

HOUSING FOR PEOPLE WITH DISABILITIES:

A STUDY OF GOOD PRACTICE IN FOUR

LONDON BOROUGHES

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GLAD Housing Working Party

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GREATER LONDON ASSOCIATION FOR DISABLED PEOPLE.
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Greater London Association for Disabled People (GLAD) is voluntary organisation whose purpose is to improve life disabled people in Greater London. The principal objectives the organisation are:

1

To supply information relating to all aspects of the welfare of disabled people and to undertake or initiate research into their needs.

2

To provide a centre for advice and guidance to London borough associations for the welfare of disabled people and to encourage the formation of such borough associations where they do not yet exist.

3

To provide facilities for education, recreation and social welfare

4

To promote discussion groups, study courses and conferences for the training of volunteers and for those engaged in active service in this field.

5

To promote and organise consultation and cooperation among voluntary organisations working for the welfare of disabled people, and to encourage such consultation and cooperation between the voluntary organisations and the statutory authorities engaged in the furtherance of the welfare of disabled people.

6

To monitor the proceedings of local government as they affect disabled people and make sure disabled needs are not overlooked.

GLAD is administered by an executive committee on which borough associations, voluntary bodies and the local authorities of the Greater London Council area are all represented.

Membership of the GLAD Housing Working Party is listed below.

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Chairperson of Haringey Disablement Association

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1 INTRODUCTION

1.1 GLAD'S INVOLVEMENT IN HOUSING RESEARCH

In 1975 GLAD (Greater London Association for Disabled People) initiated a project which enquired into housing for disabled people in Greater London. This pilot study, financed by the Nuffield Foundation and carried out by S. Tester of Chelsea College, was designed to investigate and compare data, available to policy makers, on the housing needs of disabled people in the London boroughs. It also examined London housing, revealing wide differences in the level of provision for disabled people and the adequacy of administrative practices.

'Housing for Disabled People in Greater London' led to a more extensive survey of nine London boroughs. Financed by the Department of Environment and again carried out by Tester, this survey resulted in an occasional paper - 'Housing Services for Disabled People' published in 1978. In a detailed examination of housing services provided by social services and housing departments, the report focused on the policies and processes involved in assessing and meeting the housing needs of disabled people.

Tester carried out a further study - 'Disabled People in Kensington and Chelsea their Housing Needs and the Services provided' (unpublished 1979). Analysis was based upon surveys of past consumers, telephone clients and housing applicants.

GLAD also held a symposium in 1980 called 'Into the Eighties - Access to the Built Environment'.

The impetus for this latest study came from a working party established by GLAD in 1983 to conduct research into housing and disabled people in London. A main objective of the group was to seek ways of improving both policy and practice within local authorities.

1.2 APPROACH TO THE STUDY

This study aims to encourage local authority housing and social services departments to create systems of practice which will result in a better housing service for disabled people.

The GLAD working party decided to approach this by examining housing practice in detail in certain London boroughs. Camden, Islington, Harrow and Wandsworth

were chosen. This report details the results of in-depth investigation in those boroughs, also commenting on housing practice in other areas, where appropriate.

It highlights examples of good practice which might provide guidelines for local authorities seeking to improve upon their current services. The working party hopes this will stimulate discussion and lead boroughs to reassess their present systems. This is particularly important at a time when many boroughs are computerising their housing records and revising their working methods. The latter may include a policy of decentralisation which could be counterproductive for disabled people unless record retrieval systems are readily available to area offices.

The examples are not presented as ideal working methods, nor is this report an exhaustive survey of good practice. Each borough has widely varying housing practices. Different local circumstances must be taken into account when evaluating services and individual boroughs will need to tailor their methods accordingly. The GLAD working party would welcome any further information on good practice which might supplement that included here.

1.3 RESEARCH METHOD

The four boroughs studied were selected initially on the basis of existing contacts and geographical location.

Information was obtained from local authorities by interviews and written communication with officers in housing or social services departments. Scripts from interviews, used as the basis for this report, were approved by the relevant departments. The interviews were conducted between November 1983 and June 1984.

Disability can be defined and interpreted in many ways. In this report we have adopted the definition used by Tester (1978) as our guideline. She described disability as 'any physical condition producing a handicap which may be exacerbated by unsatisfactory housing conditions or alleviated by suitable ones'.

1.4 SCOPE OF REPORT

This report is mainly concerned with local authority housing. An investigation of private housing and housing associations warrants a further study.

The working party also believe future research should seek consumer opinion. Examples of good practice need to be tested with local disabled people. GLAD hopes to include their views and judgments in later housing research.

2 HOUSING NEED AND PROVISION

2.1 HOUSING NEED

The housing standards of disabled people do not compare favourably with the rest of the population. In general, disabled people have lower incomes, are less geographically mobile, and often tolerate unsuitable housing conditions because they have not experienced anything better. This hardship cannot be adequately expressed by statistical data. For those disabled persons who are housebound or rarely get out, the home is the central focus of their existence.

For many disabled people, council housing represents the only chance of finding adequate accommodation. It is vital that local authority resources are used in the most efficient and effective way to meet their needs. For disabled people, the right housing can mean the difference between freedom and confinement, dependence and independence.

The quantification and qualification of special housing needs requires far more regular and extensive survey work than has been carried out at present. However, existing estimates clearly illustrate that the current level of housing provision for disabled people is totally inadequate. Only limited progress has been made by most authorities to change this situation.

Past and present survey work reveals a vast amount of unmet need. For example, Harris's (1971) survey of handicapped people, estimated that there were over three million people living in private households who had some 'impairment'. This national survey showed a significant need for rehousing among disabled people. In 1981, a Gallup survey commissioned jointly by the BBC and New Society to mark the International Year of Disabled People found 29% of the population have a disabled person in their family (1). Surveys by Outset have also found a significant incidence of disability and unmet need.

London is no exception. In the 'Analysis of London Boroughs and GLC Submissions', the Greater London Council reported that in 1981 there was an estimated total of 67,300 households in need of sheltered accommodation and 10,000 in need of wheelchair dwellings (2). In the 1983 submissions, when only actual housing lists applicants were included, these showed a need for 15,400 sheltered and 1,400 wheelchair dwellings. Unfortunately, figures are not collected on the need for mobility housing (3). By comparison, returns show that there were 31,900 sheltered and 2,400 wheelchair, GLC, local authority and housing

association dwellings in Greater London. outset's survey of Barnet (1980) and their present survey in Haringey (4) have revealed greater numbers of disabled people than previously identified, who are likely to have special housing needs.

If local authorities only formulate housing policies and planning programmes on the basis of expressed demand, then supply is bound to fall far short of requirements. The actual need is far greater than the expressed demand. One reason is that the number of disabled people known to local authorities represent only a proportion of the total. Many disabled people do not register with council housing departments, often because they are unaware of this possibility or feel they have little chance of obtaining a suitable property. Local authorities avoid publicising their services for fear of attracting demand they cannot meet.

2.2 HOUSING PROVISION IN THE PUBLIC SECTOR

The Chronically Sick and Disabled Persons Act 1970 is the first piece of legislation to make specific reference to the housing needs of disabled people. The Act directs local authorities 'to have regard to the special needs of chronically sick and disabled persons' when planning ways to meet housing needs in their area. In 1974, local authorities were reminded of their duties in a Department of Environment circular, which drew attention to the 'urgent need for housing authorities to do much more for people who are physically handicapped'. It defined three ways in which appropriate housing could be provided - specially designed housing (wheelchair housing), mobility housing and adaptations.

Now, more than ten years later, there is still an acute shortage of suitable housing. Vast differences in the type and amount of provision exist between local authorities. As this sector comprises 32% (5) of all housing, its role is vital to the provision of special accommodation.

Public sector house building programmes have been drastically reduced in the last few years. Local authorities were just beginning to include mobility and wheelchair housing in their programmes when capital investment was severely cut back. By the time provision of this type of housing had reached a significant level, house building was already set on its downward path. Disabled people have suffered far more from these cutbacks than other groups of tenants.

Goldsmith (1974) in 'Mobility Housing', (roughly) estimated that about 2% (61,420) of all people categorised as 'impaired' (6) needed wheelchair housing and

a further 15% (460,650) mobility housing. This guideline suggests a need for 61,420 wheelchair units and 460,650 mobility standard units in Great Britain.

Existing provision of purpose-built wheelchair and mobility units falls far short of this estimate. By 1983, the total number of local authority and housing association mobility units in England and Wales was only 40,060. Since 1978, when 9,061 units were started (7), the number has fallen steadily to 2,642 starts in 1983. Only limited progress has been made in building wheelchair units. By 1983, the total number of local authority and housing association wheelchair units was only 7,669. Wheelchair housing starts have followed a similar pattern to mobility housing, with an equally rapid increase in provision and then decline. Since 1978, when 1080 unit were started, the number has fallen to 385 in 1983.

Adapting existing properties is an alternative way of meeting needs. However, the extent of this provision is difficult to calculate as such figures are not available nationally. Unless a very large number of properties have been adapted (which is unlikely, there will still be a tremendous shortfall in provision.

Goldsmith (1974) commented that the benefits of mobility housing for handicapped and elderly people in general, suggest there should be no limit on the amount which local authorities should aim to construct. He (cautiously) estimated that 27% of all new housing could be constructed to mobility standards. However, neither local authorities nor housing associations have approached this level of provision.

The proportion of local authority starts to mobility standard increased to a peak of 14.5% in 1980, but by 1983 this had fallen to 8.3%. In 1979, 15.9% of all housing association starts were to mobility standard, but by 1983 this had fallen to less than 0.5%. Whilst the numbers of mobility and wheelchair houses built has dropped with the overall reductions in investment, the proportion of these units built as part of housing programmes has also declined.

Housing associations have made a significant contribution to the provision of special housing. But, like local authorities, their provision of new housing for disabled people has declined. In 1979 housing associations provided 28% (2316 units) of all new mobility housing starts -by 1983 this had fallen to only 1.8% (49 units).

Wheelchair provision has also diminished. In 1977 housing associations provided 38% (394 units) of all wheelchair starts - by 1983 this had fallen to 8.6% (33

units). Housing association contribution to wheelchair and mobility housing has not only fallen with the overall reduction in investment -it has also declined as a proportion of total housing association building. Armitage (1983) considered that a likely explanation for this lies in a lack of meaningful guidance.

New provision constitutes only a small proportion of the total housing stock, especially as many local authorities now have very limited new build programmes. If significant progress is to be made in achieving the levels of provision suggested by the Department of Environment, then the proportion of wheelchair and mobility units must be greatly increased in all new build and rehabilitation programmes. It is vital that local authorities give attention to the provision of housing for disabled people in the context of overall planning and policy making. Only then will real advances be made in alleviating the housing problems of people with mobility difficulties.

2.3 HOUSING PROVISION IN THE PRIVATE SECTOR

Private sector provision for people with mobility problems is extremely limited. The majority of private housing is inaccessible or unsuitable for disabled people. There is an increasing trend towards home ownership -indeed this is a policy of the present government. In the population as a whole the proportion of owner occupiers is now 24% (8). But with such minimal efforts to build accessible housing, disabled people will continue to be excluded.

Private developers have failed to respond to the large potential demand for accessible housing for people with mobility problems. The market for sheltered housing was examined in a recent report by Baker and Parry for the Housing Research Foundation (1983). They found that between 250,000 and 400,000 sheltered housing units needed to be built for sale to provide sufficient houses for those over 60 who want to buy them. The report suggests an immediate need for 50,000 units and recommends thereafter that houses should be built at the rate of between 20,000 and 24,000 units a year. At present only 25,000 such units have been built.

