

# Harlow Local Plan EIP

## Localised information in respect of disability data

1. Building Regulations for M4(2) Category 2: Accessible and adaptable dwellings states that reasonable provision should be made for people to gain access to and use the facilities of the dwelling and that:

*“The provision made must be sufficient to-*

*(a) meet the needs of occupants with differing needs, including some older or disabled people, and;*

*(b) to allow adaptation of the dwelling to meet the changing needs of occupants over time.” (Page 10)*

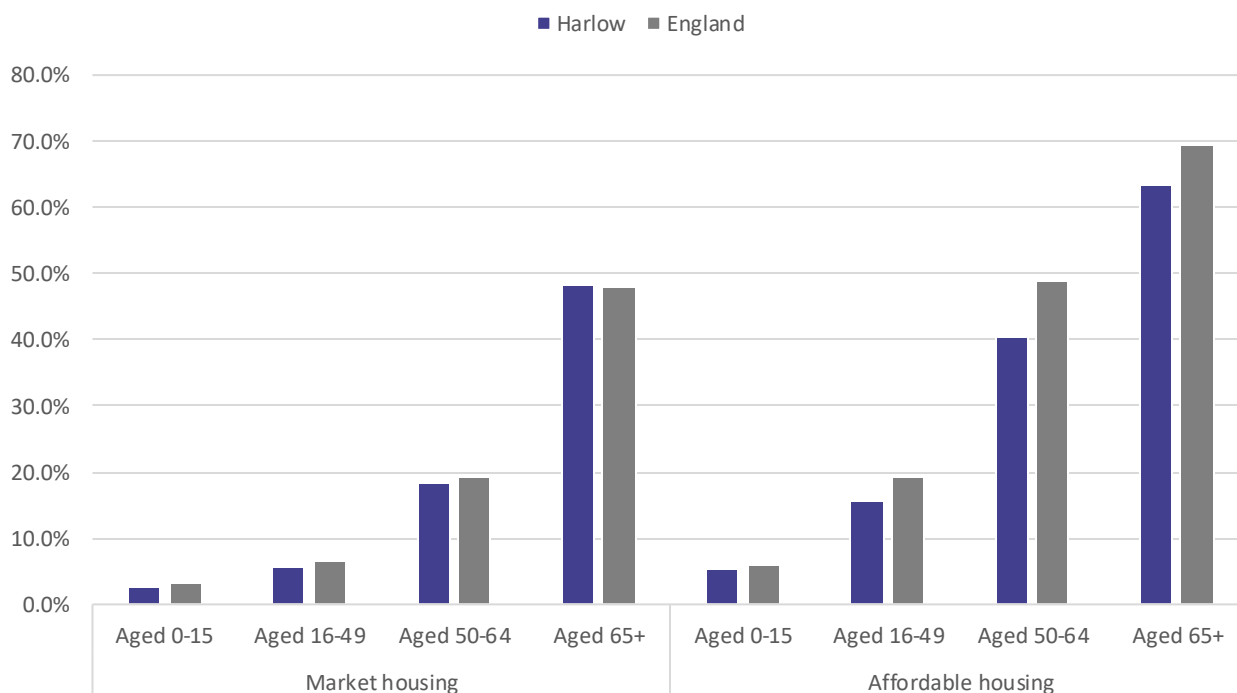
2. On this basis, in establishing the need for M4(2) Category 2 housing it is important to consider the population projections and health demographics of the area.
3. The Public Health England (PHE) health profiles provide up-to-date information on a range of health indicators. Figure 1 identifies some key indicators for Harlow which demonstrate the health profile compared to England. It is evident that local health indicators for the area are generally worse than the national average.

