64,344	15.90%	9,796	9,902	10,010	10,119	10,231	10,231	7,957	7,957	7,957	7,957	7,957	7,957	7,957	7,957	7,957	807	807	807	807	807	1,918	1,918	1,918	1,918	1,918	652	659	667	674	681	6,323	6,517	6,618	6,720	6,824	
TOTAL																																											

Table A.17 Households with unmet need for wheelchair accommodation

	Household projections '000					No. wheelchair users (3%)					No. wheelchair users with unmet housing needs (10%)							
	2013	2018	2023	2026	2028	2033	2013	2018	2023	2026	2028	2033	2013	2018	2023	2026	2028	2033
Amber Valley	55,000	58,000	61,000	62,000	63,000	66,000	1,650	1,740	1,830	1,860	1,890	1,980	165	174	183	186	189	198
Ashfield	52,000	54,000	57,000	59,000	60,000	62,000	1,560	1,620	1,710	1,770	1,800	1,860	156	162	171	177	180	186
Bassetlaw	50,000	52,000	54,000	56,000	57,000	58,000	1,500	1,560	1,620	1,680	1,710	1,740	150	156	162	168	171	174
Bolsover	33,000	34,000	36,000	37,000	37,000	38,000	990	1,020	1,080	1,110	1,110	1,140	99	102	108	111	111	114
Broxtowe	51,000	54,000	57,000	59,000	60,000	62,000	1,530	1,620	1,710	1,770	1,800	1,860	153	162	171	177	180	186
Chesterfield	47,000	49,000	51,000	52,000	53,000	54,000	1,410	1,470	1,530	1,560	1,590	1,620	141	147	153	156	159	162
Derby UA	108,000	114,000	120,000	123,000	126,000	131,000	3,240	3,420	3,600	3,690	3,780	3,930	324	342	360	369	378	393
Derbyshire Dales	31,000	33,000	34,000	35,000	36,000	37,000	930	990	1,020	1,050	1,080	1,110	93	99	102	105	108	111
Erewash	49,000	51,000	53,000	55,000	55,000	57,000	1,470	1,530	1,590	1,650	1,650	1,710	147	153	159	165	165	171
Gedling	51,000	53,000	56,000	57,000	58,000	60,000	1,530	1,590	1,680	1,710	1,740	1,800	153	159	168	171	174	180
High Peak	41,000	43,000	45,000	47,000	47,000	49,000	1,230	1,290	1,350	1,410	1,410	1,470	123	129	135	141	141	147
North East Derbyshire	44,000	45,000	47,000	48,000	49,000	50,000	1,320	1,350	1,410	1,440	1,470	1,500	132	135	141	144	147	150
Nottingham UA	140,000	150,000	158,000	163,000	167,000	175,000	4,200	4,500	4,740	4,890	5,010	5,250	420	450	474	489	501	525
Rushcliffe	49,000	52,000	55,000	57,000	58,000	60,000	1,470	1,560	1,650	1,710	1,740	1,800	147	156	165	171	174	180
South Derbyshire	40,000	43,000	46,000	48,000	49,000	51,000	1,200	1,290	1,380	1,440	1,470	1,530	120	129	138	144	147	153
TOTAL	841,000	885,000	930,000	958,000	975,000	1,010,000	25,230	26,550	27,900	28,740	29,250	30,300	2,523	2,655	2,790	2,874	2,925	3,030

Notes: the Habinteg / London South Bank University study calculated that in the East Midlands 3% of households had at least on wheelchair user, and of these 10% had unmet housing needs.

Annex Two: Value for Money

Material in this annex repeats Appendix A from the Overarching Report and provides a summary of the cost benefit literature reviewed in relation to the common sources of funding available.