In theory, building mobility housing should not be more expensive, being based on the Parker Morris standards for public authority housing. In practice however, the issue is more complex and there are a number of difficulties which act as disincentives to developers. For example, Parker Morris standards are no longer obligatory and much new housing is built to minimal space requirements and standard designs. This leaves little room for flexibility, and occasional wheelchair

use (implicit in mobility housing) needs much more consideration at the planning and design stages. For a variety of reasons private developers may not be convinced of the profitability of constructing mobility housing. It seems unlikely that general housing will be built to accessible standards in future without a change in Building Regulations.

This makes it still more important that local authority housing, which is effectively the only option for the majority of disabled people, is designed to meet their needs.

Notes

1. Hansard. 29th June 1984.
2. See Goldsmith 1975 for definition of wheelchair housing
3. See Goldsmith 1974 for definition of mobility housing
4. Unpublished
5. General Household Survey. 1982. OPCS.
6. 3,071,000 estimated impaired -Harris 1971.
7. See appendix 1 for definition of starts
8. General Household Survey. 1982

3 COORDINATION AND LIAISON

The provision of suitable housing for disabled people, directly and indirectly involves many agencies and organisations and as a result administrative procedures are often very complex. Close and constant liaison is required to avoid communication errors when so many different groups are involved. As the needs of disabled people are only one among many demands and responsibilities of these agencies, officers not only need to communicate information effectively, but also must be able to draw upon and involve the expertise of others. This approach is important both between and within housing and social services, and with outside bodies such as health authorities, housing associations and voluntary organisations.

3.1 HOUSING AND SOCIAL SERVICES DEPARTMENTS

GLAD borough associations have reported that housing services for disabled people are often beset by liaison and coordination problems, both between and within local authority departments. Procedures are not always developed in a way that effectively coordinates the work of housing and social services and not all officers involved have an adequate understanding of the different needs associated with disability.

Formal consultation procedures appear to be rare for the majority of local authorities, most contact being at case level. Armitage (1983), in his report on a Shelter survey of 70 housing departments, found the majority indicated some form of liaison with social services. However, for many this was just on an ad hoc basis or restricted to the day to day contact necessary to arrange adaptations. A number of authorities had set up special joint lettings panels, meeting regularly to discuss suitability and priority, but formal joint planning meetings were held by less than one fifth.

In the boroughs studied, most of the contact between housing and social services generally occurs on a day to day basis at case level and through various liaison and consultation groups. All are making attempts to improve communication.

Harrow is in an unusual position as the Director of Social Services is also responsible for housing and the Controller of Housing is in turn responsible to this director. However, this appears to have little effect on liaison between the two departments. Communication problems tend to exist more at senior management level than at case level. The occupational therapists, social workers and disabled

living advisers all have much contact with the housing department. Many decisions are taken jointly. The disabled living advisers consult the housing department wherever possible and find them generally helpful in decision making. However, Harrow stress the need for closer links between the two departments on such matters as planning and recognise that improvements could be made to facilitate communication.

Some problems still occur both between and within departments. For example, the housing development section may fail to inform the housing management section of details regarding adaptations. In the housing transfers section, social services may not always be informed when a client requests a transfer.

At the time of investigation, there were no formal meeting between departments. Communication is based on an inform network with individual initiatives, which is facilitated by both departments being housed in the same building. The housing department are invited not only to case conferences but also to social functions. The frequency of communication tends to fluctuate, but with the social services new post, of assistant principal disabled living adviser, attempts are being made to establish contact on a more regular basis.

Harrow were hopeful that some joint ventures will help to promote more common policy and decision making. For example, concern about increasing numbers of very elderly people (over 75 years old living in the borough, necessitated much discussion between) departments and resulted in a, joint report to both housing ant social services committees. A group of officers from both departments were also attending a housing course which included topics such as adaptations. Harrow were optimistic that the new assistant post would facilitate liaison on a day to day basis and more discussion about joint planning would take place at top level.

In Camden, communication at senior management level is improving while at ground level occupational therapists are becoming more involved in design briefs and planning. Both departments are keen to improve communication. The housing department consults the occupational therapists on applicants' requirements, priority, suitability /adaptability of specific units and encourages them to comment on the design of new development projects. The social services committee disabled persons liaison group (see section 3.3) also provides an avenue for communication. Property services section and occupational therapists carry out joint visits and meet quite regularly. Social services are keen for estate managers to become more involved in this liaison. They suggested that communication might be improved by more joint visits and interdepartmental meetings - especially between district

maintenance officers and occupational therapists. Social services also considered that it would be helpful for estate managers to complete an induction period with the occupational therapists.

In Islington, the housing for disabled technical group (see section 3.3) provides a means of regular liaison on disability between the various departments. Officers are also in constant liaison on a day to day basis and the chairpersons of housing and social services communicate regularly. The housing department attend some social services working parties and reports are circulated to both committees. Islington suggested that liaison on a more regular basis, outside of the technical group, could be beneficial, in particular between occupational therapists and architects. Communication problems have existed in the past, for example, with building specifications, but the situation is now improving.

In Wandsworth, the special needs officer in the housing department liaises very closely with social services, in particular with occupational therapists. This officer carries out joint home visits with the occupational therapists to ascertain clients' requirements. Communication is one of the areas Wandsworth intend to examine in their newly formed special needs consultation group and working party (see section 3.3). Joint planning and research will also be an issue for discussion and social services and housing will combine together to undertake such ventures. Wandsworth are hopeful that the special needs consultation group and working party will provide the very necessary joint forward planning and initiatives that has been a weak area in the past.

Coordination and communication can be facilitated by formal, regular interdepartmental meetings. With very heavy demands on officers' time, contact on an ad hoc basis may not be sufficient. These meetings should take place in addition to special working parties and normal day to day contact. Representatives from such agencies as health authorities, housing associations and voluntary organisations could be invited, when appropriate, to such meetings.

RECOMMENDATIONS

Regular meetings of relevant officers from all departments, in addition to committees/liaison groups/case conferences/normal day to day contact, to facilitate liaison and co-ordination of work at all levels.

3.2 POSTS CONCERNED WITH DISABILITY

Coordination and communication can be improved by the creation of a specific post, or the reorganisation of existing working methods, so that an officer is assigned responsibility for special needs housing. This officer could liaise with other departments and serve as a contact point, for local authorities and outside organisations, on issues regarding housing for disabled people. A point for initial contact is extremely useful considering the maze of housing procedures.

Tester (1978) suggested that 'an officer with this responsibility could, as well as liaising with other departments and agencies, keep up to date information on the housing stock suitable for disabled people in the borough, monitor the needs of disabled people on the waiting list, answer queries for disabled people and publicise information about the housing resources available for them.'

There are also certain advantages when the task of allocating housing suitable for disabled people is carried out by one person. This will allow the officer to build up knowledge about individual cases and expertise in the area. If an authority is unable to create an additional special needs officer/allocator post, such responsibilities could be assigned to a particular person as part of their duties.

Armitage (1983) found that only a few authorities had appointed a specialist officer in their housing department for matters relating to disability. These usually covered both elderly and disabled people. In the boroughs studied, both Islington and Wandsworth have a special needs officer, while Harrow and Camden suggested that the creation of such a post would facilitate communication.

In Islington, there are two posts in the housing department which have specific responsibilities for disabled people. There is a special needs housing development officer who is concerned with the type of housing need that requires specialist design (management). This officer is responsible, in conjunction with members of other departments, for developing policy and schemes for certain groups requiring special housing consideration. These include the elderly, disabled, mentally handicapped and ill, as well as people without a settled way of life. The post serves as a contact point for other local authorities and outside organisations. There is also an officer in the allocation section with responsibility for allocating properties to disabled and elderly persons - in particular wheelchair, mobility and sheltered housing. Both officers attend meetings of the housing for disabled technical group (see section 3.3).

Wandsworth housing department have a small group of officers in the lettings section under special needs, who deal with elderly and disabled people. The

groups' work is separated from the rest of the department with the aim of establishing some specialist expertise in this field. There is a special needs officer who has responsibility for wheelchair units and elderly persons sheltered housing. Wandsworth suggested there was a need for an occupational therapist with specific responsibility for cases requiring rehousing. This would put the occupational therapist in a better position to advise on which client should have priority

Camden housing department do not have a special needs post, but an officer in the allocations section deals with special needs as part of his work. He liaises with outside agencies and social services regarding such issues. Camden commented that there was a need for a special needs officer/allocator.

In Harrow social services, the assistant principal disabled living adviser has responsibility for liaison with the housing department on day to day matters. Harrow suggested that the creation of a specific post ego an occupational therapist who could be based in the housing department, to work on special needs, would facilitate communication. This would provide the housing department with adequate professional guidance readily available on planning, modernisation schemes and liaison with architects at appropriate times.

RECOMMENDATION

Special needs officer/allocator. Creation of a specific post or reorganisation of working methods, so that one officer is responsible for policy schemes for groups such as the elderly, disabled and mentally handicapped. The officer to liaise with other departments and serve as a contact point, for local authorities and outside organisations, on issues regarding special housing need.

3.3 SPECIAL NEEDS LIAISON GROUPS AND WORKING PARTIES

Liaison groups and working parties can facilitate communication and coordination of work, both between and within departments. They also provide a convenient point at which to include outside organisations with relevant expertise and knowledge of disabled people's needs. However, such consultation in practice does not appear widespread. Armitage (1983) found that 'most authorities were out of touch with disabled people in their districts and have not developed policies which meet the needs and aspirations of disabled people. Efforts made to discover the needs of disabled people and to involve them in the search for solutions have been quite inadequate.' He also commented, that despite voluntary organisations

having contact with many disabled people, they were only brought into discussion with housing departments in a few areas.

In fact the majority of boroughs examined in this study have either a special needs liaison group or working party.

Islington -The Housing for Disabled Technical Group

The function of this group is to bring together officers, from different departments and outside organisations, who have an interest in housing and disabled people. For example, the group involves occupational therapists, borough architects, surveyors, borough engineers, allocations officer, special needs officer, medical officer and a representative from Islington Disablement Association. Meetings take place approximately every six weeks.

The group takes a very active part in policy making. Papers are written, in consultation with other departments, and presented at meetings. After discussion and amendments, these are put before the appropriate committee.

The group have examined a variety of issues and schemes, on both supply and demand. For example, they reviewed the design criteria on new build. As a direct consequence, policy on new builds was changed to 25% wheelchair standard and the rest to mobility standard. The group also drew attention to the demand for larger dwellings and established a priority of family sized wheelchair units on infill sites. This is important considering that most applicants on the waiting list require family sized units or are groups of disabled people wanting to share. The group also discusses such issues as independent living, cases needing special adaptations and the effects of decentralisation.

At the time of investigation, this group had not met for a number of months, as the special needs housing development officer was re-establishing membership and its brief. Previously, it had been limited to a technical/design/ rehabilitation brief. Some important areas of policy were not discussed. The officer is anxious to involve local disability organisations, considering that their advice at an early stage would be valuable.

Islington recognise the need for close and constant liaison to avoid housing mistakes. Problems sometimes occur, which, although isolated incidents, reflect a failure in procedures. The advantage of the housing for disabled technical group is that this can be examined with relevant officers. Such a group can significantly

facilitate communication and coordination of work between departments and organisations.

Wandsworth -Special Needs Officer Group, Consultation Group and Working Parties

Wandsworth have been reviewing their approach to special needs housing, with the intention of developing a more coherent system, particularly in terms of overall policy formulation and resource allocation. They are strengthening representation on the consultation group, to reflect the priority now being accorded to the elderly and physically handicapped, and to achieve more balanced representation between client groups.

