



# **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 Chesterfield Borough Council**

*19 September 2012*



# Contents

---

	<b>Executive Summary .....</b>	<b>1</b>
<b>1.0</b>	<b>Introduction .....</b>	<b>8</b>
1.1	Study Aims and Methodology .....	8
1.2	Local Context.....	9
1.3	Report Structure.....	10
<b>2.0</b>	<b>Housing Needs of People with Physical Disabilities .....</b>	<b>11</b>
2.1	Evidence Base .....	11
2.2	Customer and Stakeholder Perspectives.....	12
2.3	Factors Affecting Future Demand.....	14
2.4	Key Points.....	16
<b>3.0</b>	<b>Meeting the Housing Needs of People with Physical Disabilities....</b>	<b>18</b>
3.1	Strategic Approach .....	18
3.2	What is the current housing provision for people with physical disabilities?....	20
3.3	Does Supply Currently Meet Needs Effectively? .....	24
3.4	Key Points.....	26
<b>4.0</b>	<b>Disabled Resident Survey.....</b>	<b>28</b>
4.1	Profile of Respondents .....	28
4.2	Current Property.....	30
4.3	Disabled Housing Needs .....	31
4.4	Future Housing Plans .....	32
4.5	Key Points.....	35
<b>5.0</b>	<b>Demographic and Housing Needs Data.....</b>	<b>36</b>
5.1	Demographics .....	36
5.2	Disability Living Allowance .....	39
5.3	Disabled Facilities Grants.....	40
5.4	Children with Disabilities.....	41
5.5	Council Tax Exemptions.....	41
5.6	Housing Demand: Housing Registers .....	41
5.7	Letting Data: CORE Returns.....	42
5.8	Housing Demand and Lettings.....	43

5.9	Housing Supply .....	43
5.10	Supporting People Data.....	44
5.11	Key points .....	45
<b>6.0</b>	<b>Future Need and Demand .....</b>	<b>46</b>
6.1	Forecasting the Volume of Unmet Need.....	46
6.2	The Type of Housing Required .....	48
6.3	Programmes to Meet Need .....	49
6.4	Key Points.....	52
<b>7.0</b>	<b>Conclusions and Recommendations .....</b>	<b>54</b>
7.1	Recommendations .....	56
	<b>Glossary .....</b>	<b>59</b>
	<b>Annex One: Charts and Tables.....</b>	<b>1</b>
	<b>Annex Two: Value for Money.....</b>	<b>37</b>
	<b>Annex Three: Detailed Recommendations .....</b>	<b>40</b>
	<b>Annex Four: Good Practice .....</b>	<b>53</b>

# 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 for the development of 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 Chesterfield Borough 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 Chesterfield.

## 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 Special Educational Needs (SEN) data; council tax data and other housing needs assessments.
  - Collation and interrogation of data from; Office of National Statistics, Department for Communities and Local Government; Department of Work and Pensions; Department of Health, and; other government agencies including the Homes and Communities Agency.
  - Collation and interrogation of specialist datasets including; POPPI (Projecting Older People Population Information system); PANSI (Projecting Adult Needs and Services Information) EAC (Elderly Accommodation Council) and; Children in Need Census.
  - Focus groups with organisations specialising in disabled persons care, housing developers.
  - Focus groups with residents and service users, including a 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 Chesterfield**

4. There are an increasing number of people with physical disabilities in the borough, who need homes and facilities to meet their needs.
5. Chesterfield's Local Plan states that nearly 16% of households are likely to have a member with 'special needs' and the majority of these have a physical disability. In the future, the ageing population will have a major impact on the need, with Chesterfield's over 65 population projected to increase by around 10,000 over the next 20 years, with increased life expectancy due to healthcare improvements. However, the needs of those under 65, and families with disabled children are also significant
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 746 and 1089 households in the borough 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 1,366.

## **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, only about 70 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.
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 Chesterfield 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. Based on projections for 2015, estimates of the number of people with physical disabilities in unsuitable accommodation with unmet needs range from 586 to 905. This range rises by 2030: ranging from 620 to 1,165.

High or low estimate of unmet housing need	2010	2015	2020	2025	2030
High estimate: based on ONS population change figures	844	905	983	1,060	1,165
Low estimate: based on High Level DLA claims	575	586	597	609	620

18. 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

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

20. 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%	218	335
Affordable Housing	63%	368	570

21. Property type and size of new provision:

- *Private Sector Provision being developed to meet the needs of disabled households should ideally be mainly two-bedroomed bungalows in repose to survey findings. Similarly, 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, might be met through suitable, well-designed ground floor flats or converted houses, although this may be necessary to consider in the light of financial constraints.*

New housing – High needs assessment for 2015			
Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	170	407	102
Flats	45	109	27
Houses	10	27	6
<b>Total</b>	<b>225</b>	<b>543</b>	<b>135</b>

## New housing – Low needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	109	262	66
Flats	30	71	18
Houses	7	18	5
<b>Total</b>	<b>146</b>	<b>351</b>	<b>89</b>

### 22. Wheelchair properties:

- *We estimate that there are 141 households with wheelchair users whose needs will not be met as of 2013, as set out below. This figure increases to 162 by 2033. (This is an estimated 17% to 58% of those in unsuitable accommodation with unmet needs for 2015)*
- *These needs may be met in the private sector and/or affordable provision*

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

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	27	65	15
Flats	3	9	2
Houses	2	4	2
Supported	3	8	1
<b>Total</b>	<b>35</b>	<b>86</b>	<b>20</b>

## Recommendations

Specific Recommendations for Chesterfield	Details
<b>A. Scrutinise allocation activity</b>	<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>
<b>B. Draw up and update database of all affordable housing adapted / wheelchair stock.</b>	<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</p>



Specific Recommendations for Chesterfield	Details
	private sector landlords.
<b>C. Review preventative policy in conjunction with adult services and health agencies</b>	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.
<b>D. Introduce a residential design Supplementary Planning Document</b>	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.
<b>E. Implement existing planning policy around 'Special Needs Housing'</b>	Include Lifetime Homes and Wheelchair properties. Include negotiations with developers. Use evidence in this report to implement policy.
<b>F. Develop 'one-stop shop' approach for services for people with disabilities</b>	Could involve improved referral and co-ordination or replacement / integration of services. Internal negotiations within authority, and with County and housing associations.
<b>G. Overcome barriers which discourage people moving to a more suitable property</b>	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.
<b>H. Address Specific Rural / Urban and Black and Minority Ethnic group Equalities Issues where they exist.</b>	No specific issues for Chesterfield have been noted in this study, but such issues should be considered when developing new homes and services, and in monitoring existing provision.

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

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

# 1.0 Introduction

---

## 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. Chesterfield is part of the North Derbyshire and Bassetlaw Housing Market Area (HMA) and the Sheffield City Region (which also incorporates Derbyshire Dales). The HMA has had a joint Housing Strategy since 2009 (Chesterfield's own 2011 Housing Strategy is currently in draft).
6. The economies and housing markets of the HMA are influenced by the larger urban areas of South Yorkshire to the north, and to the south the settlements of Nottingham and Derby. The area is the most urban of the four authorities forming the HMA. The Office for National Statistics mid-year population estimates 2008 estimated the population of Chesterfield to be 101,700 in 2011 and by 2033 is estimated to grow by over 10,000 people to 112,000, accounted for by a growth in the older population. The age profile shows a lower than average proportion of younger people compared to national levels whilst the proportion of residents over 65 years old is above the national average.
7. Historically a market town, Chesterfield had industrial development of mining, manufacturing and chemical industries. These are now in decline and major employment is currently manufacturing, distribution and service industries. The most acutely deprived neighbourhoods are primarily concentrated around Chesterfield town centre in the Rother and St Helens wards and in the East of the Borough around the town of Staveley. Chesterfield South and Staveley have significant concentrations of income-deprived older people. In contrast to the pockets of deprivation, there are areas in the west of the borough that are amongst the least deprived in the country.
8. The Borough has a relatively narrow housing offer focused largely at the lowest value end of the market. Over 75% of properties are in bands A and B and just under 95% of properties are band D or lower. The predominant housing typology within Chesterfield is semi-detached houses. The proportion of semi-detached properties is well above both the regional and national averages. Despite several large developments of flats in recent years the proportion in the stock is well below the national average.
9. There is a larger than average proportion of Local Authority housing in Chesterfield (23.6%) compared to the national (13.2%) and regional averages (13.9%). Other social rented homes account for 2.7%, private rented housing is 6.3% (low compared to the regional average at 8.3%) and owner occupation is also low at 66.1% compared to a regional average of 72.2% and national average of 68.9%.

### **1.3 Report Structure**

10. The remainder of this report is structured as follows:

Section 2 sets out 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.

11. A data set of background information is given in Annex 1.

## 2.0 Housing Needs of People with Physical Disabilities

---

### 2.1 Evidence Base

12. 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 particular in relation to perceptions of local people and projected future changes in need. These aspects were therefore covered through surveys, interviews and focus groups.
13. The Northern Area Strategic Housing Market Assessment (SHMA) was completed in 2007 and identified a total of 24,429 households across the HMA with a disabled member equating to 14.7% of all households. 15.9% of these households were estimated to live in unsuitable housing. It is silent on the need for accessible or lifetime homes and instead suggests that needs can be met through adaptations.
14. The HMA's private rented study (2010) identified that 8% of working age people living in private rented housing in Chesterfield identified that they had a long-term illness or disability, compared to 9% across the HMA. 18% had a family member in receipt of Disability Living Allowance (average for the HMA).
15. The 2008 Northern Housing Market Area study of the housing needs of younger people, and the undated study of the housing needs of BAME communities do not identify any specific needs associated with a disability. The latter did include feedback from one resident who required a home suitable for a child with a disability but had been offered an unsuitable home. The study of the housing needs of older people identified that 71% of anticipated growth in households will be in those aged 65 or over, and 40% aged 75 or above. Owner-occupation amongst the retired population is expected to grow. 90% of all enquiries to North Derbyshire HIA in respect of home improvement assistance are from older people.
16. Chesterfield's Local Plan states that nearly 16% of households are likely to have a member with 'special needs' and the majority of these are physical disability. These households are concentrated in the social rented sector, reflecting the preponderance of these households in the sector at a national level.
17. Derbyshire's draft Joint Commissioning Plan for people with physical and sensory disabilities<sup>1</sup> identifies that, in 2008, the total (all ages) Derbyshire population was 769,400 of which 473,200 were aged 18-64. A quarter of these were identified as having a 'Severe' physical disability and half a 'Moderate' physical disability. Of this group 13,449 males and 8,000 females (18-64) were identified as being permanently unable to work. In 2009 there were 208 people known to adult care identified as having a sensory loss – 26 with a dual sensory loss and 115 with a visual impairment, although it noted the likelihood that there are

<sup>1</sup> Services for Derbyshire Disabled People and People with a Sensory Impairment Aged 18-64; Joint Commissioning Strategy 2010 – 2014 *draft April 2010 – note the latest draft is awaited from DCC*

significantly more people yet to be identified in each of these groups. By the year 2015, the prevalence of each type of disability is predicted to increase by 4%.

18. The main issues that include implications for housing identified for (the document states that this is based on evidence rather than consultation) people with disabilities are:

19. Availability of information and advice has been sparse and inaccessible, as have support or advocacy services.

- Access to a network of support 24/7 (including health and social care services)
- Equality of access to all health and social care services
- Opportunity to have a voice and influence local service development, both at a strategic and local community level
- Accessible housing with provision of timely and appropriate equipment (e.g. telecare) and/or adaptations
- Access to high quality care and support services
- Timely access to appropriate services for all including disabled people from BAME communities; disabled parents, and children in transition to adult services.

20. The strategy has a (short) section on housing that affirms the lack of knowledge of housing tenure against age and disability but goes on to state:

*“It is argued that following the social model of disability the need to identify this group is not only unnecessary but discriminatory, as all mainstream provision should meet the needs of all people including Disabled People and people with a sensory impairment..... A market gaps analysis therefore has to be based on all housing meeting a basic standard as being suitable to meet the needs of Disabled People<sup>2</sup>.”*

21. Clearly very little housing in any area meets this ‘basic standard’: the concern is therefore that the needs for accessible, adaptable housing are simply ignored (see overview report Section 5 for detail on the public sector equality duty).

## **2.2 Customer and Stakeholder Perspectives**

### **2.2.1 Customer Perspective**

22. 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

<sup>2</sup> Our italics

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.

23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. 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
29. 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

30. 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 but the identified positive practice was not consistently applied.
31. 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 tenures homes with clear and easily accessible descriptions of the properties.
32. 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

33. 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.
34. 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.
35. Inevitably, the ageing population will have a major impact on the need for disability-related housing services. Derbyshire County Council has assessed the need for adaptations over

the five years from 2010 to 2014. The majority of adaptations are provided for people over 65 years old and Chesterfield's over 65 population will increase from 18,900 to 21,200 over that time. The study predicts the need for 1,294 adaptations over these five years at an estimated cost of £10.4 million<sup>3</sup>.

36. In relation to this, the North Derbyshire and Bassetlaw Private Sector Strategy 2011 highlights that people with disabilities and those with long term limiting conditions are particularly at risk if their homes are the wrong design or are in poor condition. Older private rented tenants and/or those with long-term ill health face particular challenges: responsibility for the condition of the home rests with the landlord as homeowner but landlords are not responsible for adapting their homes. It can be especially problematic to get a landlord's permission to adapt a home, not least because major adaptations can completely change the nature of a home which may affect future letability. Privately rented homes are least likely to fulfil Decent Homes standards and provide affordable warmth and least likely to offer good standard accommodation that is suitable for the needs of people with disabilities.
37. 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.
38. 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. Space standards in much of the sheltered stock are inadequate for wheelchair users and of course many younger disabled people will not want to live on sheltered schemes.

### 2.3.2 Customer Perspective

39. 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.
40. 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.

<sup>3</sup> taken from Derbyshire County Council Adult Care, Needs and Intelligence Section report 'Projected need for housing adaptations' table 9)

41. 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.
42. 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

43. The Derbyshire Supporting People Programme currently funds Home Improvement Agencies (HIAs) and handyman services as well as a range of supported accommodation and floating support. This budget is under significant pressure and, although services have so far been retained, the County Council indicates that HIAs in particular are under review with a view to reducing Supporting People expenditure and seeking increased contributions from the district and borough councils. Chesterfield supports the Chesterfield HIA to enable adaptations and is unlikely to replace cuts in funding to the HIA by the County Council.
44. 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 on-going and increasing pressure on these budgets.
45. There are particular concerns about the needs of disabled children and young adults. Adaptations are expensive, often involving an extension. The County Council is prepared to top-up maximum grant to enable these to be delivered, but the housing authority has to find £30,000, which equates to a large proportion of the budget. 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

46. From this chapter, the following key points can be made about the identified housing needs of disabled people in Chesterfield.
47. 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.

48. Specifically, disabled people have a need for access to:

- *Comprehensive but easy to understand advice and information.*
- *Accessible suitable 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.*

49. 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.

50. There were some specific cultural, language and communications equalities issues experienced by BAME groups.

51. 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.

52. 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

---

53. 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 Chesterfield to meet the housing needs of people with disabilities.

### 3.1 Strategic Approach

54. Derbyshire County Council's Plan 2010-14 includes specific commitments to review the provision of adaptations and equipment; continue to support the handyman service; to increase the range of supported accommodation and telecare; and ensure housing options services are available for all older people to help them live in a home that suits them best.

55. Derbyshire County Council's Adult Care Service Plan 2010-14 includes the implementation of the countywide universally available reablement service which provides support to reduce long-term dependence and reduce the number of people admitted to residential/nursing care or re-admitted to hospital. Major adaptations are a priority to support the Older Persons' Total Place agenda.

56. Despite these priorities, performance targets indicate that the numbers waiting for minor adaptations will increase, and those for major adaptations will not improve. Waiting time targets are from assessment to delivery and not from enquiry to assessment.

57. Derbyshire's Joint Commissioning Strategy for people with physical disabilities<sup>4</sup> highlights the importance of adaptations and telecare but says little else about the strategic approach to meeting needs through housing-related services and provision.

58. The 2008-2013 Homelessness Strategy update report (June 2010) indicates that a review is being undertaken of all services available to support older people and those with disabilities (e.g., gardening, furniture etc) to avoid homelessness.

59. The North Derbyshire and Bassetlaw Older Persons' Housing Needs Study Action Plan (2009) includes a number of relevant activities:

- Increase the provision of specialist older persons' housing to meet a Derbyshire target of 50 units per 1,000 people aged 65 and over

<sup>4</sup> April 2010 draft version - updated draft awaited

- Identify opportunities to re-model existing sheltered schemes to better meet the needs of the older population.
- Local authorities should ‘consider’ requiring lifetime homes standards in new developments to minimise the need for adaptations in new housing stock. Actions related to this are to:
  - Ensure Lifetime homes are incorporated with LDFs
  - Adopt principles of the Sheffield City Region Good Practice Guide on design of properties for older people.
  - Increase expenditure on DFGs – it is recognised that this increased funding must be sought from the Government
  - Develop access to equity release to enable older homeowners to release capital for home improvements
  - Develop comprehensive advice and information systems

60. The North Derbyshire and Bassetlaw Private Sector Housing Strategy 2011 aims to achieve four outcomes:

- Homes are affordably warm and their impact on the environment is minimised
- Vulnerable people are able to sustain independent living
- Private homes provide additional good quality housing options
- Private rented homes are safe and well managed

61. To achieve the independent living for vulnerable people outcome the strategy suggests action will be taken to:

- Develop easy to understand information in a range of formats for customers and agencies
- Ensure front line staff are able to identify client issues, advise and make referrals to other agencies where needed
- Explore the potential to introduce ‘paid for’ services and improve access to private sector services e.g. via trusted trader
- Identify and develop alternative ways in which people whose homes need repair and improvement are helped e.g. equity release; alternative housing options

- Ensure, through a variety of means, that as many people as possible can benefit from adaptation services e.g. reduced costs; needs assessments based on ‘minimum necessary’
  - Improve the availability of support to people in the private sector to help them live independently
62. The Council has a new affordable warmth strategy shared with North East Derbyshire and Bolsover DC to improve housing conditions of vulnerable people.
63. Derbyshire PCT employs a Housing and Health Manager whose remit is to work with the district and borough housing authorities on health improvement issues. Meetings of the Health and Housing Group every two months give opportunities to exchange ideas and discuss how health and housing can complement each other more effectively. There is on-going work with GPs to raise awareness of the impacts of housing issues on health and improve referrals for a range of housing-related services, such as affordable warmth. The PCT has also been asked to complete research into the local prevalence of certain conditions to see whether there is any justification for seeking additional funding for adaptations.