Cost of intervention	Benefits for individual/household	Benefits for LA/public sector	Source of funding
<p>DFG Average grant per applicant £5,750 as at 2007⁸</p> <p>NB considerably more for children with severe disabilities (non means test up to £50,000 for children).</p>	<p>Meeting aspirations: older people in particular would prefer to remain in their home.</p> <p>Living safely and with reduced risk of falls (and mortality)</p> <p>Remain connected to social networks, care and support</p> <p>For children - increased capacity to develop own social and living skills</p> <p>Develop independence, pursue education, training and employment</p>	<p>Prevents accidents and falls (and mortality) – hip fractures cost up to £25,424, and in 2000 totalled £726m⁹</p> <p>Prevents/ delays entry to residential care – average £519.30 per resident per week for older people; £1,378 per resident week for younger adults with sensory and physical impairments¹⁰</p> <p>Reduction in home care hours required: Average package for older people is £162 per week (excluding high cost); for people with disabilities is £265 per week¹¹</p>	<p>LA DFG allocation (DFG allowance to be factored into local council housing finance settlement)</p> <p>Partnership funding from PCTs occurs in some areas e.g Liverpool, Blackpool.</p> <p>RRO 2002 – loans</p> <p>Self funding from households</p>
<p>Costs of developing Lifetime Homes</p> <p>Estimated between £525-1625 in addition to general development costs</p> <p>Nb developing LH in greater numbers is expected to reduce the unit cost by £250.</p>	<p>Reducing costs of future adaptations</p> <p>Enabling use by people at range of ages and with different needs</p> <p>Living safely and with reduced risk of falls (and mortality)</p> <p>For children -</p>	<p>As above in reducing risks of accidents and falls and reducing dependence on care and health interventions</p>	<p>HCA affordable grant programme</p> <p>Development contributions</p> <p>Contribution of free/discounted land from LAs/ public sector partners to improve development viability</p>

⁸ DCLG (2007) DFG programme: the government's proposals to improve the delivery programme.

⁹ PSSRU (2007) Research Summary, <http://www.pssru.ac.uk/pdf/rs044.pdf>

¹⁰ PSSRU Unit costs in health and social care 2011, p26

¹¹ As above, p109 and p112

Cost of intervention	Benefits for individual/ household	Benefits for LA/ public sector	Source of funding
	<p>increased capacity to develop own social and living skills</p> <p>Develop independence, pursue education, training and employment</p>		
<p>Specialist housing for people with sensory and physical impairment - estimated £1,386 per person per year incl. support costs</p> <p>Sheltered/ Extra care - estimated £444 per person per year</p>	<p>Specialist provision to meet specific needs re: sensory and physical impairment.</p> <p>Opportunities for increased support and activities to prevent social isolation</p> <p>(The cost benefits of specialist housing were less for young people, but the case of young people with disabilities not studied separately)</p>	<p>Younger adults with physical and sensory disabilities in high dependency care homes – est cost £1,378 per resident week</p> <p>Specialist housing for older people is increasingly used as an explicit alternative to residential (and nursing) care homes – cost effective alternative for health and care e.g £418 per week average cost in extra care compared to £519.30 in private residential care.</p>	<p>HCA affordable homes programme - % for specialist housing</p> <p>Free/ discounted land from LAs/ public sector partners</p> <p>Self funding (through development mix – leasehold and rented mixed schemes)</p>
<p>Moving to alternative accommodation (e.g bungalows, other general needs housing more suitable)</p> <p>Average cost £1,500¹²</p>	<p>Safer living environment supporting independent living.</p>	<p>Reduced/ delayed need for health and social care interventions</p>	<p>Dependent upon the provision of suitable alternative housing options delivered through the planning system</p>

¹² Based on the scheme, Seamless relocation, which supports older home owners to move and downsize. Nick O'Shea (2012) *Helping older people choose the right homes for them: an introduction to the costs and benefits of providing advice and support*, EAC

Annex Three: Detailed Recommendations

Recommendations specific to Derby

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
Derby		Impact and Outcomes		Practical Guidance – How to
A. Scrutinise allocation activity	<p>Ensure that adapted and wheelchair homes are not let to those who do not need them; and that they are let to those who do, including letting of over 60s accommodation to younger disabled people.</p> <p>Process analysis, and changes in policy (for example, holding a pool of void suitable properties).</p> <p>Consider extending use of choice based lettings system and development of accessible housing registers.</p>	<p>More accurate matching of stock to needs</p> <p>Increased housing options for disabled people</p>	2.2, 3.2, 4.4, 5.6	<p>See 5.1.2 of overarching report and good practice examples</p> <p>Monitor outcomes to adjust allocations accordingly – both disabled people and exiting residents</p>
B. Draw up and update database of all affordable housing adapted / wheelchair stock.	<p>Keep records of private sector stock that has benefitted from DFGs.</p> <p>Agreement between social landlords and DFG administrators.</p> <p>Consider extending use of choice based lettings system and development of accessible housing registers – including private sector landlords.</p>	<p>More accurate matching of stock to needs</p>	3.2, 3.3, 4.4, 5.6, 5.9	