At the time of investigation, Wandsworth had recently established a new working party on the, physically handicapped to investigate good working practice for disabled people in the borough. They expressed a need to involve specialist bodies who will be better able to advise them on provision, in particular, on wheelchair housing.

The working party meets approximately every six weeks and membership includes representatives from areas such as housing, social services, housing associations, and voluntary organisations which deal specifically with disabled people. Although membership to some extent overlaps with the special needs officer group, primarily it involves personnel at a level nearer to the 'sharp end' of service provision. In the immediate future the group will be examining the record keeping and compiling a list of adapted dwellings in the borough, then going on to look at housing needs in more detail.

Working parties for the physically handicapped and elderly report to the special needs officer group, who put forward recommendations to members. Initially, emphasis has been placed on the needs of the physically handicapped and elderly, but other client groups may be included in due course.

The special needs officer group includes the directors of housing, social services and administration, assistant directors and other senior staff. This group has a very wide remit and is concerned with all aspects of special needs housing. Its terms of reference are as follows:

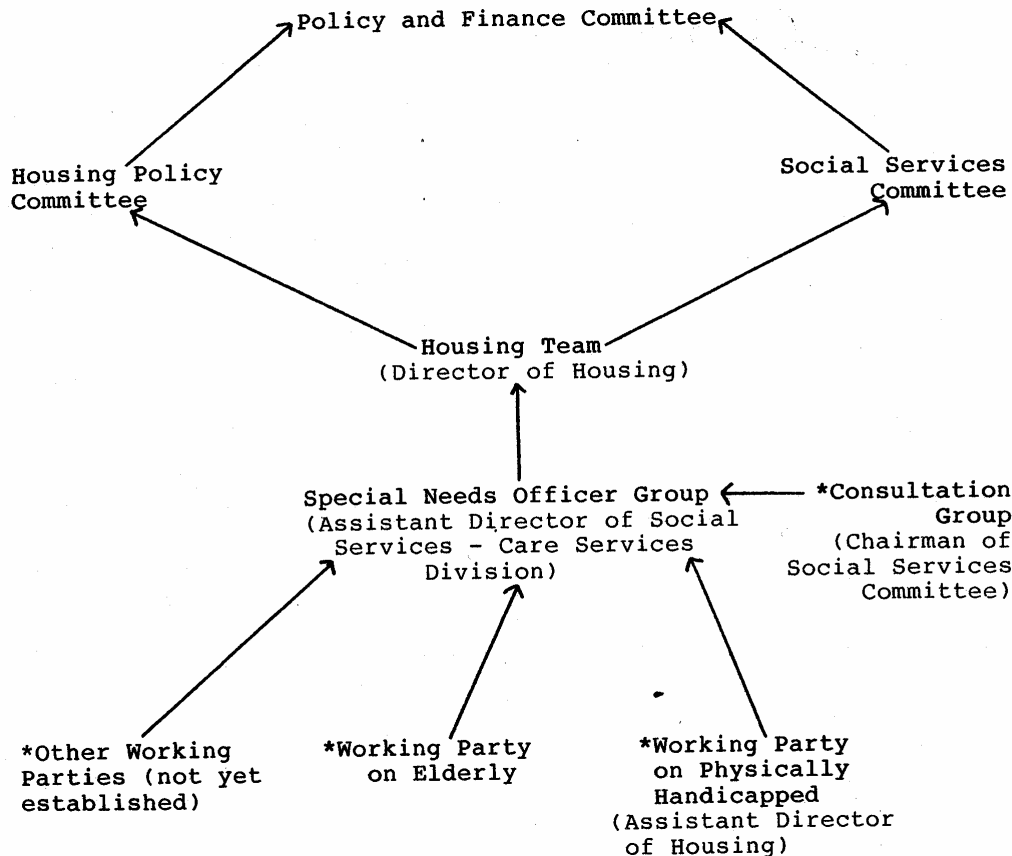
1. Formulating overall policies for the provision of services to groups with special housing needs.

2. Determining the allocation of resources from all sources among the various client groups.
3. Considering the standards and level of service required and the method of service provision.
4. Liaising with organisations outside the council regarding the provision of services and the way in which provision may be coordinated.

The group has adopted a two tier approach to cope with this wide brief. The special needs officer group is serviced by small working parties researching the needs of particular client groups. Reports to the relevant council committees emanate from the special needs officer group, but are the subject of formal consultation with outside bodies.

REPORTING STRUCTURE

REPORTING STRUCTURE



*point at which voluntary organisations are involved (Brackets indicate chairperson of group/working party)

The consultation group meet three or four times a year. It includes various officers from the council, housing associations, voluntary organisations, district health authority and community health council. These organisations can also sit on the working parties. The consultation group coordinate developments and provide outside bodies with the opportunity to become involved in the planning process.

The housing team are included in the reporting structure, as they are concerned with all housing needs, even though new developments are likely to be dependent upon the provision of services outside the scope of normal housing management. The overlap in membership, between the housing team and special needs officer group, should mean that this additional stage will not cause delays.

Wandsworth hope the new working parties and top tier management will promote a more effective and broader perspective regarding housing for disabled people in the borough.

Camden -Social Services Committee Disabled Persons Liaison Group

This liaison group is an open forum which and meets approximately every three months. It involves various council departments and voluntary organisations, for example, DISC (Disabled in Camden) Dial- -Ride, occupational therapists, housing, planning, environmental health department, and is chaired by the chairman of the social services committee. At these meetings a whole range of issue are discussed, for example, gardens for the blind, Camden job applications, vegetarian meals on wheels, and housing benefit. Voluntary organisations can table agenda items. Issues raised by the liaison group go to social services committee and other relevant council committees for further action.

DISC have also been invited to nominate a representative to Camden's housing design panel, following problems highlighted by this organization.

Camden are open to suggestions from voluntary organisations and are prepared to accept criticism. They do not consider themselves to be expert in all areas of disability, especially as resource constraints limit the amount of attention they can focus on the area.

RECOMMENDATION

Special needs liaison groups/working parties. Officers from departments to attend, and outside organizations invited, as appropriate. Councils to draw upon the expertise of outside organisations and involve them in policy decisions and other aspects of their work relating to disabled people.

3.4 REPRESENTATION ON LOCAL AUTHORITY COMMITTEES

Section 15 of the Chronically Sick and Disabled Persons Act, 1970 directs local authorities 'which appoint a committee of the authority under an enactment, and members of the committee include or may include persons who are not members of the authority, then in considering the appointment to the committee of such persons regard shall be had, if the committee is concerned with matters in which the chronically sick or disabled have special needs, to the desirability of appointing to the committee persons with experience of work among and of the needs of the

chronically sick and disabled, and to the person or persons with that experience being or including a chronically sick or disabled person or persons.'

Of the boroughs studied, both Islington and Harrow have a representative for disabled people on one of their committees. Harrow have a representative (from the Harrow Association for Disability) on the social services committee and in Islington a co-opted member (from Islington Disablement Association) is on the housing committee. Camden do not have a representative on any committee, however the social services committee disabled persons liaison group is specifically constituted to service and advise all council committees and departments on the needs and concerns of disabled people in the borough.

RECOMMENDATION

Representation of disabled people by appropriate consumer groups on both housing and social services committees and other sub-committees or working parties.

3.5 LIAISON WITH HOUSING ASSOCIATIONS

Housing associations, in the past, have made a significant contribution to the provision of special housing. However, in more recent years the number of their starts to mobility and wheelchair standard have not only fallen with the overall decline in capital investment, but have also been reduced as a proportion of their total housing starts (see section 2.2). Armitage (1983) has suggested that a likely explanation for this lies in a lack of meaningful guidance on needs. Only one authority, in the Shelter survey, mentioned any consultation with housing associations about their future programmes. He points out that many would be prepared to provide more wheelchair and mobility standard units if information about needs was available from their local authority.

It is therefore, of paramount importance that local authorities liaise with housing associations and provide advice on design and demand for different size units. - Given the severe shortage of special housing generally, local authorities should also encourage housing associations to include a high proportion of this type of housing, wherever possible, in their programmes.

All the boroughs studied, to some extent, liaise with housing associations. Harrow provide advice on housing policy and building details. When a development is

proposed, plans are passed for comment to the social services department to assess suitability for handicapped persons. Every effort is being made to expand this.

Islington housing department has an officer with responsibility for general liaison. There are well established lines of communication and a working party meets regularly. Building to mobility standards has been discussed in the context of provision for elderly persons, but specialist areas are not usually included. Islington commented that policy meetings in the future, are likely to be on an ad hoc basis regarding existing and future provision of mobility, wheelchair and sheltered housing.

Camden has a substantial housing association programme. The council encourages them to submit schemes for funding which adhere to its current housing priorities and development policies. Special housing is currently such a priority. Both housing and social services (occupational therapists) also advise on design.

In Wandsworth, it is only more recently that housing associations have been building wheelchair units in significant numbers. The council have been examining their building briefs and influencing provision. Housing associations requiring advice on design are directed to the relevant sources of information.

RECOMMENDATIONS

1. Liaison with housing associations on a regular basis
2. Encouraging housing associations to include a high proportion of special housing in their building programmes.
3. Providing advice on design and demand for different size units.
4. Assistance/liaison on placements.

4 HOUSING POLICIES

Attention must be given to the needs of disabled people when formulating housing policies and strategies. At present, there appear to be very wide differences in the extent to which councils incorporate special housing needs. Armitage (1983) found that a wide range of strategies had been adopted, 'the extent of efforts range from reasonably comprehensive to virtually ignoring the needs associated with disability'.

Where special needs housing is concerned, decisions on an ad hoc basis are inadequate. Boroughs need to have an integrated housing policy, jointly prepared by local authority departments in consultation with outside agencies. policies on housing for disabled people should be written down and coordinated into a total strategy.

4.1 NEW BUILD/REHABILITATION AND ADAPTATION POLICIES

Public sector house building programmes have been drastically reduced in the last few years. Many local authorities are very limited in the amount of new housing they can add to their existing stock. Given the low levels of special housing provision and cost of major adaptation work, it is important that wherever possible, new build and rehabilitation programmes include a high proportion of wheelchair and mobility standard units (see sections 2.2 & 2.3). Local authorities should encourage housing associations to make similar provision.

Only limited progress has been made in building public sector wheelchair and mobility standard accommodation. Armitage (1983) found that only a minority of authorities had adopted a policy of designing for accessibility as a matter of course. Furthermore, some authorities tend to concentrate on the provision of wheelchair and sheltered housing, forgetting that many disabled people are not wheelchair bound, and could be adequately accommodated in mobility standard housing. In theory, a high proportion of ground floor and lift serviced accommodation could be designed in this way. Building to at least mobility standards is also important considering the present problems of visiting and general access for disabled people.

One solution to housing problems is to adapt existing accommodation. There are many arguments for and against this policy (1). It has the advantage of avoiding the social, emotional and financial difficulties involved in moving house, and allows the disabled person to remain in a familiar area with support from friends and

relatives. However, major adaptation work can take time and cause considerable disruption to home life.

Armitage (1983) reported that a large proportion of local authorities now rely on the use of ad hoc adaptations to meet individual needs. He suggests that this often means a compromise and is uneconomical as a long term strategy. Adaptation work can be very costly. Specially adapted properties are also less likely to be suitable for other disabled people. Housing built to at least mobility standards, allows a more flexible use of the housing stock. Adaptations to suit individuals can then be installed or removed as required, without the need for major structural alterations.

