

Specialist Housing Need Review

Tameside Borough Council

July 2020

Contact: Michael Bullock
Email: michael.bullock@arc4.co.uk
Telephone: 07830 132 395
Website: www.arc4.co.uk

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Registered Address: arc4, 41 Clarendon Road, Sale, Manchester, M33 2DY
 Email : businessteam@arc4.co.uk Web : www.arc4.co.uk
 arc4 Limited, Registered in England & Wales 6205180 VAT Registration No: 909 9814 77
 Directors Helen Brzozowski and Michael Bullock

1. Introduction

Overview

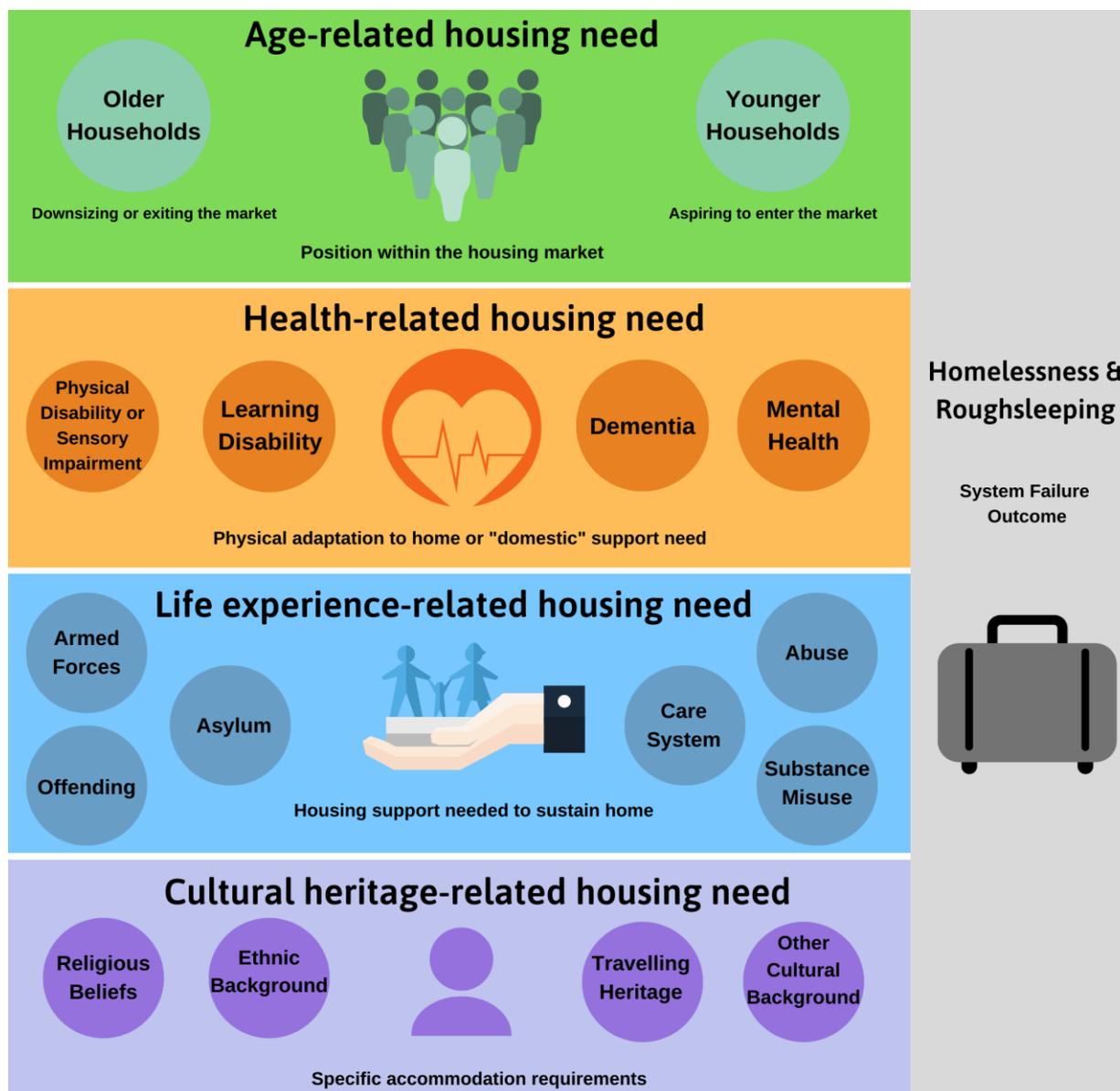
- 1.1 The NPPF (2019) (Paragraph 61) acknowledges that there are a range of household groups who have particular housing requirements. It sets out that the needs of different groups should be assessed and reflected in planning policy in terms of the size, type and tenure of housing. This includes older people and people with disabilities. This is a relatively narrow definition and as part of the local housing need assessment evidence base, the purpose of this appendix is to present evidence of need for a broader range of needs groups who require specialist support.
- 1.2 The evidence base has been established based around these broad principles:
- people with additional needs are generally accommodated in mainstream housing and provided with care and support when needed;
 - some people will have complex and multiple needs and therefore may fall into several different categories of need;
 - some people require long-term accommodation to provide support for ongoing needs; and some require short-term supported housing which aims to support people for a period of time before moving on/back into mainstream housing; and
 - most people with additional needs will not need specialist supported housing but they may need adaptations to their homes and/or care and support provided in other ways.