**Figure 1: Public Health England health profiles indicators 2017 (Source: Public Health England health profiles. Note: green cells are better than England, amber cells are similar to England and red cells are worse than England)**

Indicator	Period	England	Harlow
Deprivation score (IMD)	2015	21.8	23.6
Life expectancy at birth (Male)	2015-17	79.6	78.5
Life expectancy at birth (Female)	2015-17	83.1	83.2
<b>Percentages</b>			
Children in low income families (under 16s)	2016	17.0	42.8
Obese children (age 10-11)	2017/18	20.1	22.1
Physically active adults (aged 19+)	2016/17	66.0	62.8
Excess weight in adults (aged 18+)	2016/17	61.3	66.9
<b>Rates per 100,000 population</b>			
Hip fractures in people aged 65 and over	2017/18	578	615
Under 75 mortality rate: cardiovascular	2015-17	72.5	91.6
Excess winter deaths index – 3 years, all ages	Aug 2014-Jul 2017	21.1	22.1

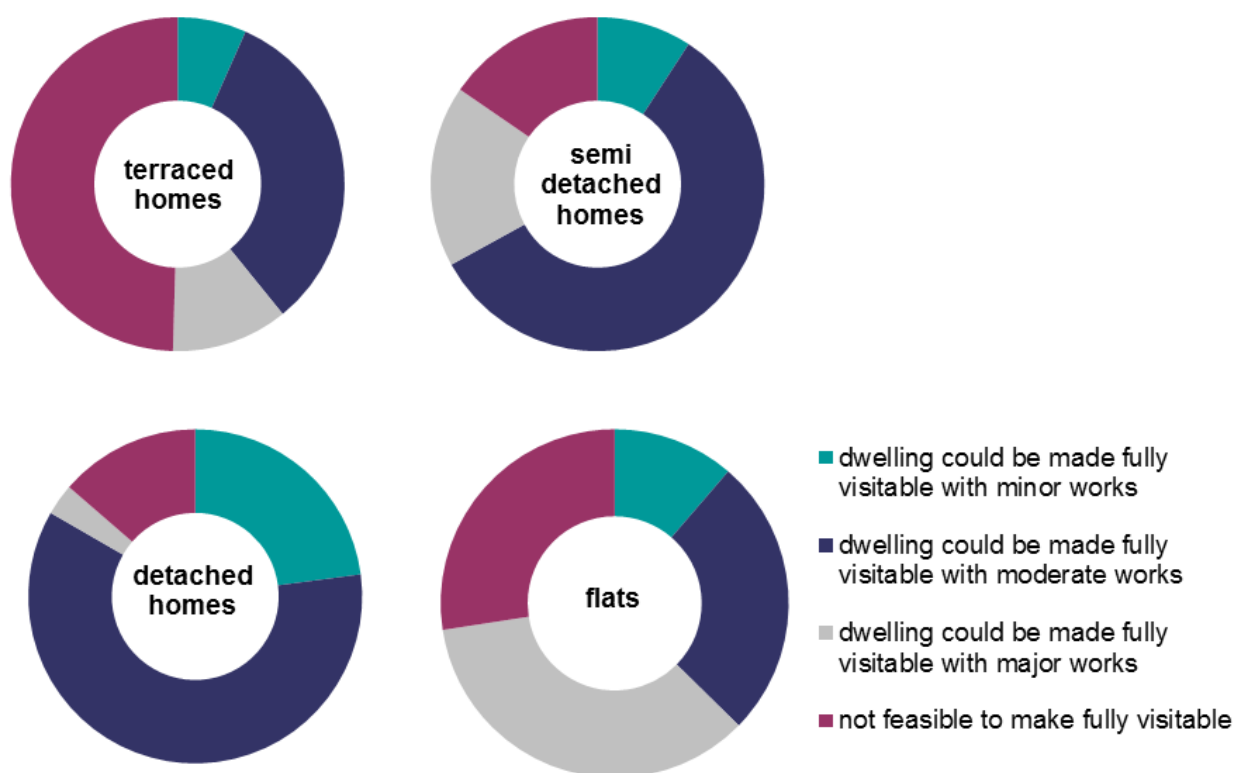
4. When considering the housing mix, the SHMA identified that many households moving into new housing are likely to be younger at the time that they form. However, these will still include some households with mobility problems. Furthermore, it is likely that the needs of these households will change over time – partly through progressive change as health deteriorates with households get older, but also immediate change following an accident or health condition impacting mobility. Some households may also gain additional members with existing conditions, including children born with disabilities.
5. Not all health problems will affect households' housing needs. Data from the English Housing Survey identifies that 70.9% of households have no limiting long-term illness or disability with a further 20.3% where there is a household member with an illness or disability, but this does not affect their housing need. Nevertheless, around 8.8% of households (around 1 in every 12) have one or more persons with a health problem which requires adaptations to their home. The proportion is markedly higher in affordable housing than in market housing (19.8% and 6.5% respectively).
6. The Census provides details about individual residents with limiting long-term illnesses and disabilities, including details by age and tenure. Figure 2 illustrates the proportion of persons with limiting long-term illnesses in Harlow and England. It is clear that the proportion of older residents with limiting illnesses is higher than the proportion for younger residents. In terms of the local population, the proportions of residents with limiting illnesses across Harlow are generally consistent with the equivalent national rates for market housing residents and marginally lower than the national rates for affordable housing residents; but within each age group, the proportion of residents living in affordable housing remains notably higher than the proportion who live in market housing.