However, whilst local authorities need to build as much special housing as possible, adaptations should not be dismissed for those people who prefer not to be rehoused. Furthermore, a good adaptations policy will always be necessary to complement any new build and rehabilitation programme (2).

In the boroughs studied, policy on adaptations and new build/rehabilitation varies considerably. There are a number of factors which influence these policies and restrict the construction of special needs housing in building programmes. For example:-

1. Size of existing council stock and overall housing need
2. Suitability if council housing available eg. High rise, blocks on stilts, internal housing design
3. Location of stock eg. hilly land, distance from amenities
4. Decline in stock ego sale of council housing and land
5. Land availability
6. Resources available to spend on housing

Islington is a good example of a local authority who have modified their policies to reflect the need for special housing. Their policy for new builds is 25% wheelchair units and the rest to mobility standard. They also have a major estates renewal scheme, under which 25% of ground floor units are converted to wheelchair standard.

Camden's redevelopment brief specifies that 6% of all dwellings should be designed to wheelchair standards and all dwellings with level access to mobility standards. They try to maximise the number of wheelchair dwellings produced from the rehabilitation programmes, but the difficulties encountered when converting existing properties are often impossible to overcome.

Wandsworth have no policy to provide specific numbers of wheelchair units. It is not the general practice of the borough to build for rent and most of the building that does take place comes from the sale of land either to private developers or housing associations. In the case of housing associations the council can recommend them to include special housing and do encourage wheelchair provision in any new build. In the past Wandsworth have concentrated mainly on sheltered and wheelchair housing. However, they are currently reviewing their approach to special needs housing, with the intention of developing a more coherent system, particularly in terms of overall policy formulation and resource allocation. Wandsworth realise the pressing need for further provision and are currently discussing a housing programme which will include approximately 60 wheelchair dwellings.

Harrow's policy is that 6% of all new developments should be special housing, as well as having a quota of two flats per sheltered block. However, some negotiation is possible.

RECOMMENDATIONS

1. Policies on housing for disabled people to be written down and coordinated into a comprehensive strategy.
2. Wherever possible, new build and rehabilitation programmes to include a high proportion of wheelchair/mobility standard units.
3. Greater emphasis on mobility standard housing rather than concentration only on wheelchair and sheltered housing.

4.2 PROBLEMS WITH WHEELCHAIR AND MOBILITY HOUSING

The GLAD housing working party has been made aware of problems which sometimes occur with wheelchair and mobility dwellings, most notably with building specifications and design. These problems recently prompted DISC <Disabled People in Camden) to carry out an investigation in their borough. Their comparison of the council's wheelchair homes with the council's wheelchair

housing brief revealed many discrepancies. DISC have now discussed these problems with officers from the housing department and technical services (<architects) department and the director of housing has agreed to consider the issues raised in their report. DISC have also been invited to nominate a representative to Camden's housing design panel. Their work on this subject is a good example of how a local disability organisation can help authorities to be more responsive to the needs of disabled people.

The occurrence of such problems illustrates the need for close and constant liaison, both between the various council departments involved and outside organisations. These outside organisations are a valuable source of expertise and provide a channel for feedback on consumer satisfaction. Liaison groups are also very useful as a way of dealing with such issues. Problems and procedures can be discussed generally and examined in detail with relevant officers. For example, Islington housing department reported that problems had occurred in the past regarding building specifications. However, their housing for disabled technical group, is now helping to improve this situation. Furthermore, to avoid confusion occurring over specifications, boroughs need a wheelchair/mobility housing brief, and should refer to this at all planning and design stages. This brief should be jointly prepared by council departments in consultation with outside organisations.

4.3 DWELLING SIZE

Local authorities and housing associations have, in the past, tended to build a high proportion their special housing as one bedroom units. This has proved to be an inaccurate assessment of demand. A significant number of disabled people have families or may have a live-in carer. Consequently, many boroughs are now finding that they are particularly short of two/three/four bedroom wheelchair/mobility units and that waiting times for these larger properties is far longer (see section 5.1 & 7).

The DISC housing working group (1983) emphasised the urgent need for larger units in their report on Camden. Enquiries made to DISC, from families and couples, have shown that even after years on the waiting list, there were still no two/three/four bedroom properties available to meet their needs. A survey carried out by them in 1983, found that housing associations active in the borough had completed or were planning, mostly one bedroom size units for disabled people living independently in the community. Out of 43 units completed, 33 of these were one bedroom. Camden council's own wheelchair and mobility stock also consists mainly of one bedroom size units. DISC have repeatedly expressed

concern about this situation and now the appropriate council committees have endorsed their report recommending a reduced emphasis on provision of one bedroom wheelchair accommodation and more provision of larger dwellings.

The DISC report not only stressed the need for larger units, but also highlighted some important reasons why special dwellings should be built with more than one bedroom. Below is a summary of the reasons given:-

1. An extra bedroom is often necessary for helpers and community services volunteers. It would help such schemes to be developed further if units were currently designed with an additional bedroom. (This is very important with current moves towards care in the community).
2. It would be better to allocate a two bedroom property to a person with a progressive illness initially, than to move the person at a later date to a larger place so that a relative or helper can live with the tenant.
3. In the case of couples, one of them may be a relative, rather than a spouse. In some instances the spouse may not be able to sleep in the same bed.
4. Extra space is often needed for storage of, for example, aids, electric wheelchairs or as a workroom.
5. Married couples may propose to have children. It would be better to allocate a larger unit initially if each move would mean repeatedly adapting the unit to meet special needs.
6. As most people live in inaccessible housing, it is especially important that friends and relatives are able to visit the disabled person. A room that can be used for guests may be very necessary i.e. elderly parents may not be able to 'camp out' in the living area.

In the other boroughs studied, only Islington has a specific policy of building larger dwellings. One bedroom units already make up a significant percentage of their housing stock. Islington also have a priority of family sized wheelchair units on infill sites. Although none of the boroughs studied normally provide an additional bedroom, they are prepared to allocate a larger unit if they feel this is particularly necessary or where there is a community service scheme.

RECOMMENDATIONS

1. Boroughs to have a wheelchair/mobility housing brief, and to refer to this at all planning and design stages. The brief to be jointly prepared by council departments in consultation with outside bodies, especially disability groups.
2. New build and rehabilitation programmes to be planned with regard to the need for wheelchair/mobility housing with two or more bedrooms.

4.4 RETENTION OF PURPOSE BUILT ACCOMMODATION

A problem arises when a purpose built wheelchair property is no longer required by a disabled person but continues to be occupied by the able bodied relatives -a number of such cases have been drawn to the attention of the working party. As this type of special housing is always in short supply, it is important that it is occupied by the type of tenant for whom it was intended.

Under ground 10, schedule 4 of the 1980 Housing Act, local authorities do have the power to move tenants from specially designed housing when it is no longer required by a disabled person. However, it seems that boroughs either do not need to or choose not to resort to this type of action.

Tester (1978) reported that boroughs generally encouraged the remaining family to move, usually by offering a more desirable property or one in a better area. Most did not consider it necessary to ask tenants to sign an undertaking to move and in any case it was unlikely this would be enforced. This situation has not fundamentally changed in those boroughs studied as well as others brought to attention of the working party.

In Islington, when a purpose built/converted property is allocated, the future tenant is given a form. This warns them that should the person, for whom the accommodation was specially adapted, cease to reside at that address, they may be asked to move to an alternative dwelling. If this happens the estate manager or occupational therapist informs the allocations officer. The practice is to approach the family a number of months later explaining the situation and requesting them to transfer. Usually tenants agree -they may themselves have waited a very long time for a suitable property. Every effort is made to offer these tenants a suitable and pleasant alternative. The housing department will not allow removal of adaptations if tenants are reluctant to move.

Newham actually include a clause in tenancy agreements requiring able-bodied relatives to move if the disabled tenant no longer requires the accommodation. However, it is not easy to enforce this policy.

Other boroughs studied do not have such a policy. Brent will not include an 'obligation to move' clause in their new tenancy agreements. They feel this would place those particular families at a disadvantage to others. Camden, Haringey, Harrow, Wandsworth, Kensington and Chelsea try to encourage tenants to move out -so far most have been successful in this matter.

Redbridge views each case on its merits - age of relatives and length of residence are taken into account. Generally, able-bodied relatives are expected to move. In the case of a bereaved family, Harrow's practice is to approach the relatives a number of months afterwards asking them to consider a transfer. This period is jointly determined by housing and social services. It depends on the assessment of the social services fieldworker as to how soon the family can cope with the discussion.

Policy on the tenancy of purpose built accommodation is a difficult issue. Whilst it is important to ensure that this housing stock is occupied by a disabled tenant, the individual circumstances of remaining able-bodied relatives also have to be considered.

Tenants need to be made aware, at the allocations stage, that relatives may be asked to move. Under such circumstances, local authorities should try to persuade relatives to apply for a transfer. The allocations section need to give a high priority to these applicants and make every effort in finding them acceptable alternative accommodation. Furthermore, the timing and decisions should be determined by both housing and social services.

RECOMMENDATIONS

1. Tenants to be informed at allocations stage that relatives may be asked to move if the disabled tenant ceases to reside at the accommodation.
2. Local authorities to try to persuade relatives to apply for a transfer.
3. High priority to be given to rehousing remaining relatives in suitable and pleasant alternative accommodation.

4. Timing and decisions to be determined jointly by housing and social services.

4.5 MAINTENANCE AND REPAIRS

A quick and efficient repairs service is desirable for all council tenants. It is particularly important to disabled people, who are likely to experience, due to their mobility problems, far greater difficulty in dealing with the effects of a breakdown or managing without a facility for a short while. A priority for disabled tenants is justified, at least for more urgent repairs or where their safety may be threatened. However, the operation of an effective repairs priority system depends on the ability of the housing department to identify disabled tenants.

The majority of boroughs studied give special consideration to disabled people. In Harrow priority or special arrangements are made when it is known that a tenant is disabled, while in Camden repairs are carried out as soon as possible. In Islington no special priority exists, but the whole question of repairs is being considered on an area basis as part of decentralisation. Wandsworth operate a 28 day repair service system. However, every attempt is made to carry out repairs within 14 days for people who are wheelchair bound. Wandsworth commented that it is not always known if a tenant is disabled - even if a full list was available, this might cause difficulties in operating a priority system effectively and in dealing quickly with urgent cases.

RECOMMENDATIONS

1. Housing services system capable of identifying disabled tenants.
2. Priority for disabled tenants for urgent repairs or where safety is threatened.

4.6 HOUSING INFORMATION

If disabled people are to make informed decisions about their housing situation and maximise their chances of living in suitable accommodation, they need to know what housing services are available. Procedures in housing and social services departments are often complicated and can be daunting to the individual. There is not only confusion over what help may be available, but also how to apply for this.

A leaflet or booklet publicising services and explaining these procedures is extremely helpful. It is particularly valuable for disabled people, who may find a personal visit to the housing department very difficult or even impossible.

The need for information was recognised in the Chronically Sick and Disabled Persons Act 1970. Section one directs local authorities to 'publish from time to time at such times and in such a manner as they consider appropriate general information as to the services provided under arrangements made by the local authority ... which are for time being available in their area'.

More recently, Prescott-Clarke (1982), in a joint Department of Environment/DHSS/Welsh Office publication, recommended that 'local authorities should issue a booklet, jointly prepared by the social services, housing and improvement grant departments, which describes housing adaptation services for disabled people'. Despite these recommendations, many local authorities do not have recent or available guides to services and even fewer specifically produce any housing information for disabled people.