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
Derby		Impact and Outcomes		Practical Guidance – How to
<p>C. Review preventative policy in conjunction with adult services and health agencies</p>	<p>Consider tri-partite resourcing arrangements.</p> <p>To include explicit agreement of who should pay for adaptations or transfer to appropriate accommodation.</p> <p>Link policy to clear preventative rationale.</p>	<p>Increased investment in relevant accommodation</p>	<p>3.2, 3.3</p>	
<p>D. Introduce a residential design Supplementary Planning Document</p>	<p>Where not already in progress, introduce a residential design SPD that states where adaptable/ accessible/ wheelchair standard homes will be required (as a quota or by reference to a site design guide) and what is meant by accessible or adaptable.</p> <p>Ensure that developers are clear about what is expected of them in any proposed development, address concerns about financial viability or practical difficulties and consider any additional funding available to ensure viability and deliverability.</p> <p>Include Lifetime Homes and Wheelchair properties.</p>	<p>Increased production of Lifetime Homes and other suitable properties for people with physical disabilities</p>	<p>3.2, 5.2, 6.3</p>	

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
Derby		Impact and Outcomes		Practical Guidance – How to
E. Implement existing planning policy around ‘Special Needs Housing’	<p>Include negotiations with developers.</p> <p>Use evidence in this report to implement policy.</p> <p>Include Lifetime Homes and Wheelchair properties.</p> <p>Include negotiations with developers.</p> <p>Use evidence in this report to implement policy.</p>		2.1. 3.2	
F. Develop ‘one-stop shop’ approach for services for people with disabilities	<p>Could involve improved referral and co-ordination or replacement / integration of services.</p> <p>Internal negotiations within authority, and with County and housing associations.</p>	Increased satisfaction levels on residents, and improved PIs for service delivery (particularly DFGs)	2.2, 3.2, 3.3, 4.4, 6.3	
G. Overcome barriers which discourage people moving to a more suitable property	<p>Address concerns about the upheaval of moving, provide help with planning and moving, including advocacy through One Stop Shop service to explain and discuss all housing options and offer a range of tenure options; home ownership/shared ownership/social rent/affordable rent.</p>		2.2, 4.4, 6.1, 6.3	

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
<p>Derby</p> <p>H. Address Specific Urban and Black and Asian Minority Ethnic Equalities Issues where they exist</p>	<p>Derby has a significant BAME and urban population which face specific issues regarding needs and accessing housing services which need to be taken into account.</p>	<p>Impact and Outcomes</p> <p>Improved accessibility and customer satisfaction for BAME groups.</p>	<p>2.1, 2.2, 4.1</p>	<p>Practical Guidance – How to</p>

General Recommendations

Addressing gaps identified in the wider study and overarching report

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report to Section in Overarching Report
I. Raise Awareness.	A. Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working.	Nominate a local elected member champion in each LA to promote this area amongst their peers and across agencies in the local area. 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. Identify opportunities to raise awareness across a wide range of statutory and voluntary agencies. Map information sharing opportunities over 6 monthly periods and secure speaking opportunities. Identify existing fora and meetings at which this can be included as a standing item for discussion.	Raised profile of the importance of the need to respond to the housing needs of disabled people could be measured through the following: Increased understanding of the issues & their impact across agencies. Improved joint agency working Improved & shared data collection on needs Performance	Cross authority/ sub regional working may be the preferred model to share the administrative and operational burdens. Much of the activity could be organised remotely via a specific section of a nominated website/s. Consider how external information hubs such as hi4em can support a wider shared approach and place to collate and store evidence. http://www.hi4em.org.uk/ 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. http://www.eastsussexinfigures.org.uk/webview/welcome.html	2.1, 3.2