Defining specialist housing need

- 1.3 Figure 2.1 sets out our broad understanding of the various elements of specialist housing need and population groups which should be considered:
- **Age-related housing need** – this concerns the position of particular age groups in the housing market due to life events and the demand this creates for accommodation units of a certain size or affordability.
 - **Health-related housing need** – a household's health may be a determining factor in the type of accommodation they require or the support they need to receive. For most in this group the need for specialist accommodation or support is likely to be a lifelong need.
 - **Life-experience related housing need** – supported accommodation may be needed by those affected by life experiences which may have disadvantaged their ability to live independently. The support required here may be shorter term with the intention of promoting independence in the longer term.

- **Cultural heritage related housing need** – for those from a minority ethnic background there may be cultural heritage or religion related determined needs which impact on the type of accommodation required.

Figure 2.1 Establishing need associated with age, health and life experience



1.4 For all of the above groups the prevalence of homelessness can indicate a deficit of both appropriate and affordable accommodation options and support availability. This goes beyond the presence of households rough sleeping, reflecting the broad statutory definitions of homelessness to include those in inadequate or inappropriate accommodation who may be hidden from society's view.

1.5 For the purpose of the establishing evidence on additional housing needs, intelligence from a range of different sources has been assembled:

- primary data from the Tameside 2017 household survey data set;

- national secondary data sets; and
 - a review of the strategic and commissioning context locally.
- 1.6 Our primary focus is to fulfil the requirements of the PPG, hence greater detail is given to the needs of older person households and those with physical disabilities.

Planning practice guidance

Older people

- 1.7 Planning Practice Guidance 2019 ‘Housing and economic needs assessment’ says that *‘The health and lifestyles of older people will differ greatly, as will their housing needs. Strategic policy-making authorities will need to determine in relation to their plan period the needs of people who will be approaching or reaching retirement as well as older people now’*. It continues *‘Strategic policy-making authorities will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish. Supporting independent living can help to reduce the costs to health and social services and providing more options for older people to move could also free up houses that are under occupied.’*
- 1.8 PPG also includes advice on accessible and adaptable housing. Regarding older people, the PPG says *‘The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing...Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking’¹.*