Only one of the boroughs studied publishes information on services for disabled people. Harrow social services department produce an extensive booklet on services and facilities available, including a section on housing. The information is retained on a word processor for regular updating. Camden produce an information pack for disabled people and a booklet on services for elderly people. In Islington, the housing for disabled technical group contemplated producing an advice leaflet on housing, drawing on the expertise of the various members of the group. Wandsworth produce information for the elderly people, something similar for disabled people may be discussed at their special needs working party in the future.

The GLAD working party has also come across examples of publications from other boroughs. A very useful leaflet on housing for disabled people is produced by Westminster city council. This comprises a six page, two sided leaflet and answers some typical housing questions. Hillingdon (local authority & health authority), Waltham Forest, Haringey (social services and Haringey Disablement Association), Brent and Hammersmith (social services department) have all issued useful guides, which include details on housing. Various other organisations publish guides containing housing information e.g. Action for Disability Kensington and Chelsea, the Soroptomist International Club of Havering, Bromley Council for Voluntary Services, and Richmond upon Thames Library and Information Services.

The Department of Environment, DHSS and Welsh Office have recently issued an extremely useful guidance manual for local authorities wishing to produce consumer booklets for disabled people. The manual includes a detailed example which local authorities can use as a basic model. They suggest that local authorities, when issuing such booklets, should not focus on one aspect of housing services, but take this opportunity to advise consumers about housing services for disabled people generally.

The departments publishing this manual recognise that such booklets could generate an increased demand which cannot readily be met at a time when resources are severely strained. Indeed, this is probably why many local authorities have not made greater efforts to comply with the recommendations of the 1970 Act. Nevertheless, if disabled people are to have real choices, they must be informed of, and have the chance to apply for, whatever services may be available.

RECOMMENDATION

The publication of housing information for disabled people, jointly produced by housing and social services departments. This information to be readily available.

4.7 IDENTIFICATION OF DISABLED PEOPLE AND THEIR HOUSING NEEDS

It is essential that local authorities have adequate information on the numbers of disabled people and their housing needs to refer to when formulating policies and strategies.

The need to identify disabled people was recognised in the Chronically Sick and Disabled Persons Act 1970. The Act stated that 'it shall be the duty of every local authority having functions under Section 29 to inform themselves of the number of persons to whom that section applies within their area and of the need for making by the authority of arrangements under that section for such persons'.

Following this Act, a number of local authorities did conduct surveys, in an attempt to identify disabled people in their area, but many of these are now out of date. In recent years only a few authorities have carried out or are planning surveys. A good example of recent efforts to identify disabled people, and their needs, is the survey work conducted by Outset on behalf of local authorities. In London, a survey of Barnet has already been undertaken by Outset and another is underway in Haringey.

Outset are presently negotiating surveys with Greenwich and Hackney social services. The GLC are also conducting a survey, in conjunction with GLAD and Age Concern Greater London, into the housing needs of disabled and elderly people in Tower Hamlets.

An alternative source of information is the social services register of disabled people. However, this does not provide an accurate indication of numbers. These registers are not always regularly updated and not all disabled people who are entitled to register do so. In any case, this does not give information on housing needs. Consequently, an assessment usually has to be started from scratch.

When surveys are carried out, attention must be given to the recording of this information, such that it can expand and complement existing records and be easily retrieved and updated.

RECOMMENDATION

Identification of the numbers and housing needs of disabled people for long term planning purposes.

4.8 COMPUTERISATION

A number of local authorities have already begun to computerize their housing records, or are intending to do so in the future. The advantage of a good computerised system is that it is capable of handling and manipulating far more information than a manual filing system. Such flexibility is particularly useful for those boroughs with a large stock of public housing. Information from different departments can also be compiled into a central bank, to avoid separate record keeping, and to improve communication and coordination of work between and within departments.

The ability to handle and manipulate more detailed information can ease the complex task of allocations. It can also provide disabled people with the information necessary to decide their future housing plans. Furthermore, it is possible for a local authority to make a more accurate assessment of supply and demand for special housing, and establish priorities for new housing developments.

However, local authorities will not reap the benefits of computerisation, unless the necessary information is stored and coded in such a way that it can easily be

retrieved (see sections 5 & 7). A system should be capable of identifying disabled people, as well as properties that are suitable for them. It is therefore, essential that attention is given to the coding and retrieval of information relevant to disabled people. This must be considered before any system is introduced.

The boroughs studied are at different stages of computerisation. Camden have already computerised their housing records, whilst Islington and Wandsworth have some computerised systems and are in the process of developing others.

Wandsworth commented that it was extremely difficult to identify a particular sector of the community with their present manual system. However, they hope that future computerisation will enable them to broaden the range and accuracy of the information they keep and allow a better assessment of the stock.

RECOMMENDATION

Attention to be given to the coding storing and retrieval of information relevant to disabled people, before any computerized system is introduced.

4.9 INDEPENDENT LIVING

There is now a national long term policy to move away from institutional care, replacing this with community care and independent living. This will inevitably increase the demand for special housing. It is therefore important that local authorities give attention to housing provision that will enable disabled people to live as independently as possible. Emphasis must also be given to the provision of transitional housing for people leaving hospital to return to the community and the development of intensive care support such as community service volunteers schemes. Considering the social benefits of community living, this potential demand must be recognised and included in overall planning and policy making.

The move towards community care highlights the need for close liaison between housing and social services and the importance of a comprehensive system. Many disabled people who require special housing will also need, domiciliary support services. It is therefore vital that special housing placement is followed through with proper care arrangements. Furthermore, the involvement of health authorities and other relevant organisations is essential when formulating housing policies and planning which concerns independent living.

All of the boroughs studied are developing independent living schemes. In Wandsworth, one large intensive care scheme has already been proposed in their

new programme of special needs housing. The subject, in general, will be discussed at their newly formed working party. It is anticipated that this would be provided through a housing association and sited in the grounds of the Royal Hospital and Home for Incurables. If this comes to fruition, RHHI patients, who have progressed sufficiently following treatment in the hospital's new rehabilitation wing, will be transferred to this housing.

Islington has an independent living working party. At the time of investigation, two conferences had been held to discuss setting up a centre for independent living in the borough. Under a social services rehabilitation scheme, Islington also have ten one bedroom flats built as a satellite housing extension to a hostel.

Harrow realise that changes in attitudes and expectations, especially regarding young disabled people, will mean extra considerations for housing and social services. Social services have begun to plan for these changes and have put forward proposals to purchase a building suitable as a half way house.

Camden actively try to encourage independent living. They are developing home care support schemes and also have an Aids Advice Centre. Social services involve the housing department in plans concerning independent living, to ensure that needs are recognised and suitable housing built. A recent development has been the establishment of an 'Independent Training Unit'. The aim of this is to provide wheelchair users with the opportunity to experience independent living in the community. this experience is particularly beneficial to people who are newly disabled, or those who have been hospitalised or in residential care for long periods of time. It is administered by a housing trust (Circle 33), and a management committee has been set up with representatives from ego social services, Circle 33, the Medical Rehabilitation centre and DISC. The unit is not staffed and any services required are discussed with people wishing to use the unit before they move in. It is policy that the unit be used as flexibly as possible -this is determined individually by each user. A client's length of stay is as long as necessary, where demand permits, varying from half a day to a month. The independent training unit has been very successful, proving to be a valuable resource which has been solidly used since it was opened.

RECOMMENDATIONS

1. Transitional housing for people returning to the community, training units and development of intensive care support schemes.

2. Coordination of care arrangements and special housing placement.
3. Involvement of health authorities and other relevant organizations regarding community care policy

Notes

1. Keeble. Local Authority provision of Housing Services for Disabled People. p26.
2. A detailed account of adaptation policies is beyond the scope of this report and the reader is referred to Prescott-Clarke 1982

5 HOUSING STOCK

Many local authorities have limited resources for building special housing due to the recent cutbacks in capital investment. Consequently, councils need to utilise fully their existing housing stock. Fundamental to this is a recording system which can identify those properties suitable for disabled people. It is important to ensure that when these properties become vacant they are always reallocated to disabled people, so that this investment is not lost within the general housing stock.

However, it appears that councils do not always have an adequate recording system. Tester (1978) found that few authorities had reliable data on the number of dwellings in their stock suitable for disabled people. Since then, little progress has been made in this area. More recently, Armitage (19813) reported that the housing departments in the Shelter survey did not on the whole have a good knowledge of their stock.

If existing resources are to be fully utilised, local authorities must give attention to this aspect of administration. A central record of all purpose-built and adapted properties should be kept and regularly updated. Furthermore, any recording system needs to allow the easy identification of such properties from general housing records. Where local authorities are intending to computerise these housing records, it is essential that consideration is given to recording special housing data, before the computer system is introduced.

5.1 HOUSING STOCK AND PROPERTY RECORDS

WANDSWORTH

Number of wheelchair units (1984)

Bedroom Size	Council	Housing Association	Total	%
1	10	10	20	51.3
2	3	10	13	33.3
3	6		3	15.4
All	19	20	39	100

In addition to the stock above, there is a housing association unit with a community service volunteer support scheme, as well as a number of existing council houses and flats that have been adapted for use by disabled people, who are wheelchair

bound. The majority of this stock is of the one/two bedroom size. A further 26 wheelchair units (two council and 24 housing association) are being developed. At the time of investigation, the number of mobility units was not available. All sheltered housing in recent years has been built to mobility standards.

Most of Wandsworth's special housing is built for elderly people. Only more recently has emphasis been given to wheelchair housing. Furthermore, it is only in the last few years, since the council have been examining their building briefs and influencing provision, that housing associations have built wheelchair units in any number. Wandsworth realise the pressing need for further provision and are currently discussing a housing programme, which will include approximately 60 wheelchair dwellings. They also expressed a need to examine their housing stock to assess the available resources left in those properties remaining unsold.

Adapted properties, with details about location etc, are recorded on a card index system. Wandsworth over the last few years have tried to build up a base of information regarding adaptations carried out. The principal lettings officer commented that the wide variation in the extent of adaptations created problems for accurate specification of the number of adapted properties. He hoped that future computerisation would lead to greater flexibility, detail and accuracy in recording and assessing stock.

CAMDEN

The council presently have 111 dwellings designed to wheelchair standard. A further 25 are owned by housing associations. In addition, a number of dwellings have been adapted for wheelchair use and some more wheelchair units are planned. The majority of Camden's special housing consists of one bedroom units.

At the time of investigation, figures were not available on the number of mobility dwellings. Separate records are not kept of properties to wheelchair/mobility standard. No central record of adapted accommodation presently exists, although each department keeps separate records. However, Camden are hoping to establish a central record as soon as is practicable.

ISLINGTON

Existing stock of purpose built or converted housing for people by bed size, at November 1982.

Bedroom size	Mobility	Wheelchair	No	%
1	146	34	180	66
2	28	42	70	26
3	8	10	18	7
4	0	3	3	1
All	182	89	271	100

The majority of Islington's mobility and wheelchair housing stock is one bedroom and there is a shortage of family sized units. The special needs housing development officer and allocations section both keep a record of existing stock and have a list of all properties constructed to wheelchair and mobility standards. These details kept by the special needs officer refer to design standards and bed size rather than information on situational aspects, such as location and distance from amenities. The resources section periodically consider the stock available and its location. This gives a picture of the existing stock and where new buildings should be constructed. However, new buildings are often restricted to previous housing sites.