**Figure 2: Limiting long-term illness by age and tenure (Source: Census 2011)**



7. The Government's reform of Health and Adult Social Care is underpinned by a principle of sustaining people at home for as long as possible. Whilst the SHMA identified a substantial growth in older households, many of these may not move from their current home and could instead make adaptations as required to meet their needs either with or without the support of DFGs.
8. However, the English Housing Survey identifies that approaching half of all existing dwellings could not be adapted or would require major works in order for them to be made fully visitable and meet M4(1) Category 1 standards (Figure 3). It follows that even fewer existing dwellings could be adapted to M4(2) Category 2 standards.

Figure 3: Level of work required to create full visitability (Source: EHS 2014-15 Annex Figure 2.5)



9. On this basis, adapting existing stock alone is unlikely to provide sufficient properties to meet the needs of a growing older population. Many older households will choose to move to an accessible home and others may have to move where it is not viable for their current home to be adapted. Not all of these households want to live in specialist older person housing, so it is important to ensure that accessible general needs housing that is suitable for older people is also provided. This will often free up family housing occupied by older households.

## Housing for Wheelchair Users

10. Building Regulations for M4(3) Category 3: Wheelchair user dwellings also states that reasonable provision should be made for people to gain access to and use the facilities of the dwelling and that:

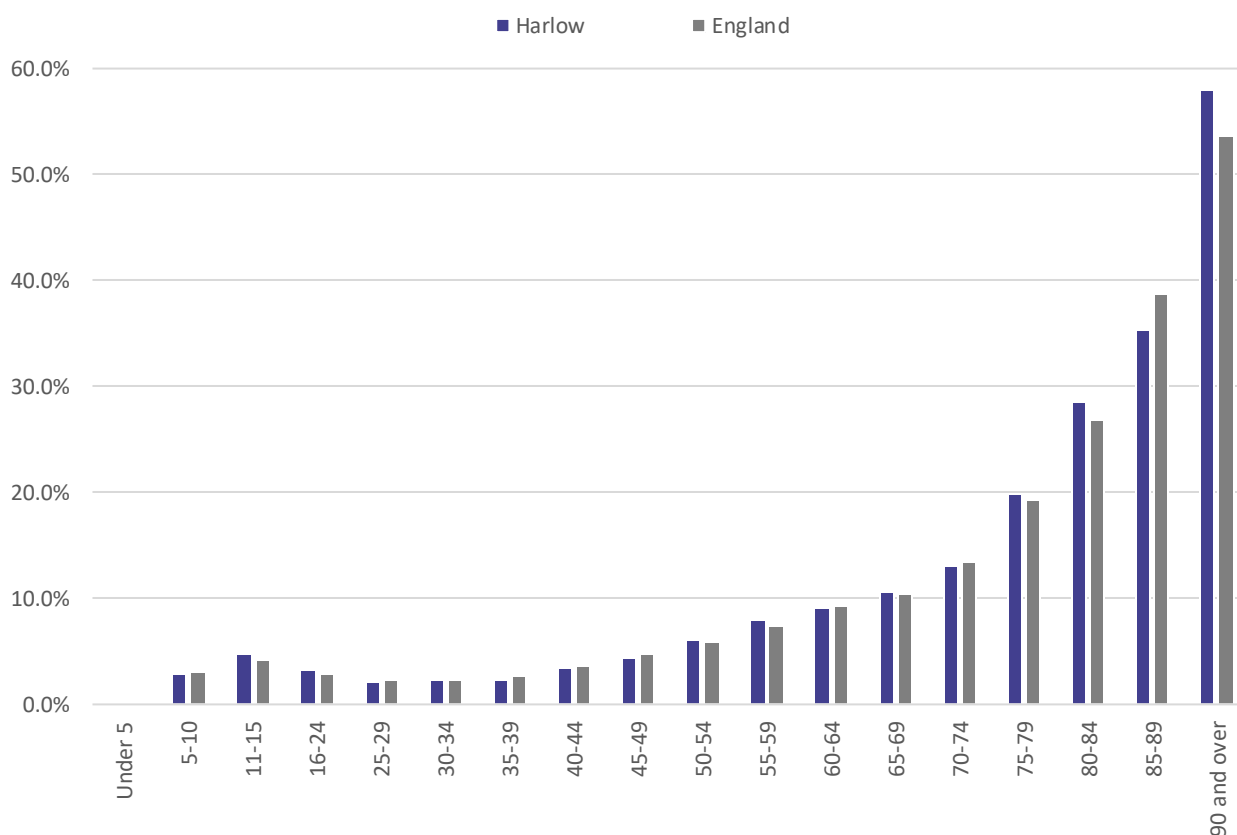
*“The provision made must be sufficient to-*

*(a) allow simple adaptation of the dwelling to meet the needs of occupants who use wheelchairs, or;*