People with disabilities

- 1.9 Regarding people with disabilities, the PPG says *‘The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in helping them to live safe and independent lives. Unsuitable or un-adapted housing can have a negative impact on disabled people and their carers. It can lead to mobility problems inside and outside the home, poorer mental health and a lack of employment opportunities. Providing suitable housing can enable disabled people to live more independently and safely, with greater choice and control over their lives. Without accessible and adaptable housing, disabled people risk facing discrimination and disadvantage in housing. An ageing population will see the numbers of disabled people continuing to increase and it is important we plan early to meet their needs throughout their lifetime’².*

¹ PPG June 2019 Paragraph: 001 Reference ID: 63-001-20190626

² PPG June 2019 Paragraph: 002 Reference ID: 63-002-20190626

2. Local policy context

- 2.1 Policy documents prepared at the Greater Manchester (GM) level provide a broad range of strategic priorities which apply to constituent local authorities of the Greater Manchester Combined Authority Area. This includes the Greater Manchester Housing Strategy, Greater Manchester Spatial Framework and supporting documents and evidence. Establishing strategy in Tameside is also framed by the Tameside and Glossop Corporate Plan, the Market Position Statement (MPS), the Tameside and Glossop Joint Strategic Needs Assessment (JSNA) as well as the Greater Manchester Housing Strategy.

Greater Manchester Housing Strategy 2019-24³

- 2.2 Tameside's housing strategy reflects the strategic priorities of the Greater Manchester Housing Strategy which comprise:
- Strategic Priority A: A safe, healthy, accessible home for all:
 - Tackling homelessness and rough sleeping;
 - Making a positive difference to the lives of private tenants;
 - Developing healthy homes services to support vulnerable households;
 - Improving access to social housing for those who need it; and
 - Identifying pathways to volume domestic retrofit and reducing fuel poverty.
 - Strategic Priority B: Delivering the new homes we need:
 - New models of delivery;
 - Investing in truly affordable housing; and
 - Increasing choices in the housing market for Greater Manchester households.

Greater Manchester Healthy Homes September 2019⁴

- 2.3 The GM Healthy Homes report recommends a number of baseline services be offered across GM localities. This includes the provision of advice and information, a handyperson service, warm homes support and disabled adaptations. The recommended policy proposals include implementing consistent monitoring, data collection and evaluation systems, developing a GM framework around private sector assistance policies to ensure that flexibilities can be utilised in funding home improvements, palliative care grants and grants for specific cohorts, a Greater Manchester Housing Providers (CHMP) adaptations contributions protocol and a GM Equity Loan scheme. Within the Disabled Facilities Grant (DFG) grant allocations for

³ Greater Manchester Housing Strategy 2019-24

⁴ GM Healthy Homes Report September 2019

Greater Manchester there is significant discretion to set out locally how monies for private sector housing should be spent. This could include work to improve the condition of the home, fund handyman services or introduce new services such as dementia grants.

GM Supported Housing Evidence Base⁵

- 2.4 The supported housing census has identified over 32,000 units of supported accommodation across more than 3,000 schemes in Greater Manchester. The Strategic Housing for Older People (SHOP) analysis tool, identifies that without growth in the current stock, there will be a shortfall in sheltered housing of 7,803 units by 2035. It is also estimated that there will be a shortfall in housing with care of 8,561 units by 2035. A review of learning disability accommodation needs identifies a requirement 1,296 net additional units of supported accommodation for people with a learning disability by 2031. The evidence base further identifies a requirement for an additional 2,535 units of supported accommodation for people with a mental health need by 2031 including 281 specifically for Tameside. There is also an unmet housing need identified by 2035 for 8,900 wheelchair users of which approximately 2,300 will need fully wheelchair adapted properties.

Tameside and Glossop Corporate Plan⁶

- 2.5 The Corporate Plan has been developed jointly through Tameside Council and NHS Tameside & Glossop CCG who have come together to form one organisation – Tameside & Glossop Strategic Commission. The plan sets out the three key themes Starting Well, Living Well and Ageing Well. These address 8 priorities:
- Very best start in life where children are ready to learn and encouraged to thrive and develop.
 - Aspiration and hope through learning and moving with confidence from childhood to adulthood.
 - Resilient families and supportive networks to protect and grow our young people.
 - Opportunities for people to fulfil their potential through work, skills and enterprise.
 - Modern infrastructure and a sustainable environment that works for all generations and future generations.
 - Nurturing our communities and having pride in our people, our place and our shared heritage.
 - Longer and healthier lives with good mental health through better choices and reducing inequalities.