Adaptations are not usually listed on housing records and precise figures on the number of adapted properties were not available at the time of investigation. Islington pointed out that there is a wide variation in the type of adaptations and that this should be taken into account when figures are considered. The special needs housing development officer keeps a record of every adaptation authorised by the occupational therapists. They are developing a computerised coding system for their housing records and the officer has been working on a system suitable for adaptation details.

Building Works Department are specifically instructed to leave all adaptations intact, unless a property has been considered unsuitable for reallocation to a disabled or elderly person.

HARROW

Housing stock is classified into four categories, dependent on the extent of adaptation.

CATEGORY	TYPE OF PROPERTY
A	Purpose built wheelchair housing
B	Major adapted wheelchair units or mobility units
C	Minor adapted mobility standard units
D	Minor adapted units not recommended disabled tenants in the future.

At present there are 31 'A' category properties and 43 'B' category properties (the latter figure is to be updated). This categorisation is carried out by social services and the housing department are informed when an adaptation is completed. Social services keeps details of special housing and are always consulted on its allocation. These details are stored by means of a card system, containing the following information:-

- a) details of the property and adaptations
- b) location details of property i.e. Proximity to transport, shops, hilly or flat ground
- c) the client resident in the property

5.2 IDENTIFICATION OF VACANT ADAPTED PROPERTIES

A common procedure adopted by local authorities, in the first stages of reallocating a vacant dwelling, is for the estate manager to make an initial assessment of the property. These details are then passed on to the allocations section. The estate manager's report would usually include information on adaptations or special features. However, in practice, this is not always an effective system for identifying adapted properties. There is a danger that some important details may be missed. Indeed, Armitage (1983) found that 'very few housing departments collected any more than the most basic information, making it difficult to match vacancies to needs, other than for purpose built dwellings'.

Furthermore, without some specialist knowledge assessment of adapted properties is difficult. Estate managers are not usually trained to identify adaptations or properties which are potentially suitable for disabled people. Camden considered

that it would be helpful if they completed an induction period with occupational therapists. They could also keep a record of disabled people and adapted properties on their estate to refer to when making assessments.

The boroughs studied operate a system similar to that described above. Camden are aware of the problems that have arisen from such a system. When a property becomes vacant, Camden's estate managers complete a property unit description form and the following details are recorded on their computer:-

HOUSING VOIDS - Property Unit Description Date:

Void ref no: DHO:
Last Offer No: Address:

Beds: WC:
Persons Garden:
Floor: Balcony:
Lift: Ext. Steps
Heating: Int. Steps

Status: Held for:
Bath: Wheelchair access:
Prop. Type: Desc:
Self Cont: Post War Mod:
Adapted for Handicapped:
Ancillary Services

No date: Comments: Source:

Camden realise that the void information system, at present, does not allow for a fully satisfactory identification of, and distinction between, wheelchair and mobility dwellings. It also does not advise on the potential adaptability of units. Adaptations are recorded by district maintenance officers (property services), who carry out the work, and, in theory, by estate managers. However, in practice, there appears to be a breakdown in communication of this information between district maintenance officers and estate managers, when adaptations work is completed. Camden reported that they intend to rectify the problems with the void identification system and train estate managers to identify specialised units more accurately.

In Islington, estate managers have a separate section on their void sheets to specify adaptations. Any property with an adaptation is passed on to the officer who specialises in the allocation of such accommodation.

Wandsworth reported that when a disabled person is transferred by them they are aware of any adaptations. If a disabled person vacates of his own accord the records generally are marked to indicate whether that property has been adapted. When a ground floor property is vacated the special needs officer is notified. If the property has not already been adapted, he will consider its suitability for adaptation to the needs of a wheelchair client. District housing officers are also instructed to report back any properties which might have potential for a disabled person. Wandsworth commented that, although district housing officers do not keep a record of disabled people, they are aware of those properties on their estates that have been adapted.

In Harrow properties are classified depending on the extent of adaptations. Initially, details of vacant properties go to the housing department. However, if a property has been classified as 'A', 'B' or 'C', these details are forwarded to social services, who are always consulted on its reallocation. 'O' properties are automatically returned to the common pool of housing.

RECOMMENDATIONS

1. A central record of all special and adapted properties to be kept and regularly updated. These properties should be easily identified from general housing records.
2. Estate managers to keep a record of disabled people and adapted properties on their estates.
3. Comprehensive details, on property description forms, which allow adequate identification of adapted dwellings.
4. Estate managers to complete an induction period with occupational therapists covering the recording of adaptations and identification of properties suitable for disabled people.

6 ASSESSMENT

6.1 APPLICATION FORMS

All public and private sector tenants, wanting to be rehoused, would normally complete a general housing or transfers application form. Households with a disabled member however, may have very different requirements from other applicants. Consequently, it is essential that these people and their particular needs are identified at this early stage.

The satisfactory identification of disabled people will depend on the type of questions asked. It is important that separate questions specifically covering mobility problems are included. It is not sufficient to ask if a member of the household is registered disabled, uses a wheelchair, or to rely on applicants to specify their disability and problems under an 'any other factors' section. Many disabled applicants with lesser mobility problems would not necessarily be identified. Questions for example, on difficulty with present accommodation, stairs, lift and distance to amenities could be included to indicate special housing needs at this stage.

A medical assessment form is usually sent to those clients whose application indicates a problem. These forms often cover mobility difficulties and special housing needs in some detail. However, if a disabled person is not identified in the first place, they will not be sent this form.

All of the boroughs studied ask some questions on their general application form regarding medical factors, ill health, wheelchair use and applicants who are registered disabled (see appendix 4 for a more detailed description). However, Harrow is the only borough which specifically includes additional questions relevant to disability. Their application form covers such aspects as receipt of benefits and services (home help, meals on wheels), contact with social workers, how health is affected by present accommodation and ability to use stairs. Camden are aware that some of the questions on their application forms are inadequate for a full identification of disabled people and hope that changes will be made in the future.

RECOMMENDATION

Application forms to include separate questions on mobility problems and to ensure that less severely disabled people are identified.

6.2 MEDICAL ASSESSMENT AND PRIORITY

Close liaison between housing and social services is essential when assessing the housing requirements and priority of a disabled applicant. Housing staff are not usually well briefed on the problems associated with disability, therefore it is necessary to directly involve the expertise of others e.g. Medical officers, occupational therapists.

A common procedure is to refer cases to a medical officer. This officer will make an assessment based on information obtained from a medical assessment form (completed by the applicant) as well as consulting other professionals such as GPs, consultants and environmental health officer, when necessary. Often the final decision will be made by the medical officer alone and in relatively few cases will this involve a home visit. However, it is vital that occupational therapists are also involved in assessment, otherwise too much weight may be given to medical factors, when these are not necessarily the most important. The criteria for assessing requirements and priority should be based not only on the degree, type and prognosis of a client's disability, but also on difficulties with present housing. Therefore, a home visit, preferably by an occupational therapist, is essential.

The majority of the boroughs studied, as well as others brought to the attention of the GLAD working party, involve occupational therapists in assessment.

In Islington, applications indicating a special need are forwarded first of all to the officer responsible for allocating special housing and then to the occupational therapists. After making a home visit, they will recommend the appropriate type of accommodation and inform the allocations officer of assessment details. Cases are also referred to the medical officer. This officer consults other professionals for advice on a client's condition e.g. the GP, but does not actually see the individual. Although Islington operate a points system, the medical officer can award overriding priority to a case.

In Wandsworth, assessment is carried out by the medical officer. This is based on information from a medical assessment form (completed by the client) and other professionals e.g. the GP. The medical officer does not see clients personally or make home visits. There is no special panel for assessment and the officer usually works in isolation. However, the special needs officer does make home visits to clients who use a wheelchair indoors, and discusses with the family the area and type of property they require.

Priority is reflected by the number of points awarded by the medical officer. If a client has a poor prognosis extra points may be awarded at this stage, rather than later when the illness has developed. Wandsworth have always given priority to council tenants. However, the principal lettings officer commented that a combined transfers and general waiting list might reflect housing need more accurately.

In Harrow, details of clients, whose application indicates a special need, are forwarded on to social services. Assessment occurs in consultation with the family and a multi-disciplinary case conference often decides whether to rehouse or adapt the existing property. Priority is decided, if time allows, by joint decisions at disabled living advisers meetings.

In Camden, the medical officer carries out assessment and recommends appropriate housing. This officer contacts other professionals, as necessary, for further information on a client. In addition, a home visit is made by an occupational therapist. The medical officer awards points (and hence priority) to applicants whose condition is exacerbated by their present housing situation. Priority also depends on whether an applicant is from private or council housing. Transfer applicants have priority over private sector applicants. However, Camden commented that the majority of applicants who use a wheelchair seem to be existing tenants.

The medical assessment procedure is currently under revision. Camden also have a new medical officer, who is a qualified occupational therapist. They hope that this officer will be able to make more detailed assessments and home visits sooner than is at present possible for the occupational therapists.

In Kensington and Chelsea, assessment is carried out jointly by the housing department and occupational therapists. The medical officer awards a grading on medical grounds to reflect priority.

In Kingston upon Thames, Haringey and Redbridge, the medical officer can award overriding medical priority. In Redbridge, the medical officer also receives a housing visitor's report.

It has also come to the working party's attention that some boroughs award all transfer applicants a low priority. As disabled people have very special housing needs, it is important that an exception is made to this policy for these applicants.

RECOMMENDATION

Involvement of occupational therapists and a home visit when assessing a client's housing requirements and priority.

7 WAITING LISTS

The efficient allocation of housing suitable for disabled people requires a system which can easily identify them from the waiting list. The list should clearly show applicants who are disabled and their particular housing needs. It is very important that all disabled people can be identified from the waiting list, not just those who use wheelchairs. Many disabled people are not wheelchair bound and need accessible housing. It is those people, who are less severely disabled, who are most likely to be overlooked. It is also important that the system allows information to be gathered so that overall demand can be assessed. Fundamental to an efficient system is an application form from which a disabled person can satisfactorily be identified. This information should be recorded in the best form for easy retrieval (see section 6.1).

Where local authorities have computerised their waiting list, details from application forms need to be coded in such a manner that information, on people who require special housing, can be extracted from the general waiting list. For those local authorities intending to computerise this information, it is essential that consideration is given to coding and retrieving such details, before the computer system is introduced. Where waiting lists are not computerised, one method of handling this data is to keep a separate list of people requiring special housing. However, this practice does not appear widespread. Armitage (1983) reported that 'the number of authorities operating separate waiting lists is relatively small. Usually separate lists are only used for wheelchair users, but a few housing departments also distinguished people who need mobility housing'.

Armitage (1983) also stressed the importance of identifying disabled people, who require wheelchair/mobility dwellings, for housing associations. He remarked that 'although there are many associations who have provided wheelchair and mobility standard housing, they are largely reliant on others to identify the needs and to nominate tenants. The inadequacy of these services has almost certainly contributed to the reluctance of housing associations to continue building accessible housing.'

ISLINGTON

Wheelchair and mobility housing applicants by bed size at 16.5.83

Bedroom Size	Mobility	Wheelchair	No	%
1	104	19	123	36.8
2	121	16	137	41
3	49	13	62	18.6
4	6	6	12	3.6
All	280	54	334	100

Just over one third of applicants require one bedroom accommodation and waiting time for these properties is usually the shortest. Waiting times are longer for those applicants requiring two or three bedroom accommodation, as Islington have less of this type of property. The greatest demand for special housing is from semi-ambulant disabled people.