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p>J. Ensure housing needs assessments highlight the needs of disabled people.</p>	<p>B. Ensure that housing needs assessments and strategic housing market assessments distinguish customer characteristics that influence design in new homes and the need for</p>	<p>Look to emerging structures that will provide new opportunities for sharing information and agreeing solutions - e.g health and well being boards</p>	<p>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>B. Ensure that housing needs assessments and strategic housing market assessments distinguish customer characteristics that influence design in new homes and the need for</p>	<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</p>	<p>Increased numbers for whom information has been gathered on contact</p> <p>Quality of information – clear link between characteristic</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>	<p>2.1, 2.3, 3.2, 4.1, 5.1, 4.6, 4.9</p>

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
	<p>adaptations of existing homes.</p>	<p>point of contact. 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. Process information held will be included.</p>	<p>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>		

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p>K. Promote preventative and early intervention investment.</p>	<p>C. Promote preventative and early intervention investment, so that benefiting agencies (in particular health and social care) understand the value for money of investment.</p>	<p>Look to current and emerging structures that will provide opportunities for sharing information and agreeing solutions - e.g health and well being boards</p> <p>Agree approach to measure outcomes and efficiencies/savings from different interventions</p>	<p>Agreed evidence base developed locally.</p> <p>Used by all partners in their investment decisions</p> <p>Long term success will be investment of health and social care funding in housing (e.g sustaining Home Improvement agencies in county/ sub region)</p>	<p>DFG guide (to be published soon) examples and recommendations on multi agency working and performance measures</p> <p>Adaptations good practice measures from initial enquiry to delivery.</p> <p>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.</p>	<p>3.1</p>
<p>L. Further Develop Home Improvement Agency.</p>	<p>D. Develop an (existing) Home Improvement Agency and a system of recycling</p>	<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</p>	<p>Sustainable HIAs.</p> <p>Increased 'reach' and range of</p>	<p>See appendix C good practice examples: Orbit</p>	<p>3.1</p>

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
	adaptations – stairlifts in particular	locally to explore demand and opportunity	<p>services (financial signposting; housing options etc.)</p> <p>Easy access; cost effective and quicker provision of stair lifts</p> <p>Increased customer satisfaction</p>		
M. Introduce more comprehensive stock condition survey and recording systems.	E. Introduce more comprehensive stock condition survey and recording systems.	<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>	<p>Greater knowledge of what type of housing/ level of adaptation is available where, connected to location, facilities, transport etc.</p>	<p>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.</p> <p>Consider how external information hubs such as hi4em can support a wider shared approach and place to collate and store evidence. http://www.hi4em.org.uk/</p> <p>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</p>	2.2, 4.6

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p>N. Agree a protocol for adaptations.</p>	<p>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>	<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>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>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>example from RBKC).</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>	<p>2.1, 3.2, 4.1</p>

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
		<p>This could include a reasonableness policy that encourages OTs, at the point of assessment to:</p> <ul style="list-style-type: none"> - Give good quality information to disabled people about the housing options available to them - Give realistic prospects for the prompt delivery of recommended adaptations 			
<p>O. Ensure private sector / developer obligations are enforced.</p>	<p>G. 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>	<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	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p>P. Use publically owned land to meet needs.</p>	<p>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>	<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>	<p>Have clear and agreed local policies on use of land</p>		<p>3.2, 5.1</p>

Annex Four: Good Practice

Annex 4: Good Practice Examples

Some of the examples below are set within the overarching report; others are linked to the key recommendations being made.

Housing as effective prevention of increased social care/ health needs (and costs):

The Southwark discharge pathway¹³ 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.

Wolverhampton Council has used very sheltered housing explicitly as a direct alternative to residential care. Over a decade from 1997, the council has evaluated that the demographic trend would have led to an increase in residential care from 814 to 1,050 cases, but use of alternative very sheltered housing solutions has led to a fall to 588 placed in residential care. From its first very sheltered scheme, it estimated to have saved £123,000 on costs of care over two years; later evaluation of two other schemes estimated savings of 48% and 24% respectively.¹⁴

Accessible housing registers and CBL:

Royal Borough of Kensington and Chelsea (UKHA finalist 2010)

RBK&C, and many London boroughs, have CBL but provided a separate allocations process for disabled (specifically wheelchair user) households. This perpetuates a sense of exclusion and a medical, 'special needs' approach to housing solutions, and reduced the level of choice households could exercise.