⁵ Greater Manchester health and social care partnership commissioning data pack August 2019

⁶ Tameside and Glossop Corporate Plan 2019

- Independence and activity in older age, and dignity and choice at end of life.

Adult Social Care Market Position Statement⁷

2.6 Tameside's Adult Social Care Market Position Statement (MPS) sets out the council's plans and outlines trends for commissioning for social care across all service user groups. The policy and commissioning priorities focus firstly on helping people to find the support they need within their communities and to avoid dependency on services in the long term. This will mean:

- Focusing on the outcomes that the person wants to improve upon, the level of response required and assertive monitoring of whether their life is improved as a result.
- Helping individuals to make informed choices about what to buy and from whom.
- Rebalancing the profile of spend away from building based settings to support in the community, reinforced by a wider range of accommodation options.
- Continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision.
- Focusing on the needs of individuals rather than defining them by service user group, purchasing highly specialist services where needed.
- Emphasising co-production with communities, with eligible people and their carers, and with providers, (whilst moving away from services being provided by the council).

Tameside and Glossop Joint Strategic Needs Assessment (JSNA)⁸

2.7 The JSNA is important for the people who plan and deliver services in the public sector to understand the population so that services and interventions are appropriate to the population and are delivered effectively and efficiently. The JSNA covers the following aspects of population analysis:

- Tameside Resident Population.
- Wider Characteristics of the Population.
- Deprivation, income and Employment.
- Long term conditions and disability.

2.8 These elements of population analysis will be explored further in analysing the specialist housing needs of specific population groups.

⁷ Tameside Adult Social Care Market Position Statement 2014-16 page 5

⁸ Tameside and Glossop Joint Strategic Needs Assessment (JSNA)

3. Age related housing

3.1 Age-related housing need relates to the needs of specific age groups in the housing market due to life events and the impact this has on the need for dwellings of particular sizes/types and affordability. For older households this includes ‘rightsizing’ and adaptation of existing dwellings. For this section we focus upon the needs of older persons for particular unit types.

Housing for older people

3.2 The NPPF Annex 2 defines older people as ‘people over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing can encompass accessible, adaptable general needs housing through to the full range of retirement and specialist housing for those with care and support needs.’

3.3 PPG recommends the following are considered in an assessment of older persons need:

- The future need for specialist accommodation (including but not restricted to age-restricted general market housing, retirement living or sheltered accommodation, extra-care or housing with care), broken down by type and tenure;
- The need for care in residential care and nursing homes (C2);
- The need for co-housing communities; and
- The role of general housing and in particular bungalows and homes that can be adapted to meet a change in needs.

3.4 PPG notes that ‘*plan-making authorities will need to count housing provided for older people against their housing requirement*’⁹.

3.5 A major strategic challenge for the council is to ensure a range of appropriate housing provision, adaptation and support for the area’s older population. Table 3.1 indicates that the number of people across Tameside aged 65 or over is projected to increase from around 40,500 in 2020 to 52,000 by 2037, a 28.5% increase. The percentage increases are larger when looking at the categories of 75 years plus (+38.8%) and 85 years plus (+63%).

Older age groups	2020	2037	Number change	% change
All Older 65+	40,467	52,003	11,536	28.5
All Older 75+	17,937	24,899	6,961	38.8
All Older 85+	4,454	7,260	2,806	63.0

Source: ONS 2018-based subnational population projections

⁹ PPG June 2019 Paragraph: 016 Reference ID: 63-016-20190626

- 3.6 According to 2018-based household projections, the number of households headed by someone aged 65 and over is expected to increase by 8,065 (+29.1%) between 2020 and 2037. Across Tameside, 65 and over households make up over one quarter (27.9%) of all households and this is projected to rise to one third (33.2%) by 2037.