There is one separate list for people who need wheelchair or mobility housing. The officer in the allocations section, responsible for special housing, keeps details of these clients, and the type of housing required, in a card box system. Each case is clearly marked as needing wheelchair or mobility housing and filed according to bedroom size. Other details are recorded such as family size, present accommodation and problems, type of housing required, area requested, overriding medical priority and occupational therapist report. This information is also recorded the client's permanent file. The allocations officer finds this card box system quick and convenient for everyday use and answering enquiries.

WANDSWORTH

March 1984: Wheelchair housing waiting list by bed size.

Bedroom size	No	%
1	21	45
2	18	38
3	7	15
4	1	2
Total	47	100

March 1984: Disabled persons on wheelchair housing waiting list.

Wheelchair User	No	%
Female OAP	15	31.9
Male OAP	12	25.5
Female non-pensioner adult	9	19.2
Male non-pensioner adult	7	14.9
Child	4	8.5
Total	47	100

The waiting and transfer lists are based on a system of points and categories. Within these lists, clients are categorised by the number of bedrooms required.

There is a separate waiting list for wheelchair accommodation. This is restricted to applicants who use a wheelchair indoors, and so does not include applicants who only use a wheelchair outside. It is not normally possible to identify disabled people, who do not use a wheelchair, from the general waiting list.

A date order system for wheelchair users is not viable as needs are so varied and properties have different potential for adaptation.

CAMDEN

The highest demand is for two bedroom units. As these and family size units are in extremely short supply, waiting times for these properties are far longer.

January 1984: *Wheelchair housing waiting list by bedroom size.

Bedroom size	No	%
1 bed / 1 person	29	27.9
1 bed / 2 person	33	33.7
2 bed	23	22.1
3 bed	11	10.6
4/5 bed	8	7.7
Total	104	100

*Includes some people whose housing requirements have still to be assessed. Consequently, the list may be an overestimate of persons requiring wheelchair

accommodation, as some applicants may be recommended for mobility housing instead.

Details from all housing application forms are coded and recorded on a computerised system. Applications (private and transfers) are placed in a priority order queue, based on the number of points awarded. The records of clients requiring special housing are 'tagged' so that their needs are readily apparent to the allocators of vacant units. Although there is no separate list of applicants requiring accommodation, designed to wheelchair/ mobility standards, these applicants can be identified on the housing needs register. Separate computer output is produced for those persons recorded as wheelchair users.

The system depends, first, on the person completing the application form correctly and indicating their mobility problems, and second, on bureaucratic procedures within the department for filing this information on the computer.

HARROW

April 1984: Applicants requiring special housing.

Purpose-built wheelchair	17
Purpose-build sheltered	2
Major adapted	10

There is a separate list for people requiring special accommodation. Social services hold this list and are consulted on the allocation of special housing. The area offices each keep their own waiting list of disabled people and the principal disabled living adviser has the waiting list for the whole borough. This contains details of applicants and the type of housing required.

RECOMMENDATION

Waiting list system capable of easily identifying all disabled people and retrieval of information on their difficulties and particular housing needs.

8. ALLOCATIONS

The task of allocations is complex involving the matching of disabled applicants, who have a variety of difficulties and needs, with appropriate accommodation. To avoid offering unsuitable housing to disabled people or specialist housing to able-bodied applicants, attention must be given to this aspect of administration. This is especially important considering the limited resources available and shortage of special housing. It is essential that recording systems can fully identify both disabled applicants, from the waiting list, and properties that are (or could be made) suitable for them (see sections 5 & 7).

Housing staff are not usually well briefed on the problems associated with disability, therefore it is necessary to involve the expertise of others e.g. occupational therapists. Allocation should be carried out in consultation with social services. Alternatively social services could perform this task. Whichever department has responsibility for this task, there will be advantages if this is carried out by one person. This allows the officer to build up knowledge about individual cases, and expertise in the area generally. The involvement of occupational therapists and a home visit is necessary to ensure that needs are accurately assessed and appropriate housing is allocated (see section 6.2). Preferably this should occur both at the stage of assessment and allocation, as given the long waiting times for some properties, a client's needs may have changed in the meantime. Furthermore, it is important that a copy of the housing offer is forwarded to social services, so that the suitability of the property can be checked, and any additional requirements arranged, such as further adaptations or domiciliary support.

Some local authorities pre-allocate special housing before it is completed. This is not without problems e.g. people may have died, specifications changed or at the last moment the applicant may turn down the offer. However, there are considerable advantages in pre-allocating properties. The accommodation can be planned to suit a particular tenant, and in some instances this will be cost effective, if adaptation work can be avoided at a later date.

HARROW

Social services are always consulted on the allocation of 'A' & 'B' properties (see section 5.1). Category 'C' is negotiable and the remainder are automatically allocated by the housing department. Social services keep details of these properties as well as people requiring special housing. From this they try to match

individuals with the property available. Social services usually allocate a property to a resident in Harrow. However, if no suitable resident can be found the property will be allocated to someone from another borough.

Properties are sometimes pre-allocated, so that time will be available to make any changes necessary to suit an individual's needs. However, problems can occur with pre-allocation. Harrow pointed out that a client may turn down the completed property, by which time much money may have been spent on particular adaptations. Care also has to be taken with timing, otherwise it can be too late to alter specifications.

The housing department have an allocation right to some housing association property and other private housing. Any specially designed units in these would only be allocated in conjunction with social services.

WANDSWORTH

Allocation is carried out by a process of joint consultation between housing and social services. There is much communication regarding individual clients needs and the type of property that would be appropriate. Vacant purpose built or adapted properties are passed on to the special needs officer, who is responsible for wheelchair and sheltered housing. This officer is aware of those people who are in need of this property and their priority. Once a client has been decided upon, the officer makes a home visit, maybe with an occupational therapist, to discuss the matter.

When a wheelchair dwelling is nearing completion, the housing department communicate with social services to discuss which person should be offered the property. Once this is decided, they plan the work that must be undertaken (over and above the basic fittings) to make the dwelling suitable for that individual's needs.

Wandsworth also have nomination rights in certain housing associations -this is normally 50% depending on funding. As most of these housing associations do not have a waiting list, they would usually approach the council for a nomination.

ISLINGTON

The allocations section keep a list of all registered mobility and wheelchair units (by bedroom size) in the borough. When one of these properties becomes

available, it is passed on to the officer who has responsibility for allocating housing to disabled and elderly people. This officer will then match the property with an applicant. Whenever possible properties are pre-allocated. The allocations officer tries to minimise delays between housing availability and allocation.

Allocation priorities for wheelchair and mobility dwellings are decided on the basis of need (as assessed by the medical officer and occupational therapists) rather than by a date order system. Standard ground floor dwellings are also passed on to this officer and where possible matched with a client. The occupational therapists are contacted if an adaptation is required. Should the allocations officer be unable to find a suitable client for a wheelchair property, this will be allocated to someone with a progressive condition, who will eventually have to use a wheelchair. Where there is a community service volunteer scheme a larger unit is allocated. Elderly and disabled people usually have priority for ground floor accommodation.

Most of the properties allocated are ground floor. If possible, maisonettes and houses are avoided, where adaptations, such as a stair lift, might be necessary in the future. Ground floor flats, or first floor flats with a reliable lift service, are preferred.

Islington find that the task of allocating special housing is best carried out by one person. This allows the officer to build up a knowledge about individual cases and expertise in the area generally.

Allocations will be computerised in the future and eventually decentralized.

CAMDEN

Housing and social services are in constant liaison regarding allocations. Social services are usually involved at client level and advise on rehousing requirements.

Applicants are selected manually for housing allocation. The details of clients requiring special housing are 'tagged' so that their needs are readily apparent. When a special property becomes available it is usually allocated to the disabled applicant with the highest number of points. A copy of the offer is sent to the senior occupational therapist who advises on the suitability of a property and any additional requirements of the client. If a number of units are available, the occupational therapists are consulted as to which clients should be put forward for allocation. Wheelchair dwellings are only allocated to wheelchair users and mobility dwellings to clients requiring mobility housing.

Camden only pre-allocates properties when they are near completion. This allows time for consultation with occupational therapists regarding a clients' particular requirements. They find that if pre-allocation takes place too early, problems arise due to the time gap between start and completion e.g. people have died, specifications changed or they have found alternative accommodation. Camden commented that in the past it has not usually been necessary to pre-allocate as there has been a reasonable turnover of units.

RECOMMENDATIONS

1. Allocation to be carried out with consultation between housing and social services. Involvement of occupational therapists and home visits to ensure accurate assessment of needs and allocation of appropriate housing.
2. Special needs allocator. Reorganisation of working methods so that one officer is responsible for allocations.

9 RECOMMENDATIONS

(Recommendations also appear at the end of each section)

COORDINATION AND LIAISON

Regular meetings of relevant officers from all departments, in addition to committees/liaison groups/case conferences/normal day to day contact, to facilitate liaison and coordination of work at all levels. p.9

Special needs officer/allocator. Creation of a specific post or reorganisation of working methods, so that one officer is responsible for policy schemes for groups such as the elderly, disabled, mentally handicapped. This officer to liaise with other departments and serve as a contact point, for local authorities and outside organisations, on issues regarding special housing need. p.10

Special needs liaison groups/ working parties. Officers from departments to attend, and outside organisations invited, as appropriate. Councils to draw upon the expertise of outside organisations and involve them in all aspects of their work relating to disabled people. p.14

Representation of disabled people by appropriate consumer groups on both housing and social services committees and other relevant associated sub-committees or working parties. p.15

Liaison with housing associations on a regular basis. p.16

Encouraging housing associations to include a high proportion of special housing in their building programmes. p.16

Providing advice on special design features and demand for different size units.

Assistance/liaison on placements. p.16

HOUSING POLICIES

Policies on housing for disabled people to be written down and co-ordinated into a comprehensive strategy. p.19

Wherever possible, new build and rehabilitation programmes to include a high proportion of wheelchair/mobility standard units. p.19

Greater emphasis on mobility standard housing rather than concentration only on wheelchair and sheltered housing. p.19

Boroughs to have a wheelchair/mobility housing brief, and to refer to this at all planning and design stages. The brief to be jointly prepared by council departments in consultation with outside bodies. p.21

New build and rehabilitation programmes to be planned with regard to the need for wheelchair/mobility housing with two or more bedrooms. p.21

Tenants to be informed at allocations stage that relatives may be asked to move if the disabled tenants ceases to reside at the accommodation. p.22

Local authorities to try to persuade relatives to apply for a transfer. p.22

High priority to be given to rehousing remaining relatives in suitable and pleasant alternative accommodation. p.22

Timing and decisions to be determined jointly by housing and social services. p.22

Housing services system capable of identifying disabled tenants. p.23

Priority for disabled tenants for urgent repairs or where safety is threatened. p. 23

The publication of housing information for disabled people, jointly produced by housing and social services departments. This information to be readily available. p.24

Identification of the numbers and needs of disabled people for long term planning purposes. p.25

Attention to be given to the coding, storing and retrieval of information relevant to disabled people, before any computerised system is introduced. p.26

Transitional housing for people returning to the community, training units and development of intensive care support schemes. p.28

Coordination of care arrangements and special housing placements. p.28

Involvement of health authorities and other relevant organisations regarding community care policy. p.28

HOUSING STOCK

A central record of all special and adapted properties to be kept and regularly updated. These properties should be easily identified from general housing records. p.33

Estate managers to keep a record of disabled people and adapted properties on their estates. p.33

Comprehensive details, on property description forms, which allow adequate identification of adapted dwellings. p.33

Estate managers to complete an induction period with occupational therapists covering the recording of adaptations and identification of properties suitable for disabled people. p.33

ASSESSMENT

Application forms to include separate questions on mobility problems and to ensure that less severely disabled people are identified. p.34

Involvement of occupational therapists and a home visit when assessing a clients housing requirements and priority. p.36

WAITING LISTS

Waiting list system capable of identifying all disabled people and retrieval of information on their difficulties and particular housing needs. p.39

ALLOCATION

Allocation to be carried out with consultation between housing and social services. Involvement of occupational therapists and home visits to ensure accurate assessment of needs and allocation of appropriate housing. p.42

Special needs allocator. Reorganisation of working methods so that one officer is responsible for allocations. p.42

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APPENDICES

APPENDIX 1: Number of units started annually in England and Wales.