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

64. Derbyshire County Council’s 2010-14 Plan includes specific commitments to review the provision of adaptations and equipment, continue to support the handyvan service, to increase the range of supported accommodation and telecare and ensure housing options services are available for all older people to help them live in a home setting that suits them best.
65. Derbyshire PCT employs a Housing and Health Manager whose remit is to work with the district and borough housing authorities on health improvement issues. Meetings of the Health and Housing Group every two months give opportunities to exchange ideas and discuss how health and housing can complement each other more effectively. There is on-going work with GPs to raise awareness of the impacts of housing issues on health and improve referrals for a range of housing-related services, such as affordable warmth. The PCT has also been asked to complete research into the local prevalence of certain conditions to see whether there is any justification for seeking additional funding for adaptations.
66. There is an understanding amongst all local stakeholders that prevention (though the right home or adaptations) is far better and cheaper than dealing with the consequences of leaving things as they are. However, there is no agreement on who should pay for this. Stakeholders from all agencies other than housing understand that social care and health are the beneficiaries of cost savings where prevention is achieved, but for the most part see housing as the sole responsibility of districts and boroughs – ‘it’s their statutory duty so they should find ways to make it happen’. We did come across some local stakeholders in social

care and health who considered that these agencies should agree what each will contribute in order to achieve cost-avoidance and better standards for customers.

67. A Residential Design SPD is currently being developed for the whole of the North Derbyshire and Bassetlaw HMA. The affordable and special needs housing SPD states: "The Council will expect affordable homes to be designed to the Housing Corporation's Design and Quality Standards (D&QS), the BREEAM (Building Research Establishment Environmental Assessment Model) Code for Sustainable Homes Level 3 for energy efficiency and the Lifetime Homes Standard." At present this standard is not being applied to all developments, but feedback suggests that a number of newer socially rented homes have been provided to adaptable standard.
68. 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 Chesterfield'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.
69. Age UK also provides a specific housing options service for older people (HOPS) with a Home Options Advisor. HOPS activities are acknowledged to save adaptations budget through assisting older people to move to more suitable homes, which can avoid adapting current homes.
70. The Chesterfield BC has a choice based lettings scheme, 'On the Move', and reviewed its allocations policy places 'critical and crisis medical needs' and hospital discharge protocol cases into Band 1 with Band 2 including people moving as an alternative to adaptations, people living in adapted homes (this appears to be tenure-neutral) who no longer require the adaptations and those with 'other' medical needs. In this way the council aims to make better use of adapted homes. The Council also hold details of all households who need/want to move and when any property with adaptations become vacant, the team consider who may require that property. Additional points are awarded and financial assistance through the Tenant Incentive Scheme provide for households moving as an alternative to adaptations
71. Council bungalows will be allocated to older people and 'disabled persons (regardless of age) where the disability is physical in nature and affects the person's mobility to a considerable extent.' Younger applicants must be claiming high rate disability living allowance for mobility.
72. There is an £860,000 annual budget dedicated to carrying out adaptations to the Council's own HRA stock, and this resources around 200 adaptations per year. Since 2008 620 adaptations have been carried out at a cost of £1.6M. All told, some 3876 major adaptations have been made to council homes (some benefitting from more than one adaptation).



73. The 'On the Move' Housing Options service also includes the adaptations team for Council tenants and the county council's Occupational Therapists are involved in assessing needs and the suitability of available homes.
74. Falls prevention assessments are completed by a range of front line community workers and work to respond to these is referred to the handyperson service provided by Derbyshire Handy Van service across the County area. This latter is funded by Supporting People and social care and helps vulnerable people (including people with physical disabilities) with basic repairs and safety measures including fire safety and security checks.
75. The North Derbyshire Home Improvement Agency is based in Chesterfield and shared with North East Derbyshire and Bolsover councils. It provides home improvement, home safety, fire prevention and other services and works with Fire and Rescue and other agencies to provide home safety checks for older people and people with disabilities. As noted, this contract is currently under review.
76. In 2010/11, the council spent £533,275 on DFGs, enabled by the HIA in partnership with the county council's architect's service, which carries out all design and tendering work. A service level agreement was historically established between the two councils but there is no monitoring or performance management that would help the partners to improve the system. Only stair lifts and over-bath showers are delivered locally - improvements to the process have resulted in speedier delivery of these more straightforward adaptations, whilst more complex adaptations can still take some time; requiring design and occasionally planning permission.
77. The Age UK Home Options Advisor and the North Derbyshire HIA staff visit customers in their homes and provide 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 area's affordable warmth activities are also delivered through the HIA (until March 2012).
78. Floating support services, also funded through the Supporting People programme are available across the county area. The support service most likely to be provided to people with physical disabilities is a community alarm that enables clients to call for assistance at any time. Demand for support services outstrip supply and the support services identify that they have few clients who are supported solely because of their physical disability: most have other issues such as rent and other debts, problems retaining their tenancy and substance misuse; these being the primary reasons for referral to the support service.

### 3.2.1 What Provision Should Look Like

79. This section outlines the forward looking aspects of strategic documents to set out aspirations for how provision should look in the future.
80. 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*

81. The vision in Derbyshire County Council’s Adult Care Service Plan 2010-14 with regard to individual and community wellbeing, includes the following especially relevant outcomes:

- Readily available comprehensive information, advice and guidance to support a good quality of life.
- Services for targeted groups of people to prevent ill-health and maintain their physical, emotional and financial wellbeing, with advocacy and support where required.
- Help to avert crises with support from health and social care services working together.
- Homes and Neighbourhoods designed around people. Housing will be adapted and equipment provided so people can continue to live where they want to.

### 3.2.2 Supply

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

Type of Supply	Chesterfield
Social sector wheelchair standard properties	68 (Housing Assn)
Social sector adapted / supported / older people dwellings	640 (HA) 3734 (Council)
Social sector bungalow stock	79 (HA)
Social sector lettings to wheelchair stock (pa)	59
Social sector lettings to adapted dwellings (pa)	101
Private sector bungalow stock	72 (‘Lifestyle Village’)
Private sector bungalows (currently on market)	119
Private sector supported / assisted living / care (not nursing)	181

83. 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

84. At present it appears that the Council's ambitions for lifetime standard homes is only being met in some new socially rented homes. The intention is that a new SPD will strengthen the expectations of developers. The Occupational Therapy (OT) service identifies that where, in the past, it has been involved in the design of new homes (always for social rent) they have found 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. The OT service isn't currently involved in new development design.
85. The Council is seeking a review of the adaptations architectural service. This reflects on-going issues with performance that include inconsistency in delivery of plans and procurement. The inconsistency of referrals for adaptations is causing some difficulties in planning expenditure: at present OT assessments are delayed. This is not to say that need is decreasing – if the backlog of OT assessments is reduced or eliminated in future months, there will be a very significant increase in referrals and therefore spend on DFGs. Meanwhile, however, customers will wait some months for an assessment before the process of adapting their home can even start. This underscores the problems caused by the multi-faceted DFG system especially where two different agencies are responsible for different parts of the process. Other issues can arise where the county council's architect service is unable to process requests quickly enough.
86. Derbyshire's Joint Commissioning Strategy for people with physical disabilities<sup>5</sup> 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, but some key facts are:
87. 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

<sup>5</sup> April 2010 draft version - updated draft awaited

- 51.5% of these applicants felt the speed of processing their application was poor or very poor
88. 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.
89. The allocations policy states that younger people with disabilities can be allocated bungalows normally let to older people: this helps to meet needs. It is not known to what extent the Council has information about adapted homes in any tenure across the area.
90. 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. This means that most customers' housing options are limited to occasions when disabled facilities are recognised at void inspection in social rented stock. This may be after the home is advertised.
91. There is good understanding across Health and Social Care about the extent to which the right home will reduce on-going long-term inputs. Funding the right home supports parents in caring for children with physical disabilities. 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, and children are more likely to come down with chest infections (as they cannot be moved often enough to keep their chests clear) or other problems caused by stasis etc. and need hospital care, which is a cost to health. 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. 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.
92. 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.
93. 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

94. Those attending the focus groups gave mixed messages about their levels of satisfaction with current service delivery across the whole (East Midlands) study area. 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).

95. Those who owned their own properties felt that they were in a particularly difficult position. 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.
96. 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.
97. There was a general consensus among respondents that there were not enough suitable properties available, and 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**

98. In terms of how well the current services and provision is effective in meeting the needs and demands of disabled households, we can summarise the following:
99. There are provisions in planning policies for Special Needs Housing and Lifetime Standards, but this has not been implemented and private sector supply is constrained by market forces.
100. There are a number of local authority and third sector services to help meet housing needs which seem to be generally well-regarded but with some concerns and comments.
101. 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.
102. The DFGs experiences delays and there is dissatisfaction with the process, although positive views of the impact DFGs had made on people's lives.

103. There is very limited information maintained on the location of adapted property and there is no engagement with estate agents on disabled facilities.
104. A stronger preventative strategy is needed, involving health and social service agencies, to develop or adapt the right homes.
105. 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

106. 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 Chesterfield was 44, with results set out in the following section.

### 4.1 Profile of Respondents

107. The profile of respondents living in Chesterfield 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	Chesterfield	Total (All Notts and Derbs Local Authorities )
Single Person	43%	39%
Couple with no children living at home	32%	40%
Single parent with children u-16 living at home	5%	1%
Couple with children u-16 living at home	2%	3%
Sharing with other adults	9%	9%
Living with extended family	5%	3%
Parent(s) living with children over 16	5%	4%
Other	0%	1%

108. The majority of households (82%) were occupied by one or two people, with a broadly even split between these two groups (85% for all Local Authorities).

Number of people in household	Chesterfield	All LAs
One	43%	39%
Two	39%	46%
Three	11%	10%
Four	7%	3%
Five	0%	2%
Six	0%	<1%
More than 6	0%	<1%
Don't know	0%	<1%

109. A high proportion of respondents were over 60, with 78% of households with at least one person over 60 in Chesterfield.

Age of household	Chesterfield	All LAs
Both adults over 60	64%	70%
Both adults under 60	23%	16%
Mixed age (at least one over 60 and one under 60)	14%	14%

110. In terms of ethnicity, Chesterfield was one of only two local authority areas in the overall study area that was 100% White British.

Ethnic origin	Chesterfield	All LAs
White British	100%	94%
White Irish	0%	1%
Other European	0%	1%
Other White	0%	<1%
White & Black Caribbean	0%	<1%
Other Mixed	0%	<1%
Indian	0%	<1%
Black Caribbean	0%	1%
Black African	0%	<1%
Other Black	0%	<1%
Other	0%	<1%
Prefer not to say	0%	2%

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

Household income	Chesterfield	All LAs
Under £500/month	11%	8%
£501 - £1000/month	21%	21%
£1001 - £1500/month	5%	8%
£1501 - £2000/month	2%	3%
£2001 - £2500/month	0%	2%
£2501 - £3000/month	0%	0%
£3001 - £3500/month	0%	1%
£3501 - £4000/month	0%	0%
£4001 - £5000/month	0%	<1%
£5001 - £7500/month	0%	<1%
Above £7500/month	0%	<1%
Don't know/prefer not to say	61%	58%



112. The majority (80%) were 'non-working' households.

Working status of household	Chesterfield	All LAs
Working (at least one adult in employment)	20%	18%
Not working (no employed adults)	80%	82%

113. 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. Note that Incapacity Benefit has been replaced by Employment Support Allowance (ESA), which all new claimants are assessed for.

Benefits received	Chesterfield	All LAs
Council Tax Benefit	55%	44%
Housing Benefit	39%	26%
Local Housing Allowance	2%	1%
Income Support	21%	9%
Pension Credit	16%	18%
Jobseeker's Allowance	0%	2%
Child Tax Credit	0%	3%
Child Benefit	5%	3%
Working Tax Credit	0%	2%
Disability Living Allowance	64%	58%
Attendance Allowance	18%	17%
Carers Allowance	18%	17%
Incapacity Benefit	2%	3%
None of these	7%	10%
Don't know	9%	7%
Other	5%	4%
Refused	2%	2%

## 4.2 Current Property

114. The predominant property type was a semi-detached house, with a lower proportion of Chesterfield disabled residents living in bungalows (21%) than the average (29%). In addition, of the six respondents living in flats, none lived in a block which had a lift.

What type of property do you currently live in?	Chesterfield	All LAs
Terrace/end of terrace	18%	13%
Semi-detached house	39%	33%
Detached house	5%	11%
Bungalow	21%	29%
Ground floor flat	11%	5%
Flat/maisonette in a block with less than 5 floors	0%	4%
Flat/maisonette in a block of 5-10 floors	2%	<1%
Flat/maisonette in a block of more than 10 floors	0%	<1%
Flat/bedsit in a converted house	2%	1%
Caravan/mobile home	0%	<1%

What type of property do you currently live in?	Chesterfield	All LAs
Supported housing	2%	3%
Extra care accommodation	0%	<1%
Other	0%	2%

115. Over half of respondents either owned their house outright, or had an outstanding mortgage.

And do you...?	Chesterfield	All LAs
Own your property outright	36%	47%
Own with a mortgage	16%	10%
Rent from the council	41%	28%
Rent from a housing association	7%	9%
Rent from a private landlord	0%	3%
Part-rent and part-own through shared ownership	0%	<1%
Other	0%	2%

116. In terms of bedrooms, Chesterfield had one of the highest proportions of households living in properties with four bedrooms (9%). 11% 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, up to 30% are wheelchair users, 25% outside the house only and 18% inside.

Wheelchair use	Chesterfield	All LAs
Inside the house only	2%	2%
Outside the house only	25%	22%
Both inside and outside the house	5%	10%
No wheelchair use	68%	66%

118. In addition, in Chesterfield just over half (52%) use equipment or aids on a regular basis, and:

- 44% use a walking stick
- 13% have a wet room or walk-in shower
- 9% have a stair lift
- 22% have grab rails

119. A third of respondents felt they needed level access to a shower or wet room and 17% having a need for level access to the front door.

<b>(Do you have, or) do you need any of the following?,</b>	<b>Chesterfield</b>	<b>All LAs</b>
Level access to the front door	18%	16%
Level floors within the home	7%	5%
Accessible toilet facilities	9%	8%
A level access shower/wet room	30%	24%
Adapted kitchen facilities	7%	9%
A stair lift or through-floor lift to get access to upper floors	21%	12%
Ceiling track hoist	7%	2%
Widened doorways	11%	6%
Reserved parking bay outside property	14%	12%
Driveway to allow close access to property	14%	8%

120. Chesterfield had the second highest proportion (after Bassetlaw) of respondents who felt that their property was unsuitable for the needs of the disabled resident (25%). Those who felt the property was not suitable gave reasons including stairs being a problem, needing level access to the property and having narrow doorways.

121. However, only 11% of Chesterfield respondents felt that they could afford the necessary adaptations (compared to an borough average across the study area of 18% and which is low compared to areas such as Gedling and Bassetlaw (32%))

#### 4.4 Future Housing Plans

122. In terms of future plans, one-fifth felt likely to move within 5 years, but the majority felt they were unlikely to.

<b>Are you, or will you be, actively seeking to move to a more suitable property in the next 5 years?</b>	<b>Chesterfield</b>	<b>All LAs</b>
Yes, I/we are currently looking to move home	11%	9%
Not seeking to move now, but we are likely to do so in the next 5 years	7%	9%
Not seeking to move now and we are fairly unlikely to do so in the next 5 years	9%	8%
Not seeking to move now and we are very unlikely to do so in the next 5 years	71%	70%
Don't know	2%	5%

123. Those in Chesterfield looking to move gave reasons for doing so which included the current property being too small, to move closer to friends/family, to move closer to schools, the current property being unsuitable for adaptations, needing room for a carer and needing a garden.

124. A relatively small proportion of respondents from Chesterfield faced no barriers to moving, with the area having the highest proportion (along with Gedling) saying that they would not be able to sell their current home.

Are there any barriers which prevent you from moving?	Chesterfield	All LAs
Can't afford a suitable home	14%	15%
Suitable home not available	11%	7%
Can't face the upheaval of moving	21%	22%
Would have to move away from friends/family	18%	22%
Would have to move away from jobs/schools	2%	2%
Tied to a fixed term tenancy	0%	<1%
Would be unable to sell current home	7%	3%
Would not want to move	5%	4%
Other	0%	5%
Don't know	9%	4%
No barriers	41%	42%

125. Most people (41%) 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?	Chesterfield	All LAs
Don't want to move/wish to stay where I am	14%	10%
Move within the local area (10 miles)	41%	40%
Move outside the local area	7%	15%
Other	2%	3%
Don't know	36%	33%

126. In terms of number of bedrooms needed in a new house, Chesterfield had the highest proportion of respondents who felt that they needed a property with three bedrooms (23%) and the smallest proportion of respondents saying they would need two bedrooms on the ground floor.

127. The majority (71%) of respondents would like a bungalow, but a significant number did not think they would be able to afford it. However, 9% said they would like to live in a flat. Other responses are shown below, with multiple answers allowed.

What sort of property would you like/afford to live in?				
	Chesterfield Like	Chesterfield Afford	Total Like	Total Afford
Terrace/end of terrace	5%	14%	2%	6%
Semi detached house	18%	11%	8%	8%
Detached house	5%	0%	5%	2%
Bungalow	71%	46%	75%	52%
Flat/maisonette in a block with 5 floors or less	9%	9%	9%	9%
Flat/maisonette in a block with 6-10	0%	0%	1%	1%

floors				
Flat/maisonette in a block with 10+ floors	0%	0%	1%	1%
Supported housing	0%	2%	6%	9%
Extra Care accommodation	2%	2%	3%	3%
Other	2%	2%	3%	3%
Don't know	18%	34%	9%	27%
Don't want to move	2%	2%	3%	3%

128. Around a quarter indicated they would like to rent from a social landlord and felt this was affordable, but Chesterfield had the smallest proportion of respondents thinking that owning their next home outright was an affordable option. Multiple answers were again permitted under this question.