The future need for specialist accommodation

2019 supported housing census

- 3.7 A supported housing census was carried out for Greater Manchester by the Housing Learning and Improvement Network (Housing LIN). This included outputs from the Strategic Housing for Older People (SHOP) tool to estimate current provision and predict change in need to 2035. The Greater Manchester SHMA¹⁰ also identified that Tameside is expected to experience some of the largest increases in dementia across Greater Manchester at over 70% by 2035.
- 3.8 The evidence for supported housing¹¹ also identified a net shortfall of sheltered / retirement housing in Tameside of 1,711 units by 2035 and a net shortfall of 866 units of housing with care needs by 2035 (Table 3.2).

Type of provision	Current supply	2015 Demand	2035 Demand	Change 2015 (supply) to 2035 (demand)	% change 2015-2035
Sheltered/retirement housing	1939	2,075	3,650	1,711	88.2
Housing with care	156	581	1,022	866	555.1
Total	2,095	2,656	4,672	2,577	97.0

Source: Housing LIN

2020 supply and population change analysis

- 3.9 Across the borough, there are around 3,520 units of specialist older persons accommodation (Table 3.3) (which is a much higher number than reported in the 2019 supported housing census). This includes 1,518 units of residential care (C2 planning use class) and 2,002 units of specialist older person accommodation (C3 planning use class)¹².

¹⁰ Greater Manchester SHMA 2019 page 162

¹¹ Greater Manchester supported housing commissioning pack page 12

¹² EAC database 2020

Category (C2/C3 planning use category)	Current number of units	Description
Age-exclusive housing (C3)	705	<p>EAC definition: Schemes or developments that cater exclusively for older people, usually incorporate design features helpful to older people and may have communal facilities such as a residents' lounge, guest suite and shared garden, but do not provide any regular on-site support to residents.</p> <p>PPG definition: This type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens but does not include support or care services.</p>
Care homes (C2)	866	<p>EAC definition: A residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. Since April 2002 all homes in England, Scotland and Wales are known as 'care homes', but are registered to provide different levels of care. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication.</p> <p>PPG definition: These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.</p>
Care home with nursing (C2)	652	A home registered as a care home with nursing will provide the same personal care but also have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people who are physically or mentally frail or people who need regular attention from a nurse.
Enhanced sheltered/close case (C3)	0	Sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of provision that is found in an Extra Care housing scheme.
Retirement/Sheltered housing (C3)	1,141 R/S	<p>EAC definition: Sheltered housing (S) means having your own flat or bungalow in a block, or on a small estate, where all the other residents are older people (usually over 55). With a few exceptions, all developments (or 'schemes') provide independent, self-contained homes with their own front doors. Retirement housing (R) means housing developments of a similar type to sheltered housing (see below), but built for sale, usually on a leasehold basis.</p> <p>PPG definition: This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services but provides some support to enable residents to live independently. This can include 24-hour on-site assistance (alarm) and a warden or house manager.</p>

Category (C2/C3 planning use category)	Current number of units	Description
Extra Care housing or housing with care (C3)	156	<p>EAC definition: Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home.</p> <p>PPG definition: This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24-hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages - the intention is for residents to benefit from varying levels of care as time progresses.</p> <p>Note extra care can also provide accommodation for people with additional needs who are not older people.</p>
Total	3,520	

Source: EAC database www.housingcare.org

3.10 Given the ageing of the population, the need for specialist older person accommodation is expected to increase. Table 3.4 considers the ratio of older people to current provision and then applies this ratio to future household projections. Based on population projections to 2037¹³, there is an additional need for 777 specialist older persons' accommodation (C3) units and 589 units of residential care provision (C2) with a total of 1,366 units needed.