RBK&C developed an accessible housing register to address this and to enable households with a member using a wheelchair to exercise similar control over their housing situation.

A target was set for up to 75% of the social housing stock in the borough to be assessed for accessibility, given an accessible housing category, and for full, accurate and consistent information to be available in the CBL system. 90% was actually assessed by qualified OTs/ trained OT assistants and consistent information collected. This enabled a much speedier response when properties became vacant.

¹³ Dept of Health (2009) Use of resources in adult social care: a guide for local authorities, p27

¹⁴ Dept of Health (2009) Use of resources in adult social care: a guide for local authorities, pp 32-33.

A guide was also produced for the Health and disability assessment Team to use. The aim was for a consistent and objective approach to all assessments for eligibility to enable people to bid for the appropriate category of properties.

IT was an important element in the project, supporting data collection and management, facilitating the assessment of properties and calculation of an accessible housing category. It included use of a digital pen to complete property surveys.

Achievements:

- In 2006/07 CORE returns revealed that 70% of wheelchair homes were let to households without a wheelchair user; with the new register this will only happen if no family with a wheelchair user wants the property
- Households are not required to visit inaccessible homes (for example, corridor widths enable people to assess if their wheelchair will be able to access property)
- Landlords' awareness of what constitutes accessibility is being increased
- The awareness and sensitivity of staff to disabled householders' needs is increasing
- It provides an inclusive approach consistent with the social model of disability
- Better knowledge of stock enables a quicker response and less void time, and feeds into greater strategic planning for needs

Protocol for joint approaches to adaptations:

Oldham Housing Investment Partnership has developed a protocol for Delivering Equipment and Adaptations between the major registered housing providers and Oldham Council. The protocol includes the following:

- Agreed process and procedure for dealing with adaptations
- An agreed set of measurable standards of performance
- Agreement as to sources of funding for major and minor adaptations
- Clarity over maintenance procedures, responsibilities and contractor standards
- The delivery of the agreed Housing Adaptations Work plan

The registered housing providers have agreed to finance:

Minor adaptations up to £1000 – Housing organisation

Major adaptations £1000 - £8000 – costs shared equally

Complex adaptations over £8000 – will be agreed through discussions between the council and the housing organisation

In addition, an Accessible Housing Co-ordinator has been appointed to:

- Develop and co-ordinate a register/database of adapted properties and a register of disabled people who require rehousing.

- Ensure a common process is implemented by housing providers for assessing requests and the letting of adapted properties
- Co-ordinate protocols and common policy to ensure a range of options are considered prior to investing in existing social housing

Review of and streamlining procedures:

Leeds City Council brought in a range of measures to reduce DFG bureaucracy which resulted in a greatly speeded up service including:

- Reduction and simplification of paperwork and use of e mail for standard letters, schedules, approvals and receipt of final documentation with contractors
- Fixed scheme costs for a range of standard adaptations such as wet floor showers. This has removed the need for quotes and assessments by using standard specifications.
- Scanned drawings act as schedules
- A contractors “fining system” which sees a reduction (£300) off the standard price for defects that stop use of facilities at final inspection and/or for late final paperwork
- Professional close working relationship with a small group of selected contractors and internal partners has led to major resource savings

Wolverhampton City Council introduced a Small Adaptations Grant (SAG) under the 2002 Regulatory Reform Order. The SAG is used for installation of stairlifts and ramps and uses a simplified and streamlined application process. In 2008/2009 - 70 SAGs were awarded with average time from receipt of referral to completion of works of 8 weeks. The numbers of SAG's in 2009/10 and 2010/11 have remained similar; however timescales have since increased slightly due to financial constraints.

Since the Government's General Consent in 2008, **St Helens Council** have used the increased flexibility in relation to DFG funding to provide a flexible 'fast track' DFG through its Housing Assistance Policy. The fast track grant is available to all clients who have an OT assessed need for mandatory DFG but where the total cost of works is less than £2,000. The 'fast track' process eliminates the need for applicant means testing and provides a timely, less bureaucratic process to enable low cost adaptations. The 'fast track' DFG is also available for tenants of Registered Providers within the Borough whose landlords enter into a partnership arrangement with the Council and provide 50% funding towards the cost of adaptations to their stock. This approach has led to a significant reduction in the time taken to grant approval across all DFG applications due to the release of staff resources (a reduction of more than half in less than three years) and has also resulted in a higher level of customer care and satisfaction.