*(b) to meet the needs of occupants who use wheelchairs.” (Page 23)*

11. On this basis, in establishing the need for M4(3) Category 3 housing it is again important to consider the population projections and health demographics of the area, but with specific reference to households with wheelchair users.
12. Figure 4 compares the proportion of disability benefit claimants in receipt of mobility award (the majority of whom will be wheelchair users) for Harlow against the figures for England. It is evident that the local rates are generally consistent with the equivalent national rates across most of the younger age groups, but are marginally higher for older persons.

**Figure 4: Disability benefit claimants in receipt of mobility award by age (Source: DWP, 2016)**



13. Through combining the information on local rates with national data from the CLG guide to available disability data<sup>1</sup> (referenced by PPG ID 56-007), we can establish the proportion of households in Harlow likely to have a wheelchair user by the age of the household representative in market housing and affordable housing (Figure 5).

Figure 5: Percentage of households with a wheelchair user by type of housing and age of household representative

Housing Type	Age of Household Representative							
	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
<b>Harlow</b>								
Market housing	< 0.1%	0.4%	1.0%	1.6%	3.0%	4.0%	6.2%	9.1%
Affordable housing	0.3%	2.0%	2.9%	6.0%	6.1%	10.3%	12.9%	19.6%

14. It is evident that the proportion of households with a wheelchair user increases with age; and given that the proportion of older households is projected to increase over the Plan period, it follows that the overall proportion of households with a wheelchair user will increase from the current rate of around 3.3%.

<sup>1</sup> <https://www.gov.uk/government/publications/building-regulations-guide-to-available-disability-data>