¹³ ONS 2018-based Subnational Population Projections

Current provision (and planning use class)	Number of units 2020	Number aged 75 and over 2020	Number aged 75 and over 2037 (projected)	Change in need 2020-2037
	-	17,937	24,899	
	-	Ratio of population to current provision	Ratio applied to 2030 population	
Specialist older person (C3)	2,002	0.1116	2,779	777
Residential Care (C2)	1,518	0.0846	2,107	589
Total	3,520		4,886	1,366

Source: EAC database 2020, ONS 2018-based Subnational Population Projections

Senior co-housing communities

- 3.11 Senior co-housing is specifically mentioned in PPG as a housing option for older people: *'Senior co-housing communities are created and run by residents, based on the intention to live with a group of people of a similar age. The sites often consist of self-contained private homes as well as shared community space. Some communities offer an additional option for informal care.'*

According to the 2019 household survey, a total of 1,850 older person households were interested in cohousing as a residential option:

- 65.5% were owner occupiers, 29.9% lived in affordable housing; and 4% were private renters; and
- 44% had a household income of less than £300 each week, 25% had a household income of between than £300 and £500 each week and 31% had an income of £500 or more each week.

- 3.12 Table 3.5 sets out the dwelling type and size preferences.

Dwelling type/size	Like (%)	Expect (%)
1-bedroom house	0.0	0.0
2-bedroom house	15.3	30.9
3-bedroom house	41.8	34.1
4 or more-bedroom house	7.2	0.0
1- bedroom flat	0.0	5.3
2- bedroom flat	5.0	0.0
3 or more-bedroom flat	0.0	0.0
1-bedroom bungalow	0.0	8.9
2-bedroom bungalow	24.6	20.8
3 or more-bedroom bungalow	6.1	0.0
Total	100.0	100.0
Base	443	414

The role of general housing in meeting need

- 3.13 The profile of dwellings occupied by older person households and all households is summarised in Table 3.6.
- 3.14 This analysis shows that 72% of households with a household reference person aged 60 or over live in houses, 13.9% in flats and 13.4% in bungalows. The proportion living in flats and bungalows is higher across 75-84 and 85+ groups. Overall 53.7% of older age group households live in houses with 3 or more bedrooms and for the 85+ age group the figure is 38.8%.
- 3.15 Overall, 11.2% of dwellings were flats and 5.9% bungalows which is a particular residential choice for older people, notably those aged 75 and over. Given the aging profile of the borough, demand for this type of accommodation is expected to increase over the plan period.

Dwelling type and size	Age of Household Reference Person				
	60-74	75-84	85+	Total (all aged 60+)	All households
Detached house 1-2 bedrooms	0.8	0.5	0.0	0.7	0.7
Detached house 3 bedrooms	7.6	3.9	2.1	6.7	4.5
Detached house 4 or more bedrooms	10.5	3.4	1.0	8.8	8.5
Semi-detached house 1-2 bedrooms	5.1	4.6	7.2	5.1	5.4
Semi-detached house 3 bedrooms	23.4	26.6	23.0	24.0	26.4
Semi-detached house 4 or more bedrooms	2.9	2.1	0.0	2.6	4.3
Terraced house 1-2 bedrooms	12.5	12.5	10.3	12.4	17.0
Terraced house 3 bedrooms	10.1	9.0	12.8	10.0	13.8
Terraced house 4 or more bedrooms	1.9	0.7	0.0	1.6	1.6
Bungalow 1-2 bedrooms	8.9	15.6	19.7	10.6	4.3
Bungalow 3 bedrooms	2.0	4.5	3.1	2.5	1.4
Bungalow 4 or more bedrooms	0.3	0.4	0.0	0.3	0.3
Flat/Apartment 1 bedroom	7.4	11.6	13.4	8.4	5.0
Flat/Apartment 2 bedrooms	5.5	4.3	4.1	5.2	5.7
Flat/Apartment 3 or more bedrooms	0.3	0.0	0.0	0.2	0.5
Other 1 bedroom	0.2	0.3	1.3	0.3	0.1
Other 2 bedrooms	0.5	0.0	1.2	0.4	0.2
Other 3 or more bedrooms	0.0	0.0	0.7	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0
Base	23867	5480	1339	30686	97911
Summary	60-74	75-84	85+	Total 60+	All households
House	74.8	63.3	56.4	72.0	82.2
Bungalow	11.2	20.5	22.8	13.4	5.9
Flat	13.3	15.8	17.6	13.9	11.2
Other	0.7	0.3	3.3	0.7	0.7
% living in houses with 3 or more bedrooms	56.4	45.7	38.8	53.7	59.2