And how would you like/be able to afford to occupy your next home?				
	Chesterfield Like	Chesterfield Afford	Total Like	Total Afford
Own your property outright	36%	16%	42%	31%
Own your property with a mortgage	5%	9%	5%	6%
Rent from the council	43%	48%	39%	43%
Rent from a housing association	11%	14%	17%	20%
Rent from a private landlord	9%	2%	6%	8%
Part-rent & part-own (shared ownership)	0%	2%	2%	2%
Other	0%	0%	1%	1%
Don't know	18%	27%	12%	17%
Don't want to move	2%	2%	3%	3%

129. A relatively high proportion of people said they would seek advice from the Council/ or Social Services (75%), but there appeared to be low levels of knowledge of other / voluntary services (multiple answers permitted).

If you wanted advice about making your house more suitable, or other housing options, where would you go to find that advice?	Chesterfield	All LAs
Council	50%	38%
Social Services	25%	19%
Citizens' Advice Bureau	5%	4%
Family	7%	8%
Housing provider	0%	7%
Healthcare provider	5%	8%
Age UK	0%	3%
Friends/Neighbours	0%	2%
Occupational Therapist	0%	3%
Internet	5%	2%
Mobility Centre	0%	1%
Other	9%	6%

If you wanted advice about making your house more suitable, or other housing options, where would you go to find that advice?	Chesterfield	All LAs
Don't need advice	2%	3%
Don't know	23%	16%

#### 4.5 Key Points

130. Based on the survey of residents, we can highlight the following about disabled housing need in Chesterfield:
131. Demand is highest for one and two bed roomed properties bungalows or ground floor flats, in a mix of tenures, although about 23% do need to be larger 3 or 4 bed roomed properties.
132. Up to 30% are wheelchair users – 18% outside the house only and 5% inside. About 44% use a walking stick on a regular basis.
133. 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.
134. Around a quarter of respondents felt that their property was not currently suitable for their needs and only 11% felt they could afford the necessary adaptations.
135. Up to 18% may expect to move within the next five years, but only 7% wanted to move more than 10 miles away.
136. 36% expect to be able to afford to buy their next home, while 54% expected to find it in the social rented sector (multiple answers were allowed) and 11% are on the housing register.
137. The main barriers which would prevent people from moving are concerns about the upheaval of moving, having to move away from family and friends and the lack of or unaffordability of a suitable home
138. 75% 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

---

139. 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

140. 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

141. In the short and medium term, the overall population in Chesterfield is forecast to increase by 2.1% between 2010 and 2015 from 101,300 to 103,400. This rate of increase is below the study average of 3.6% increase (see Chart 1 and Table 1 in Annex 1). The current age breakdown is 82,400 residents aged under 65 and 18,900 aged 65 or older, including 2,600 aged 85+. The working age population is projected to see a decrease of 400 (-0.49%), running against the overall projection of a 1.5% increase across the study area, while the 65+ resident population is expected to increase by 2,500 (13.2%), close to the study average of 13.9%.

142. In the longer term (Chart 2 and Table 2), population is projected to reach 105,900 by 2020, and 110,800 by 2030 – a 9,500 increase on 2010, and a rate below the study average. Again, this overall increase contains considerable differences between the rate of change for the under and over 65 year old populations.

143. 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 small reduction by 600 of its residents (-0.73%), while there is projected to be a 10,100 increase in the 65+ group. This represents a 53% increase for the 65+ group.

144. These longer term shifts in age profile will particularly impact on the balance between working and non-working adults in the population. Chesterfield is likely to see a loss of the proportion of working age population of 9.2%, a rate well above the 6.5% projected loss across the study area. (Chart 3).

145. Within the overall population numbers, the predominant ethnicity is White British (Census 2001), meaning that some of the specific housing issues faced by BAME disabled groups

in other areas are not likely to be as significant in Chesterfield as some other areas. Similarly, Chesterfield does not have a pronounced urban / rural characteristic and has relatively good transport links, meaning that related issues are not so pronounced.

### 5.1.2 Population Change Among the Very Elderly

146. As regards the very elderly (85+ population) in the shorter term all areas will see a steady increase year on year, with Chesterfield projected to see an increase of 15%, close to average (17%).
147. 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. Chesterfield's increase will see an extra 2,700 over 85s in the population by 2030. This will result in the population of over 85s doubling by 2030 (increasing by 103%), with a total of 5,300 residents in the group. Over 85s are projected to form 4.8% of the Chesterfield population by 2030 (Charts 4 and 5).
148. 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 6. The relatively small levels of increase in the short and medium term are the 'calm before the storm' and this will be important for service planning considerations.

### 5.1.3 Older People and Mobility Issues

149. Charts 7 and 8 and tables 3 and 4 below 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.
150. 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 3,638 people with these difficulties in Chesterfield. This is forecast to increase to 4,010 by 2015 and 5,844 by 2030 – a 61% increase on 2010 figures. Chesterfield's long-term rate of increase is close to the average rate (64 %).

### 5.1.4 Wheelchair Requirements

151. 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 Chesterfield, in 2013 there are projected to be 1,410 households with wheelchair requirements, of which 10% (141) will not have their needs met. By 2033 these figures will have increased to 1,620 and 162 respectively. It is worth noting that in 2010 59 social housing lettings into wheelchair accessible accommodation were made.
152. 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.

153. 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. There are also a range of projections for residents with other medical and related conditions that may impact on housing mobility issues, though less directly than the indicators above.
154. 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. The projected rates of increase in these conditions for older people are shown in the Charts 9 to 18 and Tables 4. and 4a. Chesterfield's rates of increase are mainly around or slightly below average for these indicators.

### 5.1.6 Working Age Population

155. Given the 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, with Chesterfield seeing a small decrease of 1.7%.
156. 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.
157. 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).
158. 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. There are minimal changes to those with serious visual problems. For all these indicators, Chesterfield is projected to experience neutral or decreasing rates. It should be noted that these figures are more a factor of the static numbers of the working age population than of any life-style or health-related elements (Charts 20 to 23).

## 5.2 Disability Living Allowance

159. One of the most useful indicators of the prevalence of mobility-related disabilities in an area is the take up of Disability Living Allowance (DLA). DLA is not currently means tested, so it captures a full range of households. 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.
160. 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:
- 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 certified as severely sight impaired by a consultant ophthalmologist<sup>6</sup>.
161. 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.
162. In 2010 there were 4,620 individuals claiming higher level DLA in Chesterfield. This represented 4.6% of the population, above the average rate among the fifteen local authorities, and the second highest rate in the study area. Over the last three years, the number of individuals claiming higher mobility rate DLA has been increasing on average 3.3% per annum.
163. DLA will be replaced by 'Personal Independence Payments' (PIP) from 2013 onwards, and the eligibility criteria for the new benefit will be very different than for DLA, which will impact on the number of claimants in any given area, with a number of people currently eligible for DLA expected not to be eligible for PIP. Therefore, any data based on benefit take-up rates will need to be treated with caution going forward.

<sup>6</sup>

[http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Disabledpeople/DG\\_10011816](http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Disabledpeople/DG_10011816)

### 5.3 Disabled Facilities Grants

164. 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.
165. DFGs 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.
166. Chesterfield planned to complete 70 DFGs in 2009-2010, one of the lower projections across the study area authorities. Historically, with the exception of 2006/7 they have maintained this level of activity since 2004. Between 2008-11 256 were completed, and as of June 2011 another 80 were 'committed' with a further 44 still to be assessed (Table 6 and Chart 27).
167. 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, which indicates that the average grant now costs £6,825, compared to £4,677 in 2004-5 – a 46% increase. Chesterfield's costs had been relatively stable until 2007/8, when they escalated dramatically over the next two years. We assume here that a small number of very expensive schemes were resourced.

## 5.4 Children with Disabilities

168. While some information can be gathered from lettings and housing register data on the number of children with disabilities that may have housing needs, there are two specific sources of contextual information that are available. The first is the register of Special Educational Needs held by County Councils, from which the numbers of children with specifically physical and sensory disabilities can be calculated by authority. 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.
169. 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.

## 5.5 Council Tax Exemptions

170. 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 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.
171. Chesterfield recorded 357 properties with some form of reduction, disregard or exemption (see Charts 32 and 32a and Table 8).

## 5.6 Housing Demand: Housing Registers

172. 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. 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.

173. **Age:** Some authorities either highlight or only hold age-related data, often against banding information.
174. **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
175. **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.
176. **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.
177. **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.
178. 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%.
179. Chesterfield has a slightly below average (3,405) number of applicants on the housing register and one of the lowest (3.2%) proportion of residents with mobility-related disabilities on the list (Table 9 and Charts 33 and 34).

## 5.7 Letting Data: CORE Returns

180. The CORE (Continuous Recording of Lettings)<sup>7</sup> database should record all the lettings made by local authority and housing association landlords, for both general needs and supported accommodation, under a number of headings. Some of these relate to the characteristics of households re-housed, 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 re-housed; and whether the property has been constructed or adapted to meet the needs of disabled people.

<sup>7</sup> <https://core.tenantservicesauthority.org/>

181. We have downloaded raw data for 2009-2010 (the fullest recent year) for all social housing lettings in the fifteen authorities. Data is split between general needs and supported housing lettings, with slightly more detailed information available on supported housing.
182. In 2009-2010, 34 lettings in Chesterfield were made to people with some form of mobility or visual related disability, including 14 into supported housing lettings. This is towards the lower end of 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 935 lettings in Chesterfield. Thus, just 3.6% of lettings were to those with mobility-related needs, one of the lowest proportions in the study.
183. As regards lettings to those with mobility difficulties, no general needs lettings and 10.2% of supported housing lettings were made into wheelchair standard stock, with a further 49% supported housing lettings into specially adapted stock. This was below average for wheelchair lettings and for adapted stock.

## **5.8 Housing Demand and Lettings**

184. 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.
185. While the weighted average shows that one in ten achieved an appropriate letting, there is again wide variation between authorities. Some of this is 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.
186. Taking this into account, there is excess demand for appropriate accommodation compared to available year-on-year re-letting supply. As regards Chesterfield, while only 3.2% of applicants on the register had physical, mobility-related housing needs, 31% of these gained a social housing letting.

## **5.9 Housing Supply**

### **5.9.1 Social Sector Supply**

187. We have fairly detailed information of the quantity of wheelchair accessible housing association stock by authority (Table 13), from CORE Lettings data 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 Chesterfield having the third highest rate (4.9%) across all the authorities (2.7%).

188. 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 2300 designated bungalows and low rise flats.

### 5.9.2 Supported and Emergency Accommodation

189. Chesterfield has a range of mainly third sector organisations providing supported and emergency accommodation, beyond that focussed towards older people. These include Stonham Housing Association (vulnerable single people), South Yorkshire Housing Association (two schemes aimed at younger single people, including a dispersed accommodation scheme), Action Housing Association, a 15 unit scheme for complex needs, and Adullam Housing Association, also focussed on younger single people. Derbyshire WISH runs an emergency scheme for those (male and female) fleeing domestic violence. It is not immediately apparent which schemes are accessible for those with physical mobility disabilities, but most stress they are aimed at vulnerable clients. In addition, Johnnie Johnson Housing Association runs a 30 unit scheme specifically focussed on older residents needing mobility-standard accommodation

### 5.9.3 Social Sector New Development

190. £5.33 million of the 2008-11 National Affordable Housing Programme was earmarked for the development of specialist housing for people with physical or sensory disabilities in the East Midlands<sup>8</sup>. This was to develop 138 units, including 27 under the Home Ownership for People with Long Term Disabilities (HOLD) programme, but as far as can be seen, none of these units were for Chesterfield.

### 5.9.4 Private Sector Supply

191. The private sector has a role in meeting the housing needs of those with disabilities who can afford access to the sector. Based on the study interview sample, 55% of disabled respondents already owned their own home, and 37% considered that they could afford to purchase their next home. There is no single source of data on relevant private sector supply, but there is some information. A snapshot (January 2012) view of a property website (Nestoria.com) showed 119 bungalows in the Chesterfield area for sale. There is also a 72 home 'Lifestyle Village' managed by Lifestyle Gold, comprising bungalows and flats, for leasehold and market rent.

## 5.10 Supporting People Data

192. Data on Supporting People (SP) is only held at the level of Administering Authority (Derbyshire), and therefore cannot be disaggregated. Table 15 shows the number of households benefitting from SP services as at 31 December 2010.

<sup>8</sup> HCA 2008-11 Investment Statement East Midlands, April 2011

193. 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.
194. However, it should be noted that such services are targeted to housing-related support rather than e.g. care or personal needs. Therefore, a person is not likely to need housing-related support just because they are physically disabled. For example, a person receiving a housing-related support service because of their mental health issues, may also be physically disabled, but the service will not reflect this.

### **5.11 Key points**

195. Based on the statistical information available, we are able to derive the following regarding the housing needs of people with physical disabilities in Chesterfield.
196. There are significant and increasing numbers of disabled people with housing needs in Chesterfield, including older people, working age residents and families with children.
197. There is substantial excess demand for appropriate accommodation compared to year on year supply.
198. 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.
199. 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.
200. 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.
201. Works using 70 Disabled Facilities Grants were carried out in 2009-10, with 122 resourced for 2010-11.
202. There are very limited to no facilities in supported accommodation (non-elderly) for wheelchair users, and normally communal areas are not fully accessible.
203. 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

204. Based on the data collected in Section 5, we can develop a model that helps estimate current needs and forecast future needs and requirements for appropriate accommodation for people with physical mobility disabilities. The model is in part based on that developed by Habinteg and London South Bank University, to whom acknowledgements are given, for estimating housing need among wheelchair users<sup>9</sup>.
205. Unlike the Habinteg model, this does seek to forecast longer term demand, supply and need. While we have reasonably robust population figures, supply will ultimately be constrained by economic factors. We have therefore factored in conservative approaches to growth, in view of the current and projected long-term fiscal forecasts for public expenditure.
206. Any model cannot claim to be a definitive forecast of what the future may bring. Depending on the inputs, different outputs are available and 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:
- 1 Use either figures for numbers of claimants of High Mobility Rate Disability Living Allowance (which will give a 'low' figure); or combined ONS-based figures from the POPPI and PANSI systems for under 65s unable to work because of a physical condition and over 65s with at least one severe mobility-related problem (which will give a 'high' figure).
  - 2 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)
  - 3 To calculate numbers of those in unsuitable homes, take 15.9% of them (from SEH figure for number of disabled people saying they were in unsuitable accommodation). This is very close to the figure from the Ecorys survey (15.5%).
  - 4 Lettings are then taken into account. We have taken 2010 CORE lettings to people with physical disabilities, and applied a straight-line projection (with no increase) across the years. This is to take account of both the low levels of social housing investment and continuing Right to Buy. Where we have data from the 2008-2011 National Affordable Housing Programme, we have up-rated the lettings for 2010 only to take this into account (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.

<sup>9</sup> *Mind the Step: an estimation of housing need among wheelchair users in England* Habinteg Housing Association, 2010

- 5 DFGs are then taken into account. We have based these on 2010 figures. In view of the enhanced allocation for 2011/12, 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 2010 levels.
- 6 We have then built in what we have termed an 'adjustment for self-help'. This takes account of the fact that there will be a number of households with disabled residents who do have adequate resources to resolve their own housing problems, without recourse to the public or social sectors. Around 57% of respondents to the survey owned their own homes, including 47% owning them outright – implying a significant amount of equity available. Around 18% were planning to move over the next five years, and 42% felt there were no barriers preventing them moving. 37% felt they were able to afford to buy their next home (either outright or with a mortgage – see Figure 18, Appendix E). Assuming that only those in unsuitable homes would have this incentive, we therefore calculated 18% of this figure (percentage planning to move) and then took 37% (those that could afford to buy) of the resulting number. These remaining figures we left to be netted off from those in unmet need.
- 7 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.***

207. For Chesterfield 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	844	905	983	1,060	1,165
Low estimate: based on High Level DLA claims	575	586	597	609	620

208. 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	4695	6846
B. Number in unsuitable accommodation	746	1,089
C. Minus Lettings for new supply	34	34
D. Minus DFGs delivered	77	77
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.	50	72
<b>Total - people with physical disabilities in unsuitable accommodation with unmet needs as at 2015 (B minus C, minus D, minus E)</b>	<b>586</b>	<b>905</b>

## 6.2 The Type of Housing Required

### 6.2.1 Wheelchair Housing

209. As noted in section 5.1.4 we estimate that in Chesterfield, in 2013 there are projected to be 1,410 households with wheelchair requirements, of which 10% (141) will not have their needs met. By 2033 these figures will have increased to 1,620 and 162 respectively. It is worth noting that in 2010 only 59 social housing lettings into wheelchair accessible accommodation were made. Full details of the calculations appear in Table 17 of Annex One.

### 6.2.2 Adapted and Appropriate Housing

210. 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. Stair lifts (or through floor lifts) and reserved parking bays are next most important.

211. 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%

212. 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

213. 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:
214. We cannot pre-judge how individual authorities will or should balance the housing needs of people with physical mobility disabilities against those with other forms of disability, or in other forms of housing stress – homelessness, overcrowding, poor conditions, unaffordability and the like. This prioritisation is a matter for local democratic processes, not consultants. The figures should therefore be treated as the answer to the question ‘if we were to attempt to address unmet disabled housing need in its entirety, year on year, what new supply is required?’.
215. 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.
216. 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.

217. 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 barriers<sup>10</sup>.
218. 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. 335 units of the high estimate and 218 units of the low estimate. This would equate to between 2% and 8% of market housing development over the next 15 years.
219. Traditionally, the funding of social sector schemes involving new or refurbished housing for people with disabilities has been reliant on capital grant, now Affordable Housing Programme and its previously 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.
220. 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.

<sup>10</sup> National Planning Policy Framework – consultation response, McCarthy and Stone, 2011

- 221. Our assumptions about property size, type and tenure for the programmes are based on the following:
- 222. Bungalows, houses and flats: based on the views of disabled residents wanting to move, there is overwhelming preference for bungalows as the favourite built form. We have reflected this in the 75% recommendation, but we have increased the proportion of flats to 20% (and reduced houses to 5%) in recognition of the need to stretch grant in the current era of low public expenditure.
- 223. 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.
- 224. 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.
- 225. 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	170	407	102
Flats	45	109	27
Houses	10	27	6
<b>Total</b>	<b>225</b>	<b>543</b>	<b>135</b>

## New housing – Low needs assessment for 2015

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	109	262	66
Flats	30	71	18
Houses	7	18	5
<b>Total</b>	<b>146</b>	<b>351</b>	<b>89</b>

226. We estimate that there are 141 households with wheelchair users whose needs will not be met as of 2013, as set out below. This figure increases to 162 by 2033.