Breaking down silo working – co-location, shared training and development of staff:

From 1996 **South Gloucestershire Council** has worked collaboratively across departments and with the health service to improve the way in which adaptations are delivered. Multi agency panels were established to discuss complex cases and schemes exceeding the grant limit. Joint training takes place regularly with private sector housing staff and

occupational therapists. The procedure avoids duplication with joint visits only taking place where technical solutions are unclear, usually around 10% of cases.

A senior occupational therapist has been seconded to the Private Sector Housing Team since 2003 and has direct responsibility for managing the technicians providing small adaptations, supporting customers requiring complex adaptations, advising the multi agency panels and advising the Housing Partnership on new affordable housing schemes. Merlin Housing Society, the LSVT association, also benefits from having an occupational therapist seconded by the Council to inform the association's major works programme.

Through closer working the Council has achieved significant reductions in the time taken for standard adaptations and has smoothed the process for more complex cases. The service can evidence urgent schemes involving straight track stair lifts, automatic toilets and even, in one case where a customer was confined to the first floor of their home, a through-floor lift being installed within one week of the need being identified.

In **St Helens** the OT services are based in the same location and under the same management as the Home Improvement Agency and technical services, thereby providing a 'one stop shop' for clients. This ensures a co-ordinated approach to service delivery and maximises client access to a range of additional support and preventative services.

Making best use of stock – opportunities from renewal and reconfiguration:

e.g. Reconfiguring existing stock

Hull City Council's conversion of hard to let one bed bungalows

(This would not meet physical disabilities so easily but might be suitable for people with sensory impairments. Also thinking a bit beyond straightforward reconfiguring – making best use they can of stock)

Hull had a large number of one bedroom bungalows for people over 55 that were increasingly difficult to let. However the demand for two bedroom properties remained high, and consultation with stakeholders (including the Tenants' Forum and Service Improvement Group) highlighted the need to:

- Meet the needs of the community
- Enable people to remain independent lifestyles
- Increase income from stock and tackle voids.

Whilst the one bedroom bungalows were not suitable for conversion to two bedroom, four designs had available 'dead space' (previously for laundry facilities) which could be converted to a sleep-over space, big enough for a bed and minimal furniture, which would facilitate carer's staying over.

The conversion work added only £1 pwk to rent and the council have seen an increased demand for the properties and high levels of customer satisfaction.

The Council are considering the suitability of other properties for similar work, for example one bed sheltered flats, to enable other households to remain independent for longer.

e.g. Inclusion of accessibility features in Decent Homes Work/ refurbishment

Merlin Housing Society, the association set up to receive South Gloucestershire Council housing stock in 2007, has worked positively to address adaptations. Although the transfer agreement only required the association to carry out adaptations up to the value of £1,000, good value for money has been achieved by adapting properties during the Decent Homes programme with the association contributing the cost of a standard bathroom replacement, typically around £1,700, and the Council topping up the budget to provide a level access shower. The association also provides two intermediate care units for use where a customer is unable to live in their home during adaptation works, usually to enable discharge from hospital where major adaptations are needed before they return home.

Orbit Housing Association is piloting the installation of wet rooms when upgrading and completing Decent Homes Standard work. Tenants who want a bath will still be able to have a standing one installed, that will be easy to remove when it is no longer suitable.

Recycling adaptations:

Somerset and Bath and NE Somerset Care and Repair have set up an award-winning service to recycle stair lifts. The agency put together a funding package using lottery money earmarked for recycling, along with money from other charitable sources. They have a storage facility and workshop in an industrial unit near their office. They obtained technical training from the leading manufacturers and are now registered as dealers and re-sellers for 3 manufacturers. All the returned lifts, some of which are quite new, are serviced, steam cleaned and disinfected and the fabric and foam on seat covers are replaced. They offer services for private sector service users, local authorities and local housing associations. They can offer a recycled lift at half the cost of a new one. They provide a rapid turnaround and also offer a warranty scheme and a breakdown service. The facility is advertised on their website and they get donations of lifts from a wide area.