STARTS

MOBILITY				WHEELCHAIR		
	Housing Association	Local Authority & New Town	Total	Housing Association	Local Authority & New Town	Total
1970-1975	4	186	190	180	2118	2298
1976	363	1883	2246	71	862	933
1977	1676	5398	7074	394	639	1033
1978	2012	7049	9061	338	742	1080
1979	2316	5954	8270	129	589	718
1980	392*	5089	5481	88	527	615
1981	46	2109	2155	17	268	285
1982	144	2797	2941	29	293	322
1983	49	2593	2642	33	352	385
Total	7002	33058	40060	1279	6390	7669

*England only

SOURCE: Local Housing Statistics. England and Wales. (Provisional figures for 1983 obtained from statistics section, Department of Environment).

TOTAL HOUSING STARTS

	Housing Association	Local Authorities	Total
1970-1975	60554	574669	635223
1976	27792	126509	154301
1977	27630	93618	121248
1978	19131	78666	97797
1979	14543	57327	71870
1980	12953	35153	48106
1981	9482	22917	32399
1982	14822^	31501	46323
1983	11872^	31210	43082
Total	198779	1051570	1250349

^ Includes housing built for government organisations

SOURCE: Local Housing Statistics. England and Wales. (Provisional figures for 1983 obtained from statistics section, Department of Environment).

	Housing association mobility starts as a % of all housing association starts	Local authority mobility as a % of all local authority starts
1970-1975	0.01	0.03
1976	1.31	1.49
1977	6.07	5.77
1978	10.52	8.96
1979	15.93	10.48
1980	3.03	14.48
1981	0.48	9.20
1982	0.97	8.88
1983	0.41	8.31

Definition of housing starts

The Department of Environment, in their guidance notes to local authorities, define housing starts as those dwellings 'started in the month in which the laying of foundations or slabbing begins. The number of dwellings reported should be the number which have reached the stage as defined above which will not necessarily be the total number of dwellings erected on the site. All dwellings in a block of flats should be shown as started when an individual block reaches the stage as defined above.'

Reservation on Local Housing Statistics

The statistics rely on self completion by local authorities and so have questionable reliability. Estimates of dwellings started and completed in England are adjusted for local authority returns not received. Furthermore these figures do not indicate the quality of provision, size of units or suitability of location.

APPENDIX 2: Special housing provision and housing need in the London boroughs at 1st April 1983

Sheltered Dwellings

Borough	Local Authority	Housing Assoc	Other Public Sector	Private Sector	Total
Barking/Dagenham	494	0	0	0	494
Barnet	687	254	10	x	x
Bexley	688	510	0	0	1198
Brent	630	30	0	0	660
Bromley	481	938	x	x	1419
City	0	0	0	0	0
Camden	1247	700	0	x	x
Croydon	1034	432	x	x	1466
Ealing	910	77	0	0	987
Enfield	871	411	0	x	x
Greewich	858	155	41	117	1130
Hackney	883	315	0	0	1198
Hammer/Fulham	901	132	0	0	1033
Haringey	796	321	0	0	1117
Harrow	460	548	0	0	1008
Havering	902	476	0	0	1378
Hillingdon	636	175	0	0	811
Hounslow	995	79	0	46	1120
Islington	579	53	31	0	663
Kensing/Chelsea	225	344	0	122	691
Kingston	1225	253	0	0	1478
Lambeth	953	444	0	0	1397
Lewisham	581	142	0	153	876
Merton	166	396	0	x	x
Newham	231	283	0	x	514
Redbridge	1072	200	0	0	1272
Richmond	520	94	0	x	x
Southwark	702	266	0	93	1061
Sutton	655	550	0	0	1205
Tower Hamlets	402	45	0	0	447
Waltham Forest	433	300	0	201	934
Wandsworth	172	365	0	30	567
Westminster	395	772	0	x	x
Inner London	8100	4200	30	400	12800
Outer London	13700	5900	50	400	20000
Greater London	21800	10100	80	800	32800

X Figures which are not available whether specifically stated as such by the borough or implied by a blank, are coded.

SOURCE: Analysis of 1983 London Borough and GLC Submissions

Wheelchair dwellings

Borough	Local Authority	Housing Assoc	Other Public Sector	Private Sector	Total
Barking/Dagenham	62	0	0	8	70
Barnet	11	7	0		
Bexley	11	x	0	0	11
Brent	51	14	0	0	65
Bromley	0	39	x	x	39
City	0	0	0	1	1
Camden	111	25	0	x	x
Croydon	205	19	x	x	224
Ealing	15	4	0	0	19
Enfield	8	0	0	x	x
Greewich	52	23	0	0	75
Hackney	66	24	0	0	90
Hammer/Fulham	22	17	0	0	39
Haringey	52	20	0	x	72
Harrow	49	2	x	x	x
Havering	53	5	0	0	58
Hillingdon	85	5	0	0	90
Hounslow	59	15	20	48	142
Islington	93	15	0	0	108
Kensing/Chelsea	28	51	0	0	79
Kingston	36	22	0	0	58
Lambeth	150	10	0	0	160
Lewisham	87	x	0	x	x
Merton	161	14	0	x	x
Newham	100	8	0	x	108
Redbridge	36	0	0	0	36
Richmond	34	2	0	x	x
Southwark	40	50	0	x	90
Sutton	31	5	0	x	36
Tower Hamlets	33	1	10	0	44
Waltham Forest	67	7	0	31	105
Wandsworth	12	32	0	0	44
Westminster	80	28	0	70	178
Inner London	900	300	10	100	1300
Outer London	1000	200	20	100	1300
Greater London	1900	5000	30	200	2600

Although almost 18% of all local authority stock is in the London area, only 9% of local authority sheltered dwellings in England are in the capital. Borough and GLC own 18% of all local authority wheelchair dwellings in the country.

x Figures which are not available whether specifically stated as such by the borough or implied by a blank, are coded.

SOURCE: Analysis of 1983 London Borough and GLC Submissions

Special need on housing list

Sheltered Dwellings

Borough	Special needs households on housing list and in need of :	
	Sheltered dwellings	Wheelchair dwellings
Barking/Dagenham	x	x
Barnet	445	7
Bexley	475	20
Brent	980	16
Bromley	72	5
City	0	0
Camden	975	29
Croydon	425	30
Ealing	425	67
Enfield	455	6
Greewich	311	47
Hackney	321	39
Hammer/Fulham	948	78
Haringey	478	10
Harrow	358	5
Havering	301	26
Hillingdon	74	9
Hounslow	962	34
Islington	415	334
Kensing/Chelsea	604	28
Kingston	687	1
Lambeth	1600	50
Lewisham	408	61
Merton	x	199
Newham	300	x
Redbridge	477	15
Richmond	300	7
Southwark	78	8
Sutton	116	37
Tower Hamlets	66	7
Waltham Forest	496	33
Wandsworth	1006	64
Westminster	305	42
Inner London	7500	800
Outer London	7900	600
Greater London	15400	1400

x Figures which are not available whether specifically stated as such by the borough or implied by a blank, are coded.

SOURCE: Analysis of 1983 London Borough and GLC Submissions.

APPENDIX 4: Questions relevant to disability on application forms.

WANDSWORTH

1. General housing application.

This contains details of applicant, family, present accommodation and the following medical questions:

'Are there medical factors which you wish to have taken into consideration?'

'Are you or any member of your household registered as physically handicapped?'

'Does he/she use a wheelchair?'

There is also a question on other factors, which asks for particulars of other circumstances (if any) which the person may wish to be taken into consideration.

2. Application for transfer to other accommodation.

Contains details of applicant, family, present accommodation and area requested. The above three questions on medical factor are included and the reasons for applying for a transfer.

3. Sheltered housing

(This form is completed by the housing visitor) Contains general details of person, housing, social factors (i.e. difficulties experienced with getting about locally and shopping), social contact, services received (i.e. home help), health (i.e. use of walking sticks, frame, wheelchair, problems with steps). If an applicant has health problems they are asked to complete the medical assessment form. Details of the points system for sheltered housing is included.

4. Medical assessment form for transfer/waiting list/sheltered housing.

Asks for details of illness or disability and how this is aggravated by present accommodation. For disabled people there is also a question on the use of wheelchairs indoors and outdoors and details of any special adaptations carried out to present accommodation.

CAMDEN

1. General housing application. A standard application form containing details of applicant, family and present accommodation. The following statement and medical questions are included:

'It is important to record details of any permanent health problems suffered by you or anyone else named (in question 2). The housing department will send you a special form to fill in so your application for housing can be given any medical priority that may be needed'

'Do you or does anyone named (in question 2) use a wheelchair?'

'Are you or is anyone else named (in question 2) disabled?'

'If registered disabled, please state Registration Number (s)'

'Do you or does anyone else named (in question 2) suffer from permanent ill-health?'

'Please briefly describe the nature of illness'

There is also a question which asks for reasons for applying for accommodation and a space for any other comments.

Information from this form is fed onto a input form by the housing department which asks if a wheelchair is needed and if any members of the household are registered disabled. Also if any member suffers from permanent illness and medical category.

2. Medical assessment form

On the receipt of the housing application, a medical assessment form is sent to applicants asking for more details.

Ask for details of present housing, applicant and family and nature of illness/disability, if any.

Also asks for reasons why, because of the stated illness/disability, the present housing is unsatisfactory.

HARROW

1. Housing registration form

Contains details of applicant, family, present accommodation and receipt of benefits (including attendance allowance, industrial injury benefit). The following medical questions are included:

'If the health of you or any member of your family included in the application is affected by your housing conditions, please write their name and describe in your own words all the difficulties and disabilities arising from the illness'

'Please give details of any person in your family who is registered physically handicapped with the social department' Asks for details of those persons who are registered disabled, wheelchair users and any special adaptations to present accommodation.

'Do you consider that the medical grounds mean that you are unable to use stairs'

Also asks if the person receives home help, meals on wheels, home nurse, chiropodist.

'Are you in regular contact with a social worker' (asks for social workers name and area office)

ISLINGTON

1. Waiting list application.

Asks for details of applicant, family and present accommodation and the following medical questions.

'Do you or any person included on this application use a wheelchair?'

'If any person included on this application is registered disabled, please give their registration number'

'Are there any medical factors you wish to have taken into consideration?'

2. Transfer application.

In addition to the usual questions, the following medical questions are included:

'Are you, or is anybody for whom the accommodation is required registered disabled or suffering from ill-health?'

'If yes, what is the nature of the disability?'

There is also a question of the reasons for wanting a transfer.

3. Medical assessment form.

Asks for details of the health problem, how it affects the applicant and the benefit they expect from rehousing. Also included are a number of specific questions asking if the person is registered disabled; the disability; use of wheel- chair, walking frame, walking stick; climbing stairs and step; walking problems, about the house and to amenities; general mobility problems; whether there are steps and stairs within and outside of present accommodation; lift service; difficulty using toilet, bathroom, kitchen; and for people with heart or chest trouble, if they are on medication from the doctor.