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

Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	27	65	15
Flats	3	9	2
Houses	2	4	2
Supported	3	8	1
<b>Total</b>	<b>35</b>	<b>86</b>	<b>20</b>

227. Private Sector Provision being developed to meet the needs of disabled households should account for 37% (between 216 and 334 units) and mainly be two-bedroomed bungalows. We estimate that 63% of the units should then 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.

228. 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

229. This section helps us to understand the immediate and future shortfall in suitable accommodation in terms of numbers and property types. It also provides evidence to support relevant planning policies, strategic documents and funding bids:

230. Based on projections for 2015, estimates of the number of people with physical disabilities in unsuitable accommodation with unmet needs range from 586 to 905. This range rises by 2030: ranging from 620 to 1,165. Of these, we estimate that:

- 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.
  - 141 people would need fully wheelchair accessible provision, in the private sector and/or affordable provision.
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 218 and 335 units, with the majority of market properties to be developed being two-bedroomed bungalows (or acceptable provision made via ground floor flats). Affordable provision would then be 368 to 570 units.
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

---

234. *There are an increasing number of people with physical disabilities in the borough, who need homes and facilities to meet their needs.*
235. Various studies use different methods to identify and estimate the number of people with physical disabilities in the borough, with Chesterfield's Local Plan estimating that 16% of households have a member with 'special needs' and the majority with a physical disability. In the future, the ageing population will have a major impact on the need, with Chesterfield's over 65 population increasing from 18,900 to 21,200 to 2014, and increased life expectancy due to healthcare improvements. However, the needs of those under 65, and families with disabled children are also significant
236. 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
237. By 2015 it is already estimated that between 746 and 1089 households in the borough 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 1,366.
238. *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.*
239. Whilst many people would like to remain in their existing homes, only around 70 Disabled Facilities Grants 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 each year, and many of these will not meet the needs of disabled people, or are not suitable to fully accommodate their disabilities.
240. 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.
241. 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.

242. Local and county-wide services to meet the needs of disabled people in Chesterfield 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.
243. There are particular concerns 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. However, the default route for people whose homes are not suitable for their needs is a referral for an adaptation. Other options are not explored at an early enough stage to influence whether remaining in the same home with an adaptation will best meet their needs overall and in the long-term.
244. ***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, and; level access to the front door.***
245. 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.
246. ***A shortfall in the provision of suitable properties has therefore been identified, showing that there is unmet need which could potentially be met by the provision of new homes.***
247. The estimates of this need is for 586 to 905 new homes to meet the needs of people with physical disabilities as at 2015, increasing to up to 1,165 by 2030. These estimates are broken down further in the study into property type, size of property, and those needed to be fully wheelchair accessible.
248. ***Private sector provision can be expected to address part of the unmet need, with the rest met through the affordable housing sector.***
249. 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 218 to 335 people

- 250. 63% would need Affordable housing (368 to 570 units) - Social Rented, and/or other rented tenures such as Affordable Rented – dependent on local affordability issues and funding restrictions.
- 251. 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**

252. The table below sets out recommendations for Chesterfield, 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.

Specific Recommendations for Chesterfield	Details
<b>A. Scrutinise allocation activity</b>	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>B. Draw up and update database of all affordable housing adapted / wheelchair stock.</b>	Keep records of private sector stock that has benefited from DFGs. Agreement between social landlords and DFG administrators. Consider extending use of choice based lettings system and development of accessible housing registers – including private sector landlords.
<b>C. Review preventative policy in conjunction with adult services and health agencies</b>	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.
<b>D. Introduce a residential design Supplementary Planning Document</b>	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.

Specific Recommendations for Chesterfield	Details
<b>E. Implement existing planning policy around 'Special Needs Housing'</b>	Include Lifetime Homes and Wheelchair properties. Include negotiations with developers. Use evidence in this report to implement policy.
<b>F. Develop 'one-stop shop' approach for services for people with disabilities</b>	Could involve improved referral and co-ordination or replacement / integration of services. Internal negotiations within authority, and with County and housing associations.
<b>G. Overcome barriers which discourage people moving to a more suitable property</b>	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.
<b>H. Address Specific Rural / Urban and Black and Minority Ethnic group Equalities Issues where they exist.</b>	No specific issues for Chesterfield have been noted in this study, but such issues should be considered when developing new homes and services, and in monitoring existing provision.

General Recommendations	Details
<b>I. Raise Awareness</b>	Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working
<b>J. Ensure housing needs assessments highlight the needs of disabled people</b>	Ensure that housing needs assessments and strategic housing market assessments distinguish customer characteristics that influence design in new homes and the need for adaptations of existing homes.
<b>K. Promote preventative and early intervention investment</b>	Promote preventative and early intervention investment, so that benefitting agencies (in particular health and social care) understand the value for money of investment.
<b>L. Further Develop Home Improvement Agency</b>	Further develop the Home Improvement Agency and a system of recycling adaptations – stair lifts in particular Work with HIAs to explore additional funding possibilities e.g. extending menu of services for self funders; social care and health investment Work with HIAs and ICES services locally to explore demand and opportunity
<b>M. Introduce more comprehensive stock condition survey and recording systems.</b>	Record nature of adaptation and level (e.g. LHS, wheelchair etc) Record nature of adaptation and level jointly with provider partners.
<b>N. Agree a protocol for adaptations.</b>	Agree a protocol for adaptations to homes across tenure, so that resources are more effectively used to meet the needs of more disabled people.
<b>O. Ensure private sector / developer obligations are enforced</b>	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

General Recommendations	Details
	<p>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>
<p><b>P. Use publically owned land to meet needs</b></p>	<p>Agree a partnership approach to how publically owned land can be used to improve the viability of homes that are designed specifically for the needs of disabled people,</p>

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

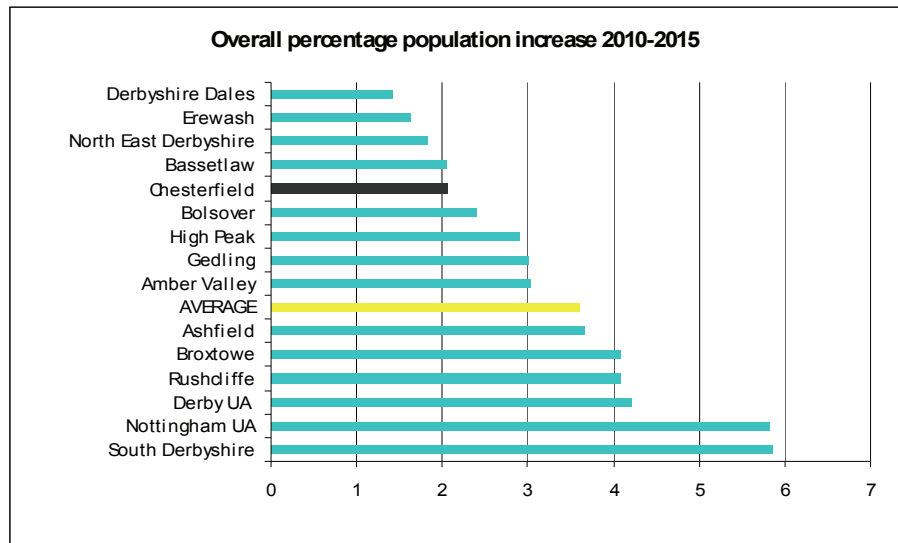
## Glossary

---

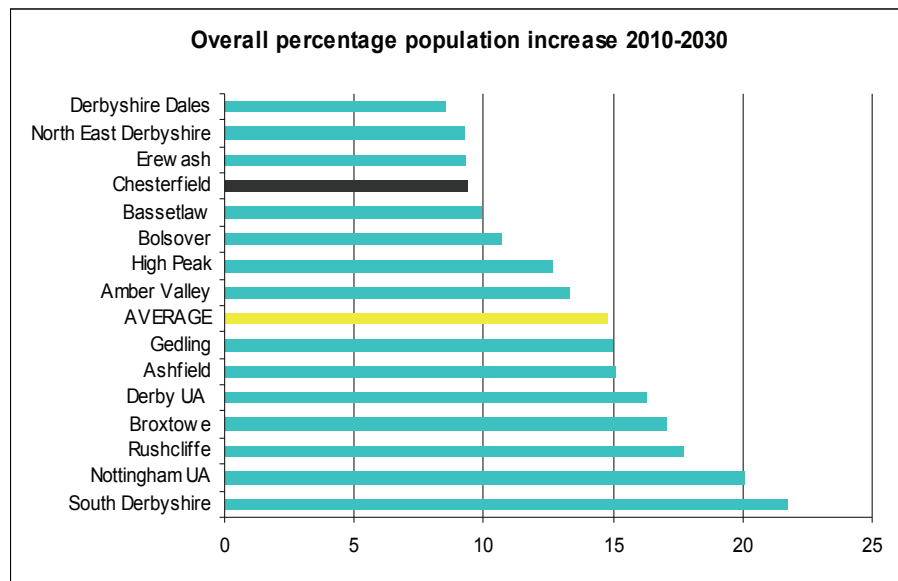
BAME	Black and Asian Minority Ethnic
CORE	Continuous Recording of Lettings
DAST	Derbyshire Accommodation and Support Team – see SP Supporting People
DCLG	Department of Communities and Local Government
DFG	Disabled Facilities Grant
DH	Department of Health
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
EAC	Elderly Accommodation Council
EIA	Equalities Impact Assessment
HCA	Homes and Communities Agency
HCS	Housing Condition Survey
HIA	Home Improvement Agency
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 – referred to in Derbyshire as Derbyshire Accommodation and Support Team (DAST)
SPD	Supplementary Planning Document

## **Annex One: Charts and Tables**

**Chart 1 Overall Percentage Population Increase 2010-2015**

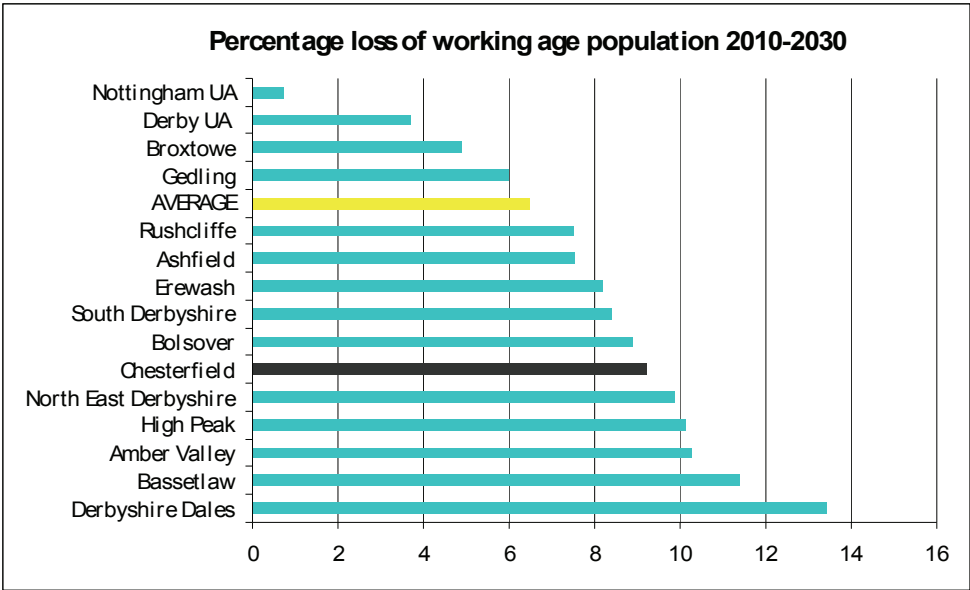


**Chart 2 Overall percentage population increase 2010-2030**

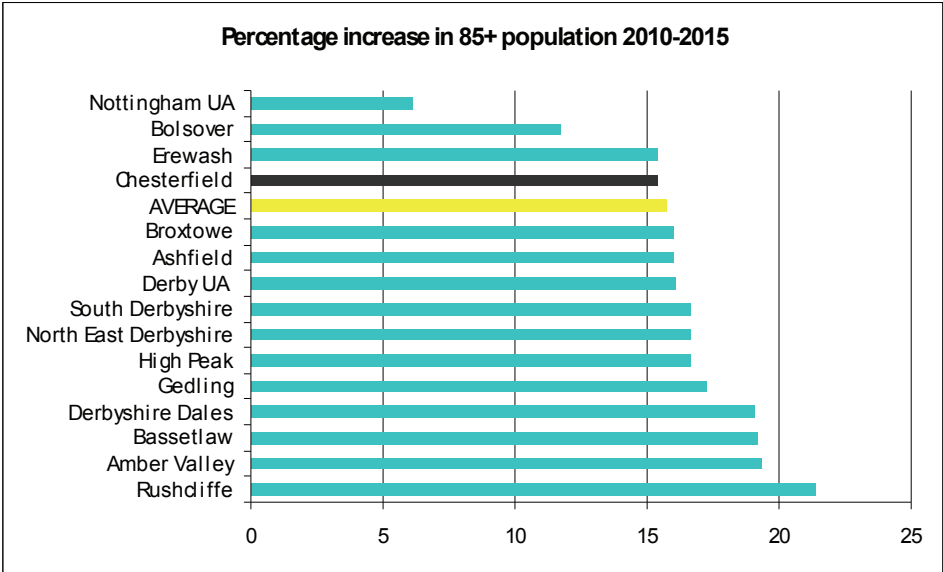




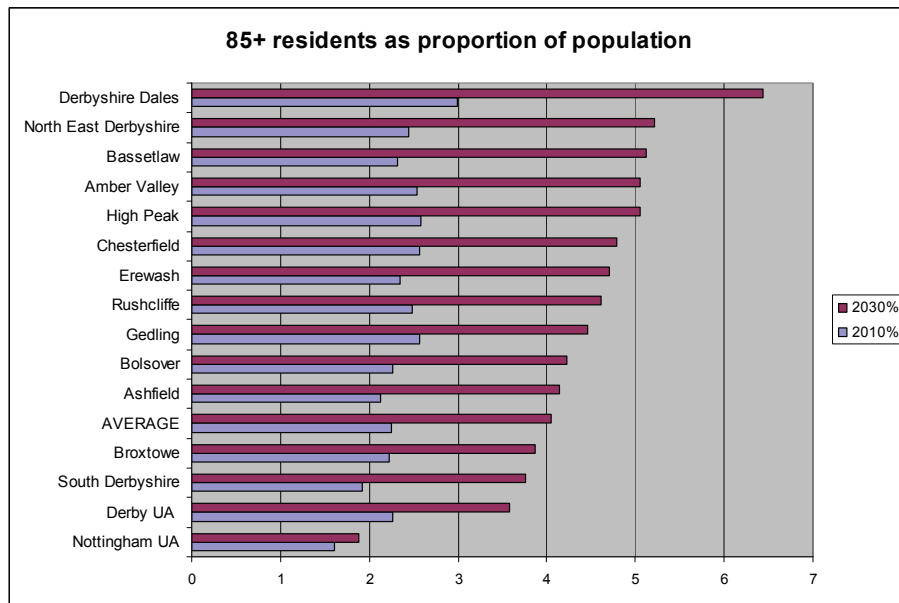
**Chart 3 Percentage loss of working age population 2010-2030**



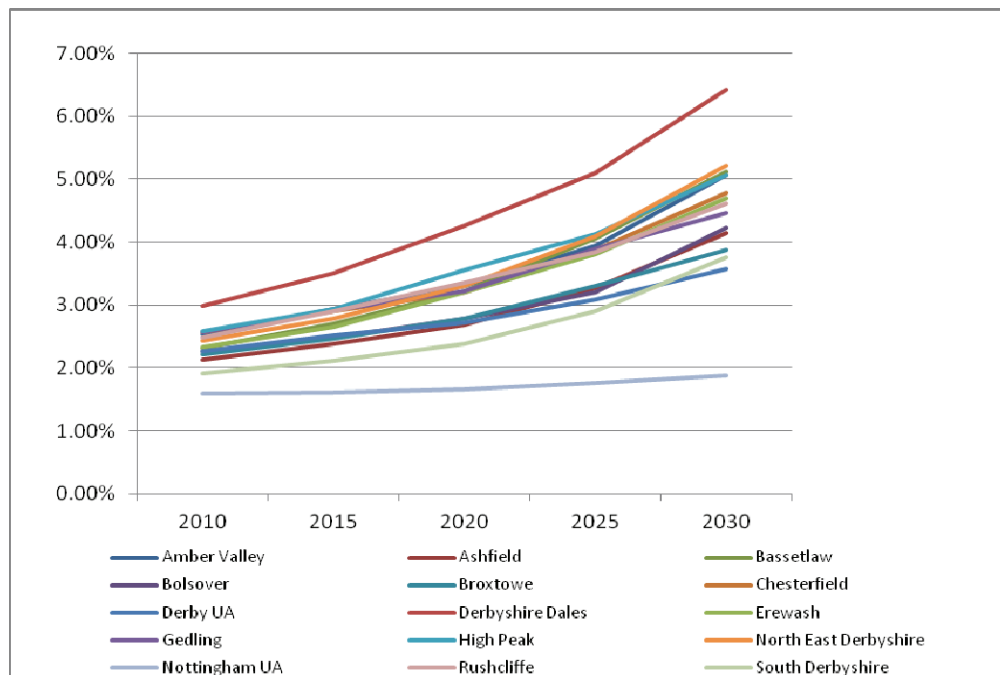
**Chart 4 Percentage increase in 85+ population 2010-2015**