The scheme has developed so that the agency can now offer a full stair lift service, providing both new and reconditioned, straight run and curved rail lifts. A Consumer Credit Licence has also been obtained which allows the Agency to offer both lease and hire purchase options. The lease option is of particular use for short term or end of life situations.

Expanding existing resources – Home Improvement Agency:

Orbit's HIA provides adaptations in several local authority areas. They have employed OTs and also student secondments to strengthen their service offer (and provide valuable work experience) and they work closely with their contractors, which includes Orbit's Direct Labour Organisation to deliver adaptations. Recent restructuring has streamlined their management and the technical team provide support from assessment to final stage. Processes they are applying in one area (Burton and Stafford) are providing examples of how they can support stronger delivery of adaptations for other local authority partners.

County wide strategic approaches:

Wolverhampton City Council has established a contractual arrangement for the supply and installation of lifts that provides a ten year warranty. This was achieved through competitive tendering and provides for annual servicing and a full parts and labour warranty. Where the lift is no longer required, the supplier will remove and store the lift free of charge and refit it in another property with any required refurbishment and with the remainder of the warranty remaining in place. In 2010/11 13% of installations were of recycled lifts. This arrangement replaces a stairlift maintenance scheme that provided help to recipients of DFGs but was administratively relatively costly.

Aids and adaptation delivery:

Birmingham City Council

The council has improved services and addressed backlog by streamlining access arrangements and prioritising effectively.

The approach is to look at all options and funding streams which could be used to address needs. This can include:

- Care and support packages
- Charitable funding through the cross tenure House Proud scheme
- Link into the Decent Homes programme
- Relocation to suitable property – e.g via the Wise Move scheme promoting better use of stock and supporting moves to more suitable accommodation.

Purbeck Housing Trust

Resident involvement across a range of services including aids and adaptations led to an improvement of delivery and customer satisfaction. It conducted a mapping exercise of its residents to enable a targeted awareness raising campaign to ensure people knew what services they could receive and how to apply. Tenants receive clear information on the process and standards.

Other improvements include greater speed in delivery and offering adaptations as part of planned maintenance and improvement.

Assessments for minor works are completed within 2 days of a referral/application and delivered by a responsive repairs contractor within 20 days; OTs were involved in training staff to undertake assessments for these works. Due to the backlog, Purbeck increased its threshold for minor works from £500 to £3,500. Major works are improving with assessment and completion increasingly being within 50 days (the target is 90 days).

Service standards are clear and set by an Independent living group that includes tenants. Satisfaction with the minor works service has increased to 97%

Homes in Havering

The ALMO and contractor partners proactively use profiling to identify tenants and anticipate needs to tailor planned maintenance programmes. Identifying potentially vulnerable new tenants has meant minor aids such as grab rails can be in place before they occupy the property.

Residents who have used the service were involved in the review and setting performance measures. An overall target was set from requests for assistance to delivery in 87 days (with assessments from OTs within that in 28 days). Effective liaison with OTs means advice is given within 10 working days, and the average time to deliver the adaptation is 50 days. Residents are aware of the service standards and kept informed throughout the process; satisfaction has increased.

Fixed aids are recycled for example, stairlifts and shower cubicles, and there is a regular maintenance regime. Adapted properties are also allocated through a disabled housing register to improve effective use of stock.

A single point of access and a team of OTs seconded from the council have helped to streamline the service. More work is being done to plan for current and future need through research on demographic changes.

Developing new homes:

Papworth Everard

Closure of a residential care home for disabled people led to the development of a number of new flats in Papworth Everard, both private for sale and accessible housing, with a private developer. Design was an important feature to increase security, not making the accessible housing appear different and resulted in improved circulation space, wider doors and lifts in communal areas. Location was also an important factor, sited near to community facilities and employment opportunities. Disabled people were involved at planning and design stages.

Learning from other schemes in the East of England (e.g Peterborough One Community) also highlights the value of appointing an inclusive design champion and all teams formally adopting inclusive design principles (design, construction and management teams)¹⁵.

¹⁵ Papworth Trust(2008) Guide to developing inclusive communities, pp21 and 28.