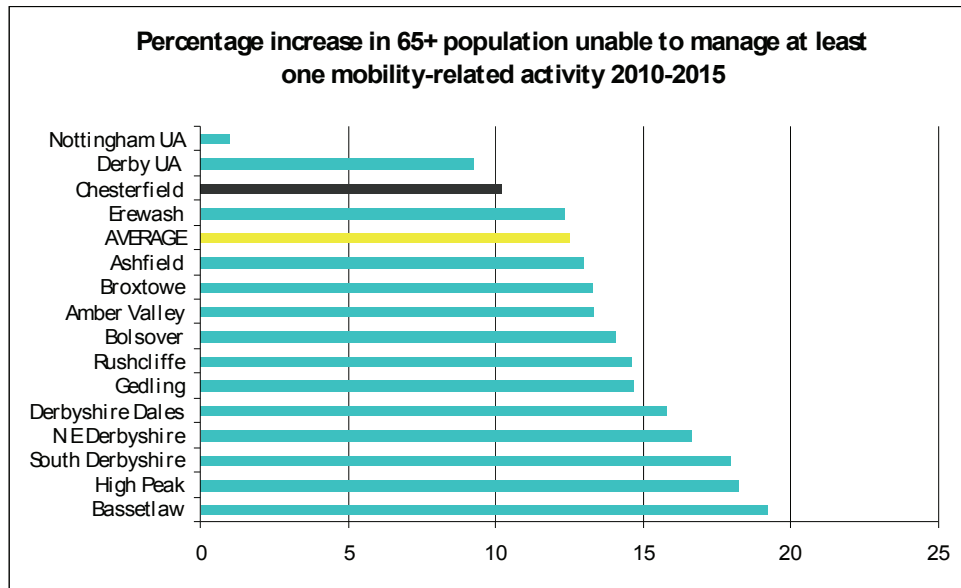
**Chart 5 85+ residents as proportion of population**



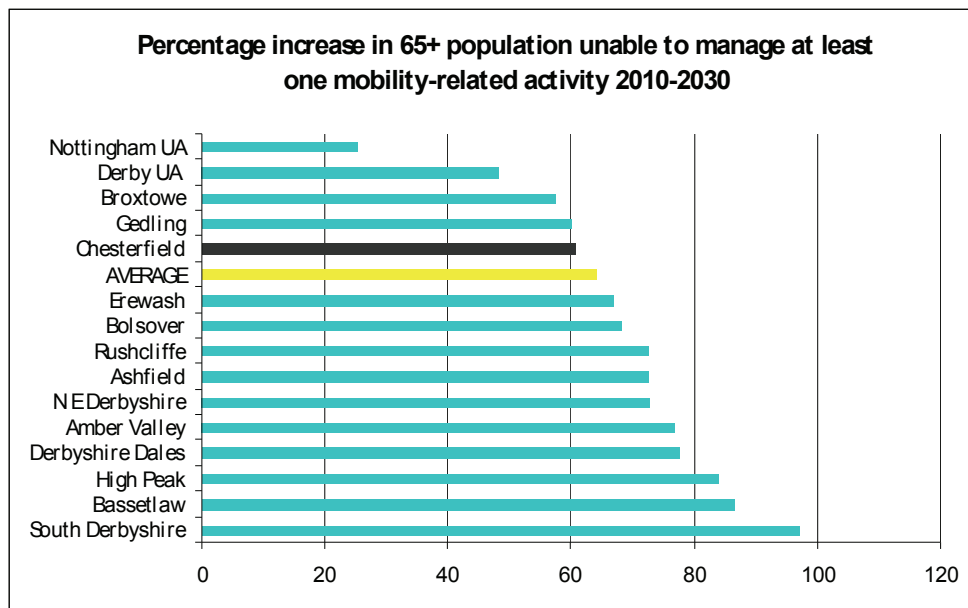
**Chart 6 Annual rate of increase in over 85 population, 2010-2030**



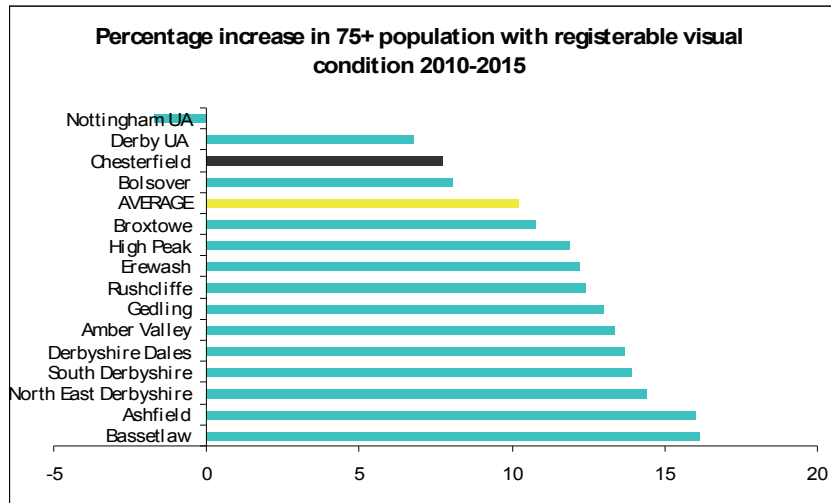
**Chart 7 Percentage increase in 65+ population unable to manage at least one mobility-related activity 2010-2015**



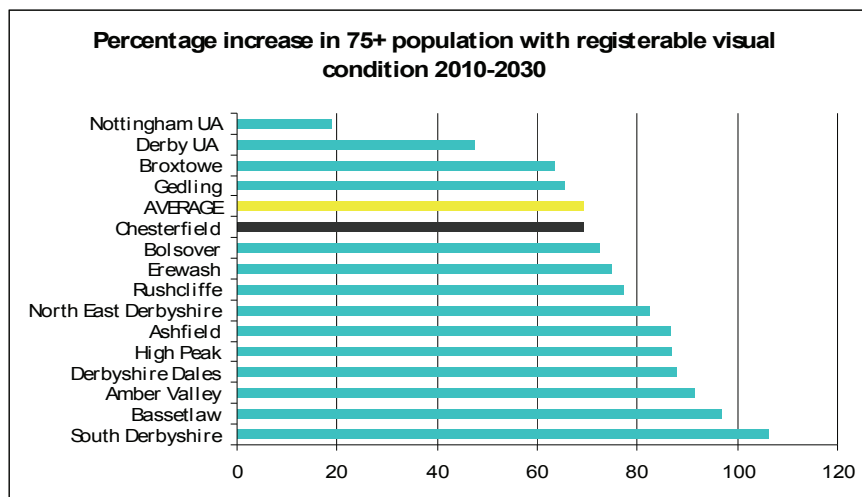
**Chart 8 Percentage increase in 65+ population unable to manage at least one mobility-related activity 2010-2030**



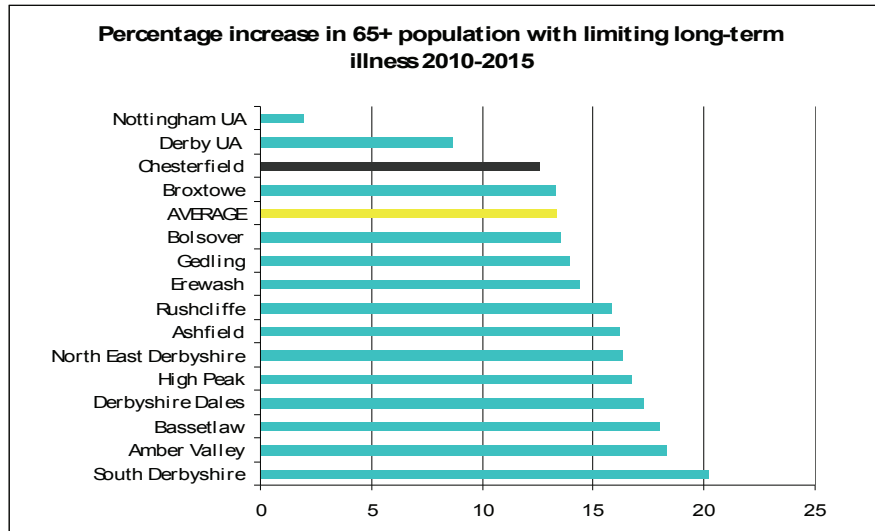
**Chart 9 Percentage increase in 75+ population with registerable visual condition 2010-2015**



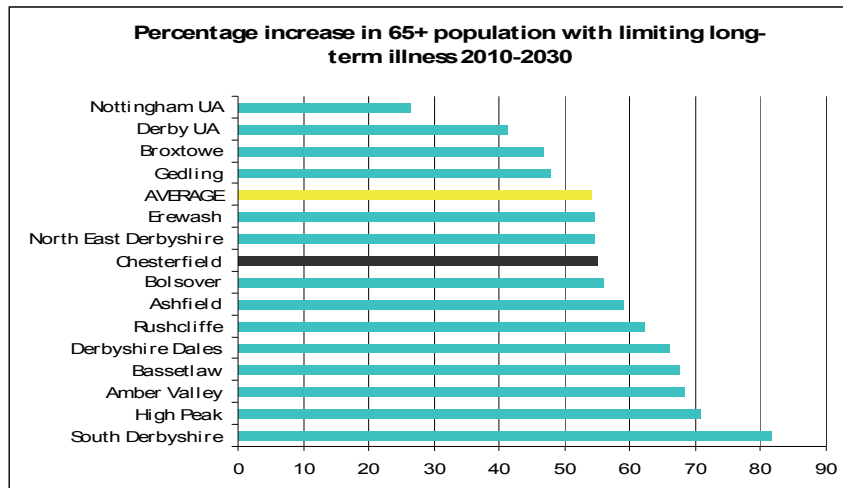
**Chart 10 Percentage increase in 75+ population with registerable visual condition 2010-2030**



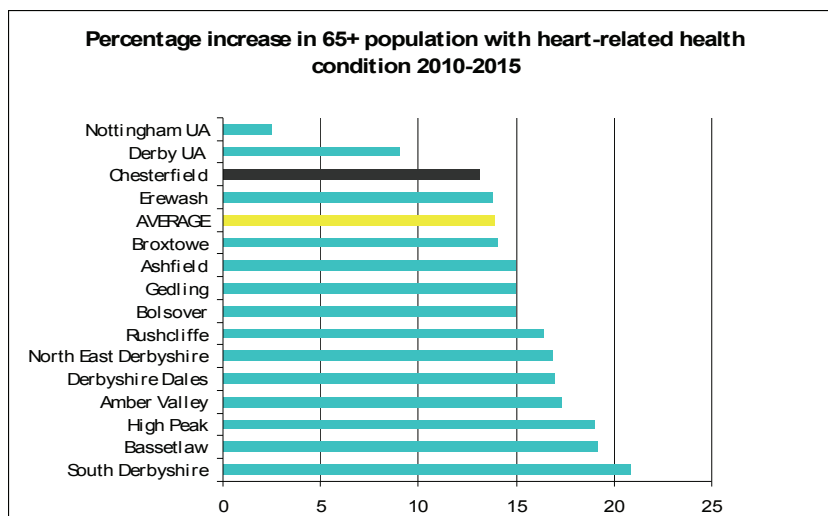
**Chart 11 Percentage increase in 65+ population with limiting long-term illness 2010-2015**



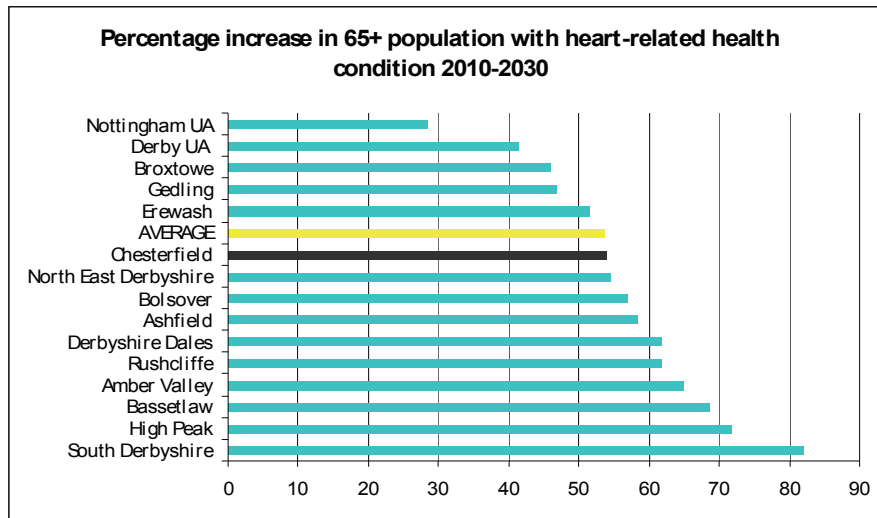
**Chart 12 Percentage increase in 65+ population with limiting long-term illness 2010-2030**



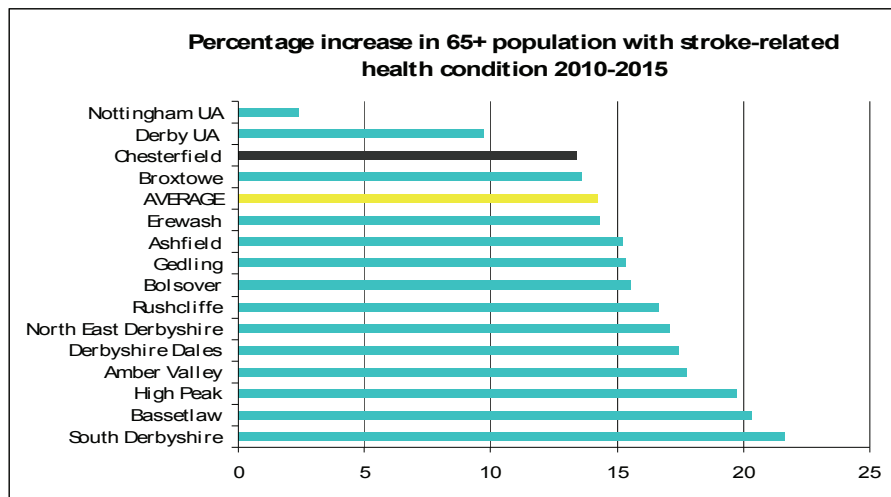
**Chart 13 Percentage increase in 65+ population with heart-related health condition 2010-2015**



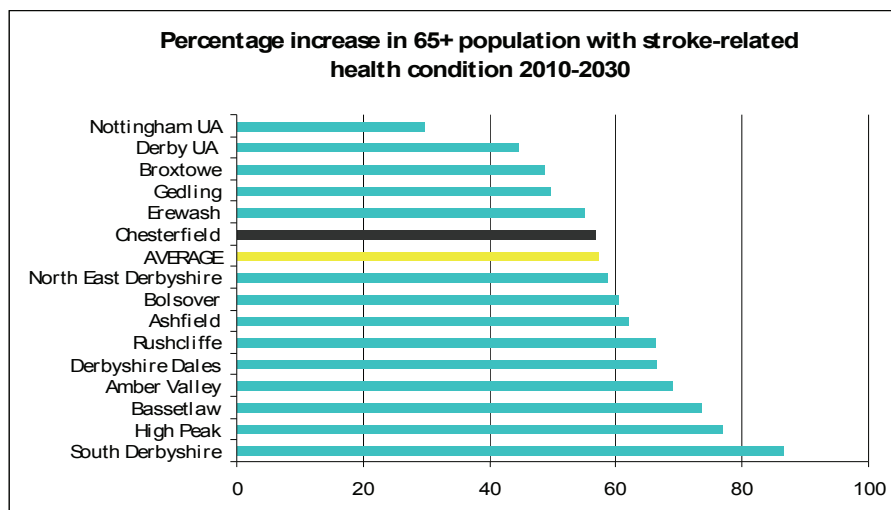
**Chart 14 Percentage increase in 65+ population with heart-related health condition 2010-2030**



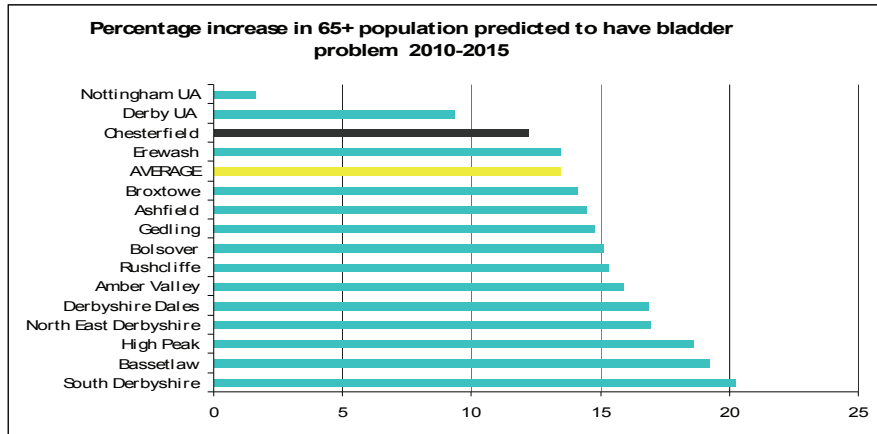
**Chart 15 Percentage increase in 65+ population with stroke-related health condition 2010-2015**



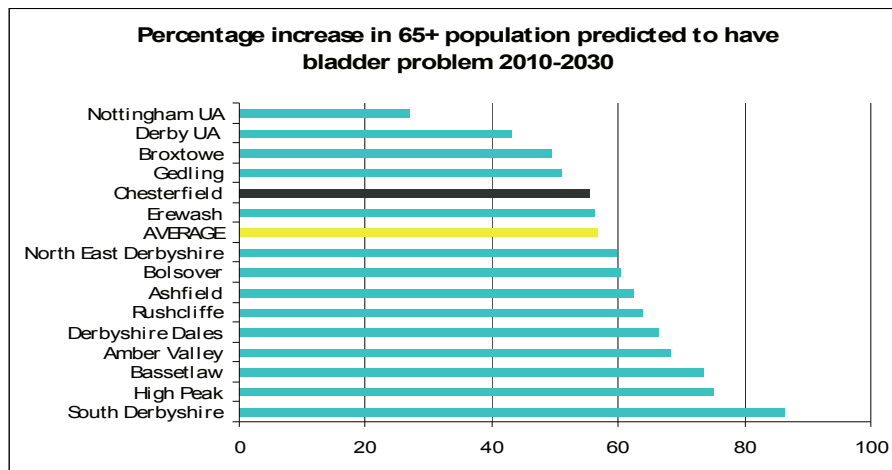
**Chart 16 Percentage increase in 65+ population with stroke-related health condition 2010-2030**



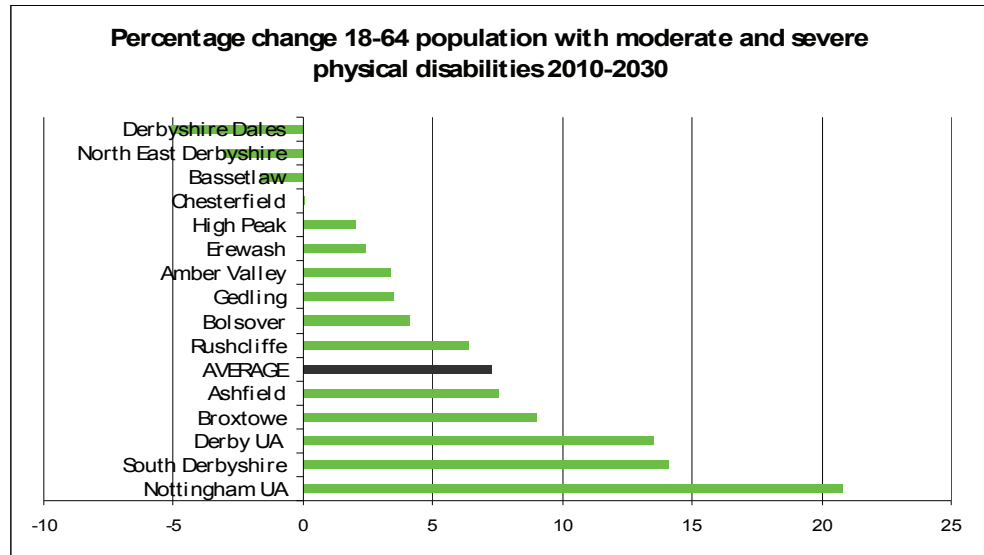
**Chart 17 Percentage increase in 65+ population predicted to have bladder problem 2010-2015**



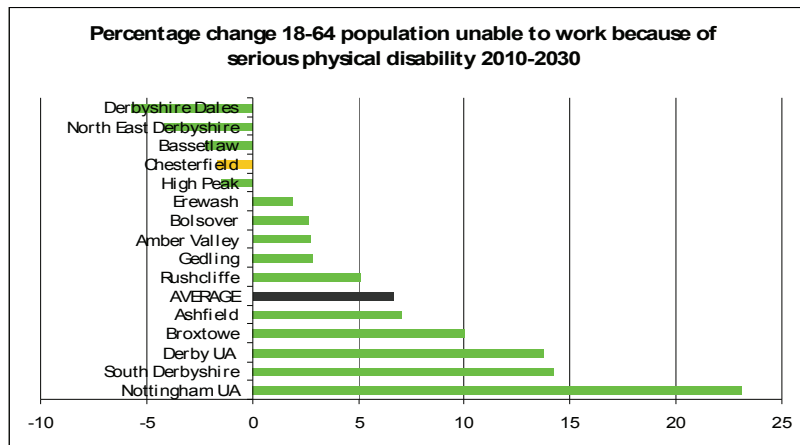
**Chart 18 Percentage increase in 65+ population to have bladder problem 2015-2030**



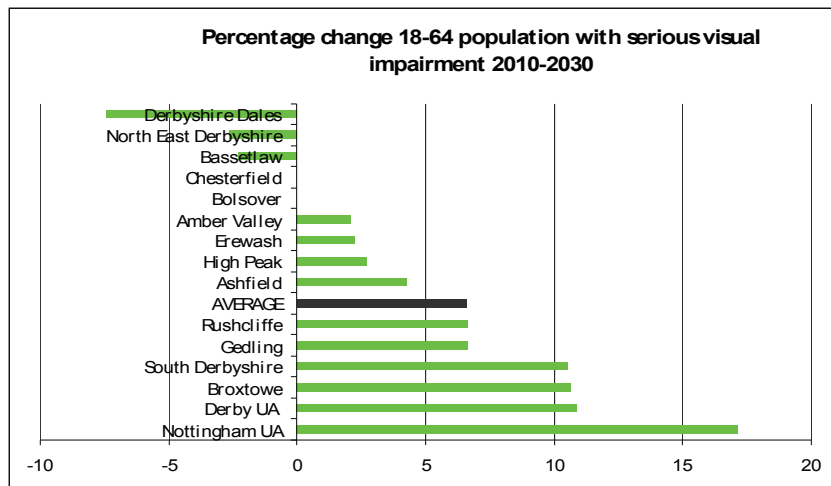
**Chart 19 Percentage change 18-64 population with moderate and severe physical disabilities 2010-2030**



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

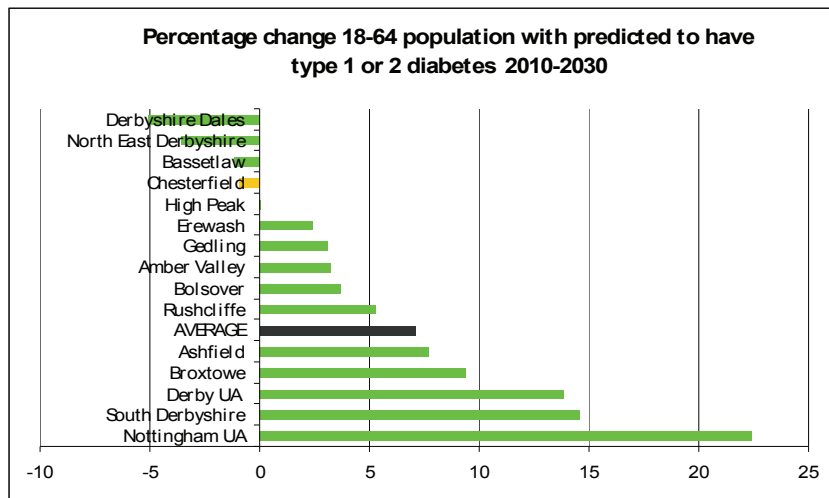


**Chart 21 Percentage change 18-64 population unable to work because of serious visual impairment 2010-2030**

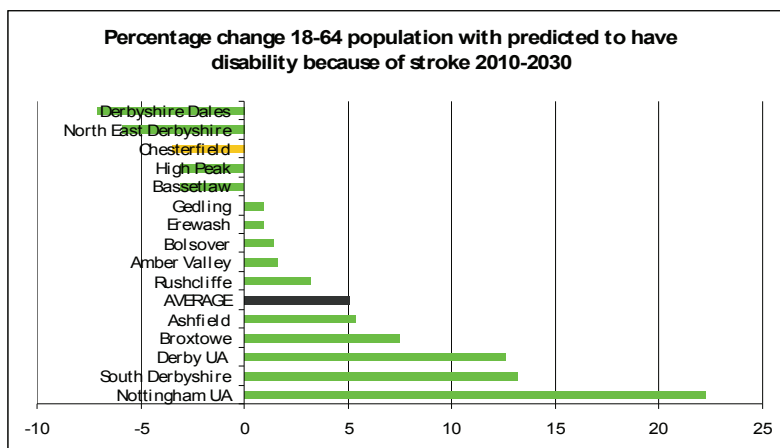




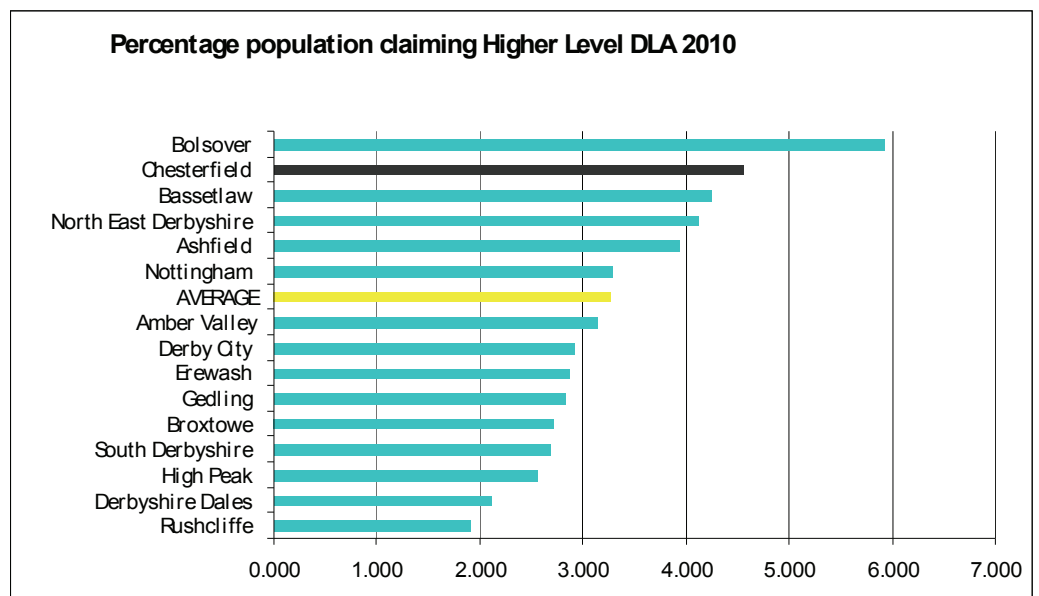
**Chart 22 Percentage change 18-64 population with predicted to have type 1 or type 2 diabetes 2010-2030**



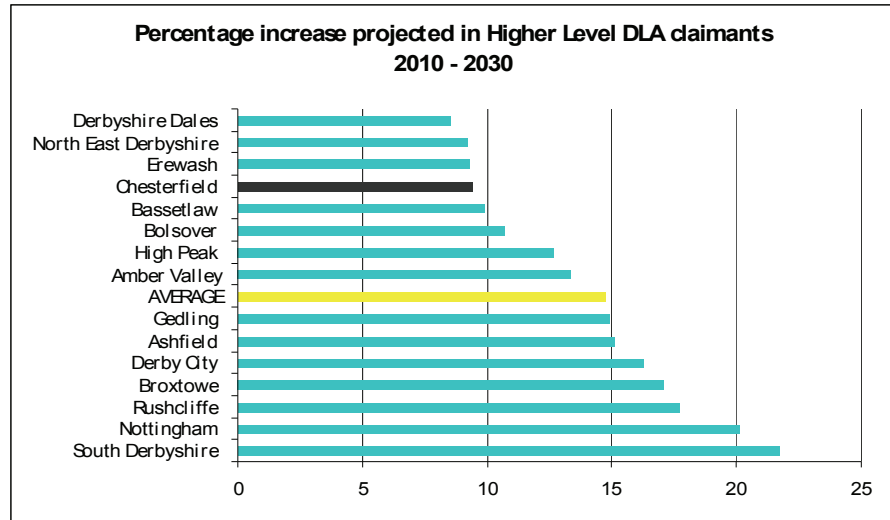
**Chart 23 Percentage change 18-64 population with predicted to have disability because of stroke 2010-2030**



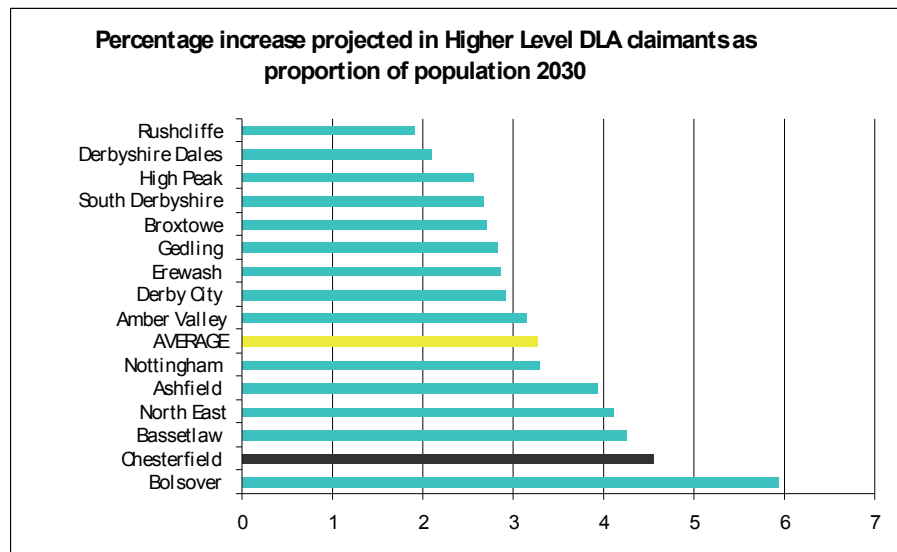
**Chart 24 Percentage population claiming higher level DLA 2010**



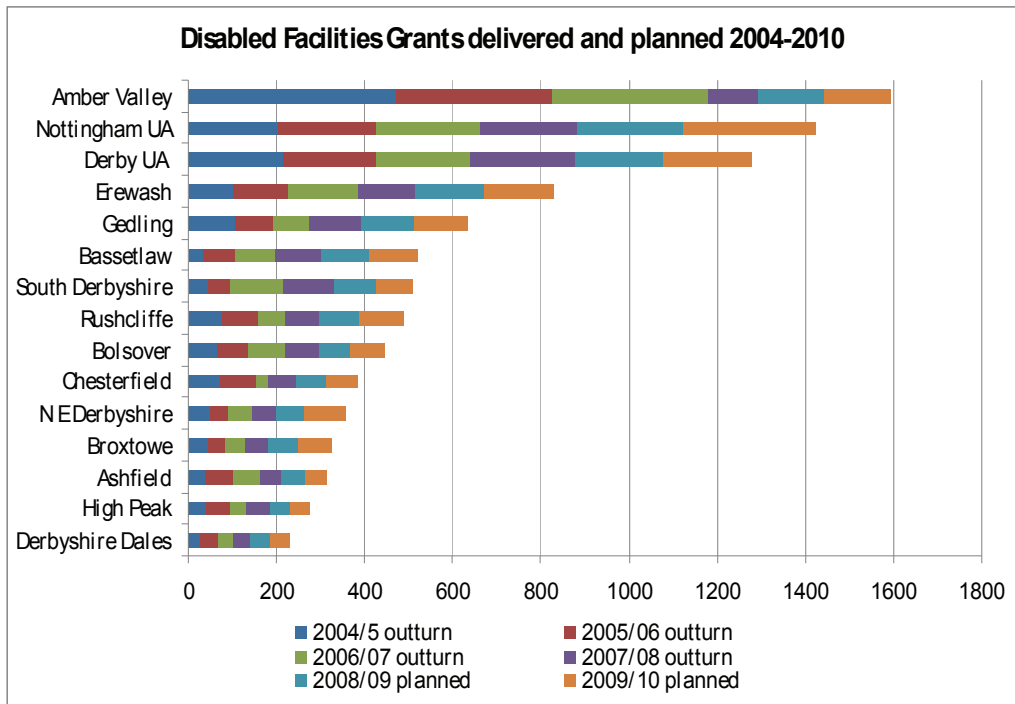
**Chart 25 Percentage increase projected in higher level DLA claimants 2010-2030**



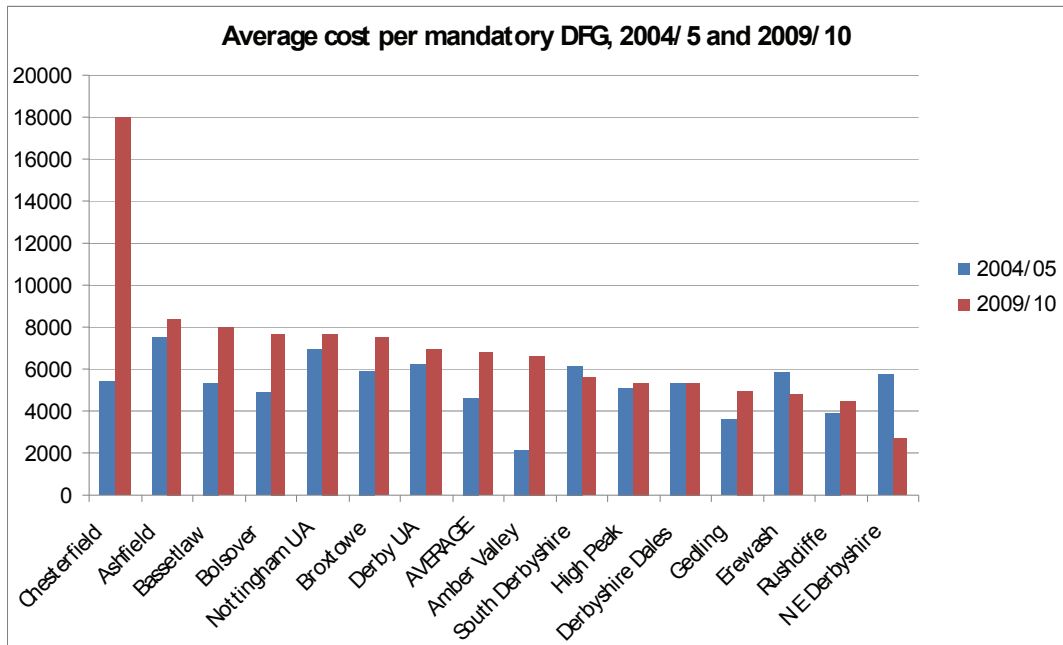
**Chart 26 Percentage increase projected in higher level DLA claimant as proportion of population 2030**



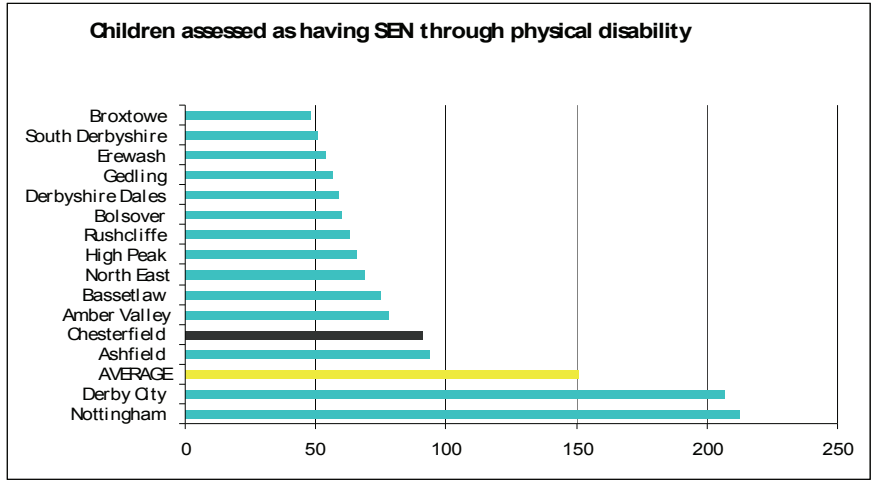
**Chart 27 Disabled facilities grants delivered and planned 2004-2010**



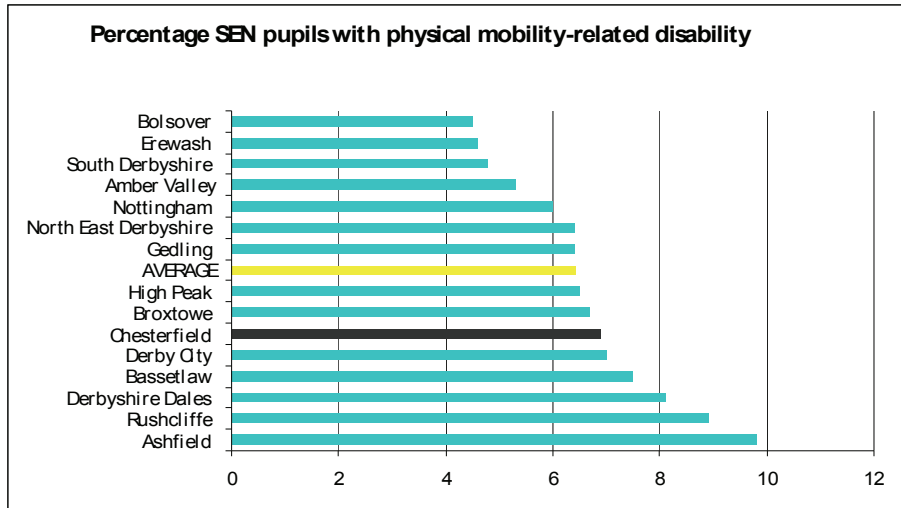
**Chart 28 Average cost per mandatory DFG, 2004/5 and 2009/10**



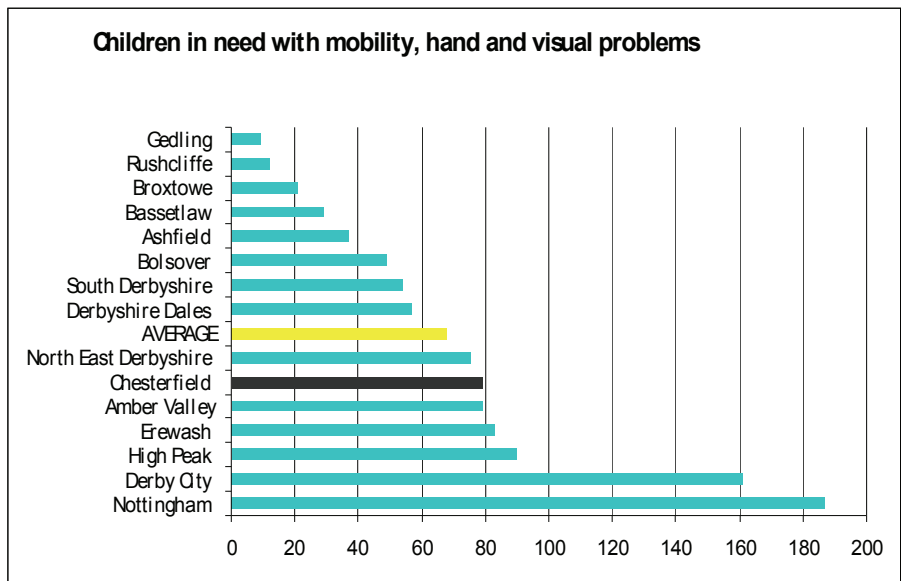
**Chart 29 Children assessed as having SEN through physical disability**



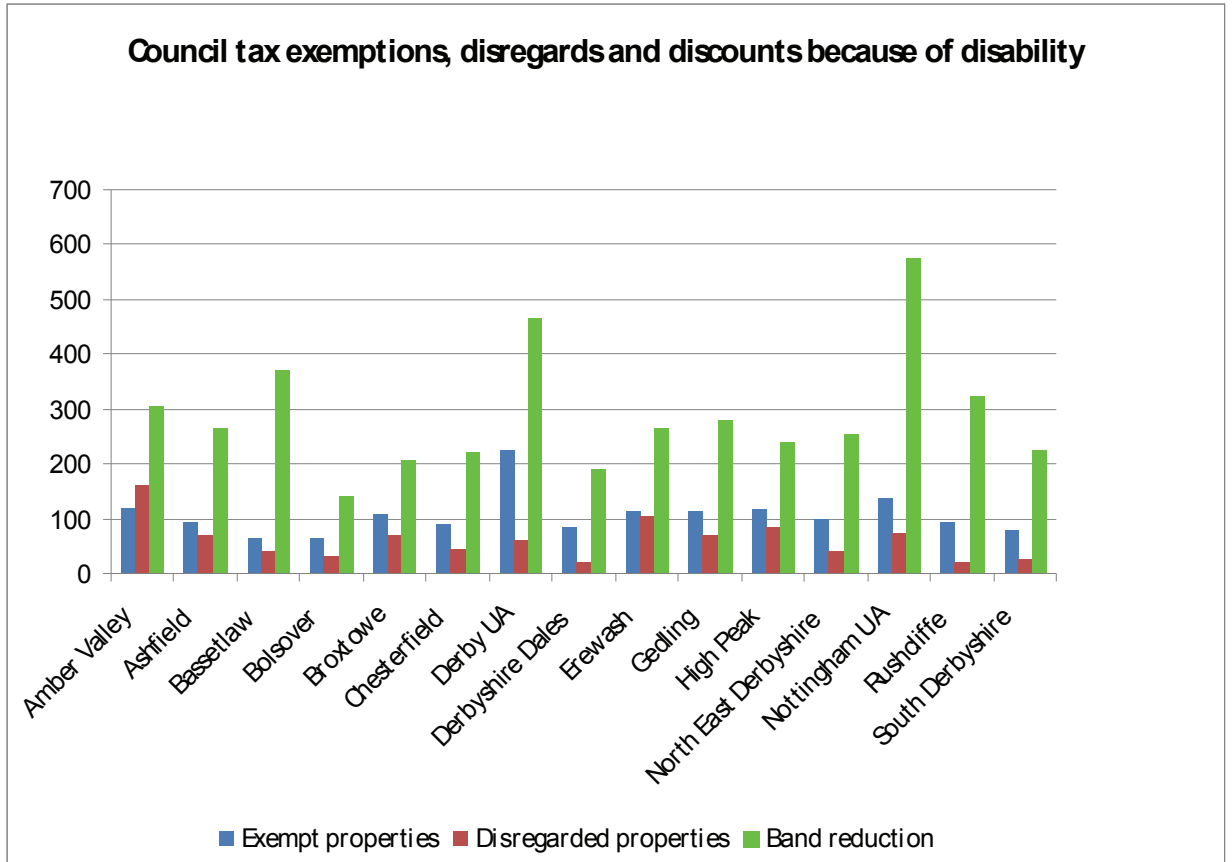
**Chart 30 Percentage SEN pupils with physical mobility-related disability**



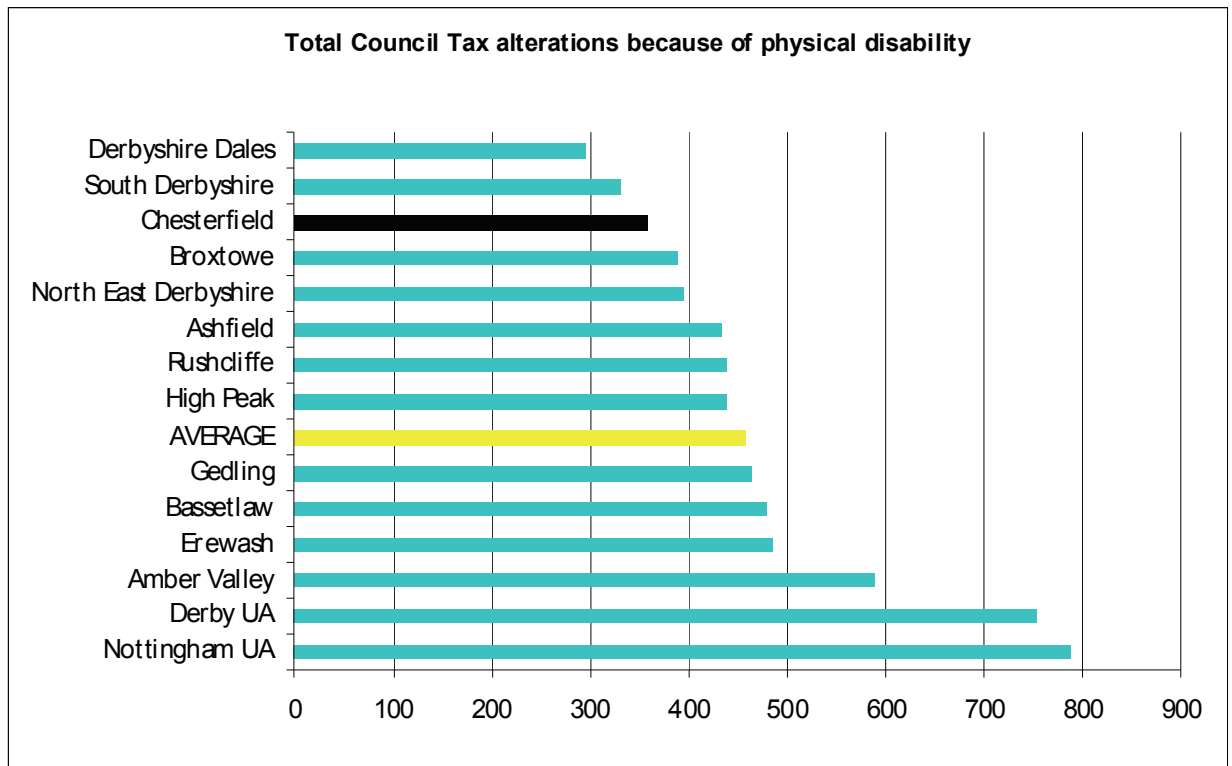
**Chart 31 Children in need with mobility, hand and visual problems**



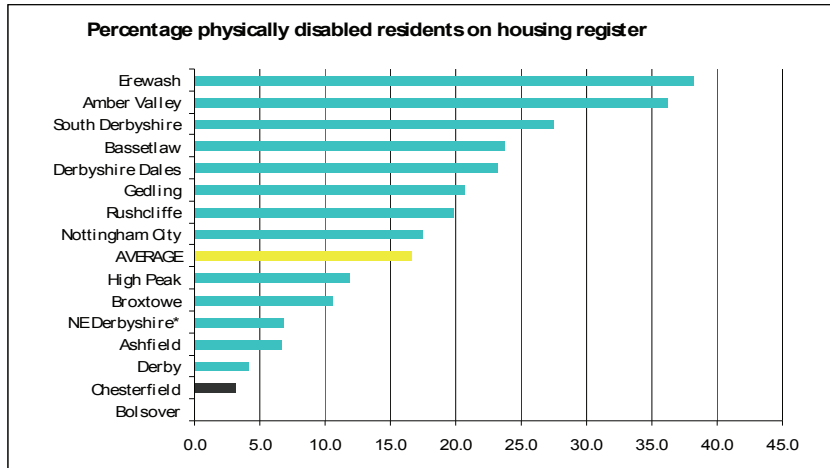
**Chart 32 Council tax amendments for disability by type**



**Chart 32a Council tax amendments for disability by authority**



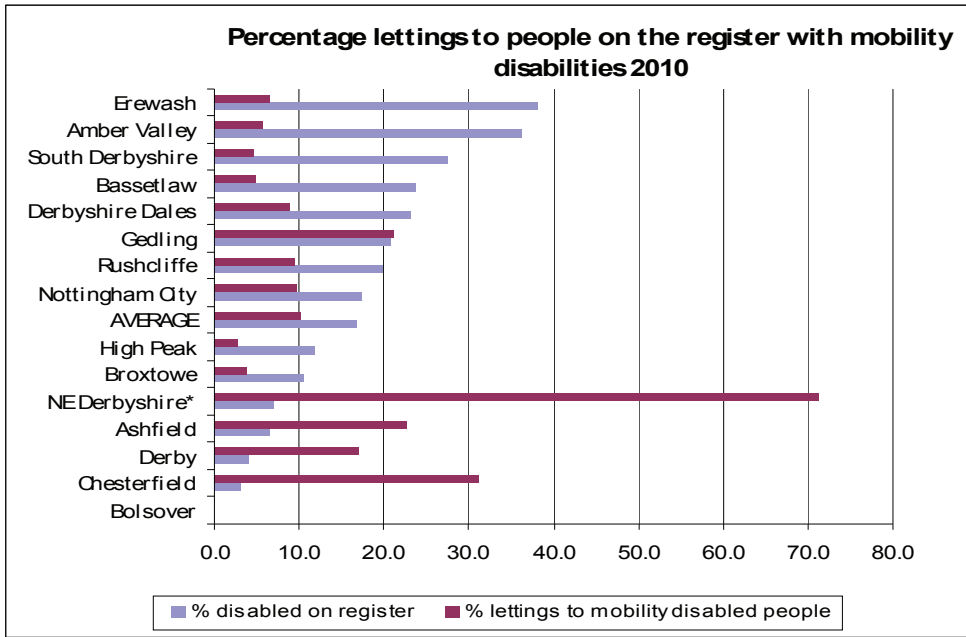
**Chart 33 Percentage physically disabled residents on house register**



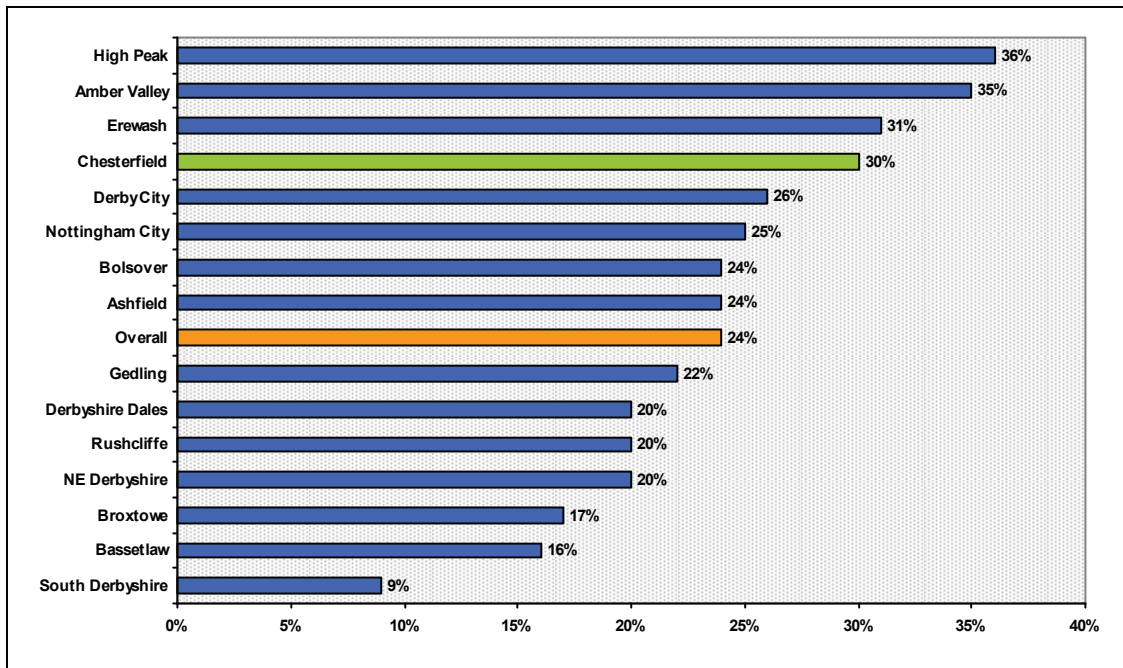
**Chart 34 Total on housing register 2010**



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

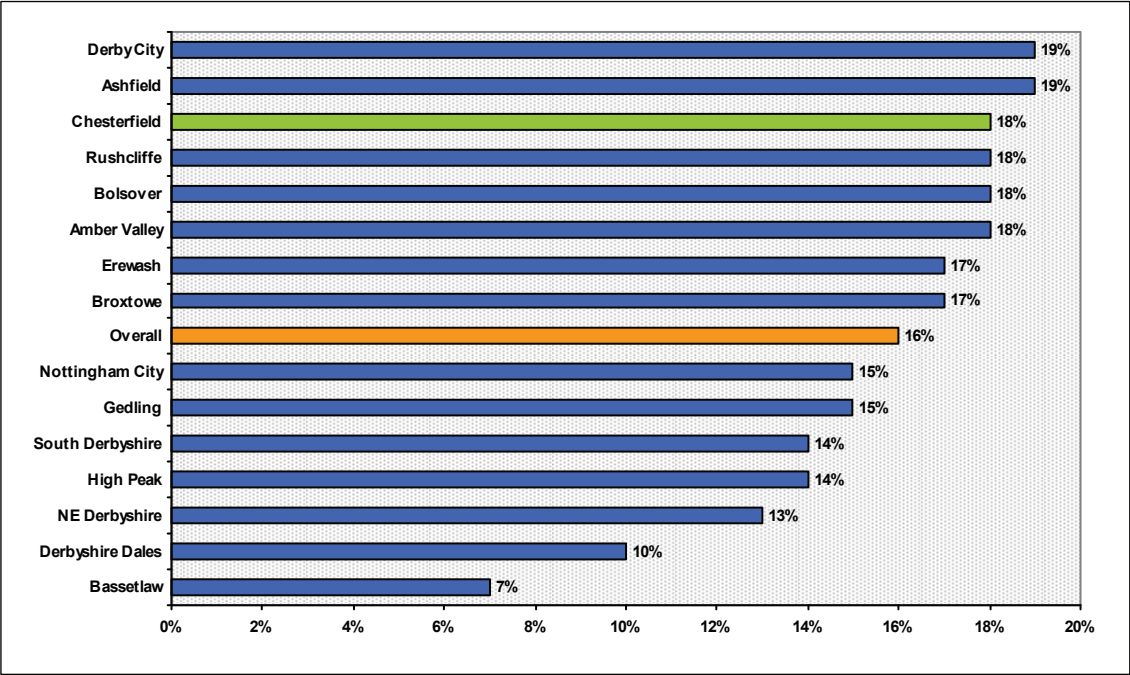


**Chart 36: Proportion of respondents needing a level access shower/wet room**



Base: All respondents (678)

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



**Base: All respondents (678)**



**Table A.1 Population change by authority, 2010-2015**

	Population 18-64										Population 65+													
	2010		2011		2012		2013		2014		2015		2010		2011		2012		2013		2014		2015	
Amber Valley	99,500	99,500	99,200	98,900	99,000	98,900	98,900	99,000	98,900	98,900	98,900	98,900	98,900	22,600	23,200	24,300	25,300	26,000	26,000	26,000	26,900	26,900	4,300	19.0
Ashfield	97,000	97,100	97,300	97,400	97,600	97,400	97,600	98,000	98,000	98,000	98,000	98,000	20,300	21,000	21,600	22,400	23,100	23,100	23,100	23,600	23,600	3,300	16.3	
Bassetlaw	91,200	90,900	90,400	90,100	89,800	89,700	89,700	89,700	89,700	89,700	89,700	89,700	20,900	21,600	22,500	23,300	24,100	24,100	24,100	24,700	24,700	3,800	18.2	
Bolsover	61,300	61,300	61,200	61,000	61,200	61,200	61,200	61,200	61,200	61,200	61,200	61,200	13,600	13,900	14,400	14,900	15,100	15,100	15,100	15,500	15,500	1,900	14.0	
Broxtowe	92,900	93,400	93,600	93,800	94,300	94,300	94,300	94,800	94,800	94,800	94,800	94,800	19,700	20,100	20,800	21,500	22,000	22,000	22,400	22,400	22,400	2,700	13.7	
Chesterfield	82,400	82,500	82,300	82,000	81,700	82,000	82,000	82,000	82,000	82,000	82,000	82,000	18,900	19,200	19,800	20,500	21,200	21,200	21,400	21,400	21,400	2,500	13.2	
Derby UA	208,700	210,300	211,400	212,800	214,300	215,700	215,700	215,700	215,700	215,700	215,700	215,700	38,600	39,000	40,000	40,800	41,300	41,300	42,000	42,000	42,000	3,400	8.8	
Derbyshire Dales	54,700	54,200	53,800	53,400	53,000	52,900	52,900	52,900	52,900	52,900	52,900	52,900	15,500	16,100	16,700	17,300	17,900	17,900	18,300	18,300	18,300	2,800	18.1	
Erewash	91,200	91,000	90,500	90,300	90,100	90,100	90,100	90,100	90,100	90,100	90,100	90,100	19,700	20,200	21,000	21,600	22,200	22,200	22,600	22,600	22,600	2,900	14.7	
Cedling	91,900	91,900	91,800	91,700	91,900	92,300	92,300	92,300	92,300	92,300	92,300	92,300	21,300	21,800	22,600	23,300	23,900	23,900	24,300	24,300	24,300	3,000	14.1	
High Peak	77,000	77,000	76,800	76,800	76,600	76,900	76,900	76,900	76,900	76,900	76,900	76,900	16,000	16,500	17,200	17,800	18,500	18,500	18,800	18,800	18,800	2,800	17.5	
North East Derbyshire	77,900	77,600	77,100	76,800	76,500	76,300	76,300	76,300	76,300	76,300	76,300	76,300	20,500	21,100	21,900	22,600	23,200	23,200	23,900	23,900	23,900	3,400	16.6	
Nottingham UA	271,600	276,100	279,600	282,700	285,800	288,600	288,600	288,600	288,600	288,600	288,600	288,600	34,500	34,300	34,600	34,900	35,000	35,000	35,300	35,300	35,300	800	2.3	
Rushcliffe	92,600	92,800	92,900	93,100	93,300	93,900	93,900	93,900	93,900	93,900	93,900	93,900	19,900	20,600	21,400	22,100	22,800	22,800	23,200	23,200	23,200	3,300	16.6	
South Derbyshire	79,300	79,900	80,300	80,700	81,100	81,700	81,700	81,700	81,700	81,700	81,700	81,700	14,600	15,100	15,800	16,500	17,200	17,200	17,700	17,700	17,700	3,100	21.2	
TOTAL	1,569,200	1,575,500	1,578,200	1,581,500	1,586,200	1,593,000	1,593,000	1,593,000	1,593,000	1,593,000	1,593,000	1,593,000	316,600	323,700	334,600	344,800	353,500	353,500	360,600	360,600	360,600	44,000	13.9	

**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	2010	2015	2020	2025	2030				
Amber Valley	99,500	98,900	100,300	101,500	101,200	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	266,402					86,402	54.1
Heart attack	15,493	17,641	19,298	21,307	23,828	26,335					8,335	53.8
Stroke	7,292	8,332	9,197	10,258	11,472	12,686					4,180	57.3
Danger of falls	84,263	95,609	105,549	117,216	133,594	149,931					49,331	58.5
Bladder problem	51,911	58,894	64,814	72,201	81,335	90,424					29,424	56.7

**Table A.5 Higher mobility rate Disability 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	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
	outturn	outturn	outturn	outturn	planned	planned	outturn	outturn	outturn	outturn	planned	planned
Amber Valley	469	356	354	114	150	150	1,025	886	942	640	700	1,000
Ashfield	36	66	59	51	50	50	272	317	545	392	420	420
Bassetlaw	35	70	91	106	110	106	188	499	961	847	916	850
Bolsover	64	71	85	78	69	78	310	330	543	580	500	600
Broxtowe	46	38	43	52	70	73	271	273	288	390	507	550
Chesterfield	70	83	28	63	70	70	383	428	229	462	1,061	1,260
Derby UA	213	212	215	238	200	200	1,333	1,369	1,400	1,379	1,400	1,400
Derbyshire Dales	28	40	32	39	45	45	149	198	198	214	240	240
Erewash	103	123	158	132	156	156	600	638	706	632	750	750
Gedling	107	86	83	117	120	120	387	455	404	551	602	600
High Peak	43	53	36	54	45	45	220	249	246	277	242	242
N E Derbyshire	50	42	50	56	67	91	290	200	337	215	246	250
Nottingham UA	205	220	236	221	240	300	1,426	1,600	1,635	1,639	1,800	2,300
Rushdiffe	74	84	62	76	92	100	293	367	238	342	411	450
South Derbyshire	46	47	121	118	92	83	284	271	620	657	417	466
<b>TOTAL</b>	<b>1589</b>	<b>1591</b>	<b>1653</b>	<b>1515</b>	<b>1576</b>	<b>1667</b>	<b>7431</b>	<b>8080</b>	<b>9292</b>	<b>9217</b>	<b>10212</b>	<b>11378</b>

**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
<b>TOTAL</b>	<b>£4,677</b>	<b>£5,079</b>	<b>£5,621</b>	<b>£6,084</b>	<b>£6,480</b>	<b>£6,825</b>



**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
<b>TOTAL</b>	<b>1,470</b>	<b>124</b>	<b>19</b>	<b>136</b>	<b>784</b>	<b>4,343</b>	<b>6,876</b>

**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
<b>TOTAL</b>	<b>55728</b>	<b>872</b>	<b>480</b>	<b>241</b>	<b>2697</b>	<b>310</b>	<b>1865</b>	<b>7957</b>	<b>14.3</b>

**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
<b>TOTAL</b>		<b>41</b>	<b>22</b>	<b>271</b>	<b>21</b>	<b>355</b>	<b>68</b>	<b>21</b>	<b>330</b>	<b>33</b>	<b>452</b>	<b>807</b>	<b>5.9</b>

**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	100	5	4.2	100.0				
South Derbyshire DC	3	1.3	157	444	147	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
<b>TOTAL</b>	<b>55728</b>	<b>7957</b>	<b>16.7</b>	<b>807</b>	<b>10.1</b>

**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
<b>TOTAL</b>	<b>35430</b>	<b>16327</b>	<b>679</b>	<b>743</b>	<b>2.7</b>

**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.16a Unmet housing need among people with physical and sensory mobility disabilities: high estimate**

Based on POPPI / PANS	Demand										Supply										Unmet need											
	Total under 65s unable to work and over 65s with at least one mobility difficulty					Numbers with PMDs in unsuitable homes					Lettings PA adj. new supply					DF&PA					Adjustment for self-help											
	2010	2015	2020	2025	2030	% in unsuitable homes (1)	2010	2015	2020	2025	2030	Total register with PMD 2010	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030	2010	2015	2020	2025	2030					
Amber Valley	7,705	8,279	9,252	10,167	11,062	15.9%	1,225	1,316	1,471	1,617	1,759	957	54	54	54	54	54	319	319	319	319	319	82	88	98	108	117	771	856	1,000	1,136	1,269
Ashfield	6,820	7,364	8,093	8,882	9,712	15.9%	1,084	1,171	1,287	1,412	1,544	331	75	75	75	75	62	62	62	62	62	30	72	78	86	94	103	875	955	1,064	1,181	1,304
Bassetlaw	6,841	7,579	8,332	9,110	9,965	15.9%	1,088	1,205	1,325	1,448	1,584	1,168	58	58	58	58	104	104	104	104	104	12	72	80	88	96	106	854	963	1,075	1,190	1,317
Bolsover	4,481	4,875	5,249	5,692	6,195	15.9%	712	775	835	905	985	0	34	34	34	34	89	89	89	89	89	18	47	52	56	60	66	542	601	656	722	796
Broxtowe	6,614	7,128	7,748	8,349	8,974	15.9%	1,052	1,133	1,232	1,327	1,427	313	12	12	12	12	64	64	64	64	64	26	70	75	82	88	95	905	981	1,073	1,163	1,255
Chesterfield	6,435	6,846	7,373	7,887	8,594	15.9%	1,023	1,089	1,172	1,254	1,366	109	34	34	34	34	77	77	77	77	77	13	68	72	78	84	91	844	905	983	1,060	1,165
Derby LA	13,266	14,204	15,192	16,318	17,600	15.9%	2,109	2,258	2,416	2,595	2,798	353	62	60	60	60	256	256	256	256	256	7	140	150	161	173	186	1,651	1,792	1,939	2,106	2,296
Derbyshire D	4,972	5,382	5,936	6,428	7,072	15.9%	791	866	944	1,022	1,124	681	60	60	60	60	46	46	46	46	46	19	53	57	63	68	75	632	693	775	848	944
Erewash	6,647	7,103	7,773	8,411	9,140	15.9%	1,057	1,129	1,236	1,337	1,453	780	51	51	51	51	166	166	166	166	166	11	70	75	82	89	97	770	838	937	1,032	1,140
Gedling	7,007	7,567	8,206	8,721	9,442	15.9%	1,114	1,203	1,305	1,387	1,501	310	66	66	66	66	127	127	127	127	127	16	74	80	87	92	100	847	930	1,025	1,102	1,209
High Peak	5,638	6,195	6,795	7,419	8,069	15.9%	553	608	672	747	833	553	15	15	15	15	55	55	55	55	55	13	37	40	45	50	55	446	497	557	627	707
North East D	6,365	6,908	7,566	8,197	8,834	15.9%	1,012	1,098	1,203	1,303	1,405	122	90	87	87	87	71	71	71	71	71	38	67	73	80	87	94	783	867	965	1,058	1,153
Nottingham	13,291	13,802	14,486	15,390	16,503	15.9%	1,699	1,764	1,855	1,980	2,147	1,699	255	165	165	165	284	284	284	284	284	4	113	118	124	132	143	1,046	1,197	1,282	1,399	1,555
Rushcliffe	6,865	7,454	8,170	8,881	9,757	15.9%	1,88	204	225	249	281	188	18	18	18	18	98	98	98	98	98	9	13	14	15	17	19	60	75	95	117	146
South Derby	5,153	5,728	6,445	7,150	8,014	15.9%	819	911	1,025	1,137	1,274	393	18	18	18	18	101	101	101	101	101	6	55	61	68	76	85	645	731	837	942	1,070
TOTAL	108,100	116,414	126,615	136,992	148,933	15.9%	15,527	16,721	18,202	19,720	21,483	7,957	902	807	807	807	1,918	1,918	1,918	1,918	1,918	1,918	1,034	1,114	1,212	1,313	1,431	11,672	12,882	14,264	15,681	17,327



**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	

**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
<b>TOTAL</b>	<b>841,000</b>	<b>885,000</b>	<b>930,000</b>	<b>958,000</b>	<b>975,000</b>	<b>1,010,000</b>	<b>25,230</b>	<b>26,550</b>	<b>27,900</b>	<b>28,740</b>	<b>29,250</b>	<b>30,300</b>	<b>2,523</b>	<b>2,655</b>	<b>2,790</b>	<b>2,874</b>	<b>2,925</b>	<b>3,030</b>

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 2007<sup>11</sup></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 £726m<sup>12</sup></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 impairments<sup>13</sup></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 week<sup>14</sup></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>

<sup>11</sup> DCLG (2007) DFG programme: the government's proposals to improve the delivery programme.

<sup>12</sup> PSSRU (2007) Research Summary, <http://www.pssru.ac.uk/pdf/rs044.pdf>

<sup>13</sup> PSSRU Unit costs in health and social care 2011, p26

<sup>14</sup> 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 £1,500<sup>15</sup></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>

<sup>15</sup> 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 Chesterfield

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
<p><b>Chesterfield</b></p> <p><b>A. Scrutinise allocation activity</b></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.</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>Impact and Outcomes</p> <p>More accurate matching of stock to needs</p> <p>Increased housing options for disabled people</p>	<p>2.2, 3.2, 4.4, 5.6</p>	<p>Practical Guidance – How to</p> <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>
<p><b>B. Draw up and update database of all affordable housing adapted / wheelchair stock.</b></p>	<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>	<p>3.2, 3.3, 4.4, 5.6, 5.9</p>	

Recommendation	Details	How to measure success	Cross Reference to Report Section	Additional information
Chesterfield		Impact and Outcomes		Practical Guidance – How to
<p><b>C. Review preventative policy in conjunction with adult services and health agencies</b></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><b>D. Introduce a residential design Supplementary Planning Document</b></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
Chesterfield		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>Chesterfield</p> <p><b>H. Address Specific Rural / Urban and Black and Minority Ethnic group Equalities Issues where they exist.</b></p>	<p>No specific issues for Chesterfield have been noted in this study, but such issues should be considered when developing new homes and services, and in monitoring existing provision.</p>	<p>Impact and Outcomes</p>	<p>N/A</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
<b>I. Raise Awareness.</b>	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 monitoring shared across agencies	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. <a href="http://www.hi4em.org.uk/">http://www.hi4em.org.uk/</a>  See also East Sussex in figures as an example of how an information hub that supports a range of organisations and programmes can be developed. <a href="http://www.eastsussexinfigures.org.uk/webview/welcome.html">http://www.eastsussexinfigures.org.uk/webview/welcome.html</a>	2.1, 3.2

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
		<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>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>J. Ensure housing needs assessments highlight the needs of disabled people.</b></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 adaptations of existing homes.</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 point of contact.</p> <p>Establish a clear route to the place/post in the LA the information is collated.</p>	<p>Increased numbers for whom information has been gathered on contact</p> <p>Quality of information – clear link between characteristic and (range of) intervention(s)</p> <p>Assessments source and reflect numbers</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>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>(need) linked to the different interventions required (new homes, reconfigured services</p> <p>Short term: Proforma developed and used across LA (and partners).  Medium term: Proforma used in wider consultation exercises: JSNA, planning, adaptations etc.)</p>		
<p><b>K. Promote preventative and early intervention investment.</b></p>	<p>C. Promote preventative and early intervention investment, so that benefiting agencies (in particular health and</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>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</p>	3.1

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
	social care) understand the value for money of investment.		Long term success will be investment of health and social care funding in housing (e.g sustaining Home Improvement agencies in county/ sub region)	costs. Specific local issues could be inserted as a section of the shared resources to ensure local accountability.	
<b>L. Further Develop Home Improvement Agency.</b>	D. Develop an (existing) Home Improvement Agency and a system of recycling adaptations – stairlifts in particular	Work with HIAs to explore additional funding possibilities e.g. extending menu of services for self funders; social care and health investment  Work with HIAs and ICES services locally to explore demand and opportunity	Sustainable HIAs.  Increased 'reach' and range of services (financial signposting; housing options etc.)  Easy access; cost effective and quicker provision of stair lifts  Increased customer satisfaction	See appendix C good practice examples: Orbit	3.1

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p><b>M. Introduce more comprehensive stock condition survey and recording systems.</b></p>	<p>E. Introduce more comprehensive stock condition survey and recording systems.</p>	<p>Record nature of adaptation and level (e.g LHS, wheelchair etc) Record nature of adaptation and level (e.g. LHS, wheelchair etc) jointly with provider partners.</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. Consider how external information hubs such as hi4em can support a wider shared approach and place to collate and store evidence. <a href="http://www.hi4em.org.uk/">http://www.hi4em.org.uk/</a> Extend approach to accessible housing register across LA partners where CBL does so. The CBL mechanisms/IT may be able to support development of the AHR. A shared approach to assessing adaptations would be required (as in example from RBKC). Consider the development of a local disabled housing design code. See appendix C good practice examples: Hull, Merlin housing society and Obit.</p>	<p>2.2, 4.6</p>
<p><b>N. Agree a protocol for adaptations.</b></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. Establish shared protocol and publicise widely through all partners networks, CAB, Age UK etc. Use the protocol as opportunity to review the process for adaptations and remove unnecessary layers or requirements from the process of</p>	<p>Partners clear on the process for all adaptations and able to communicate to customers. Adaptations delivered more effectively and in better timeframes. Increased</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>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>This could include a reasonableness policy that encourages OTs, at the point of assessment to:</p> <ul style="list-style-type: none"> <li>- Give good quality information to disabled people about the housing options available to them</li> <li>- Give realistic prospects for the prompt delivery of recommended adaptations</li> </ul>	satisfaction with process and delivery of adaptations		



Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
<p><b>O. Ensure private sector / developer obligations are enforced.</b></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>	<p>Important role in Chesterfield of Derbyshire County Council social care services and Royal Hospital Occupational Therapists in dealing with children with disabilities.</p>	<p>3.2, 5.1</p>
<p><b>P. Use publically owned land to meet needs.</b></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</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>

Recommendation	Details	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section in Overarching Report
	people,				

## **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 pathway<sup>16</sup> involves social workers placed in older peoples wards in two hospitals to identify people early on for intermediate care and proactive planning. The social workers are supported by a multi disciplinary team which includes occupational therapists and physiotherapists providing home based rehabilitation. This approach has resulted in:

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

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.<sup>17</sup>

### **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

<sup>16</sup> Dept of Health (2009) Use of resources in adult social care: a guide for local authorities, p27

<sup>17</sup> Dept of Health (2009) Use of resources in adult social care: a guide for local authorities, pp 32-33.

assessed by qualified OTs/ trained OT assistants and consistent information collected. This enabled a much speedier response when properties became vacant.

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 are (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)<sup>18</sup>.

<sup>18</sup> Papworth Trust(2008) Guide to developing inclusive communities, pp21 and 28.