Assistance in the home

3.16 Table 3.7 considers the extent to which households require assistance now or within the next 5 years. For those households aged 65+, the main types of assistance required were help with practical tasks (26.1%), help with repair and maintenance of the home (17.3%) and help with personal care (13.3%). Greater assistance could be

provided by the adoption of baseline services including handyman, warm homes and disabled adaptations as identified in the GM Healthy Homes Report.¹⁴

Assistance required	Age group (% of households)		
	Under 65 years	65+ years	Total
Help with repair and maintenance of home	28.2	17.3	20.0
Help with gardening	22.9	7.5	11.3
Help with cleaning home	11.9	6.4	7.8
Help with other practical tasks	45.0	26.1	30.7
Help with personal care	30.4	13.3	1.8
Want company / friendship	18.8	11.7	13.4
<i>Base (All households)</i>	25,799	79,041	104,840

Source: 2017 Household Survey

Adaptations and improvements

- 3.17 Across Tameside, 2017 household survey indicated that 5.1% of all households lived in properties which had been adapted. Table 3.8 shows how the level of adaptation varies by the age of the household reference person and tenure. The level of adaptation was highest amongst households where the HRP was aged 75 and over and in affordable housing stock. Note that only 1.7% of private rented dwellings were adapted. It is not unsurprising that the extent to which care and support is needed to remain in the home increases with age. Overall 7.2% of households require care and support to enable them to live in their home and this is highest amongst households living in affordable accommodation (13.3%). Table 3.9 summarises the data by ward.
- 3.18 Just over half of households said they could accommodate a carer if needed. Owner occupiers were most likely to be able to accommodate a carer (65.1%) but fewer private renters (38%) and those in affordable housing (29.5%) could accommodate a carer.

¹⁴ Greater Manchester Healthy Homes Report September 2019

Table 3.8 Existing property adaptation, support needs and space for a carer by age of household reference person and tenure				
	% homes adapted or purpose-built for a person with a long-term illness, health problem or disability	% of homes where respondent/someone in household requires care or support to enable you/them to stay in this home	% of homes with sufficient space for a carer to stay overnight, if needed	Base
Age group				
15-24	4.9	0.0	16.6	1,637
25-34	1.3	1.6	44.3	12,865
35-44	3.2	4.2	38.4	18,395
45-59	4.4	8.5	56.0	32,985
60-74	7.6	8.5	66.2	22,967
75-84	10.4	11.5	69.1	5,055
85+	26.1	36.1	57.2	1,295
Total	5.1	7.1	53.5	95,199
Tenure				
Owner Occupier	4.6	5.8	65.1	63,325
Private Rented	1.7	4.1	38.0	14,690
Affordable	9.4	13.3	29.5	21,753
Total	5.2	7.2	53.4	99,768

ward	Current home has been adapted or purpose-built for a person with a long-term illness, health problem or disability (%)	You or other members of your household require care or support to enable you/them to stay in this home (%)	Sufficient space in your home for a carer to stay overnight, if this was needed, is available (%)
Ashton Hurst	3.9	8.9	58.2
Ashton St Michael's	4.4	5.1	44.3
Ashton Waterloo	5.7	9.1	45.9
Audenshaw	6.5	8.5	55.2
Denton North East	5.0	10.6	46.9
Denton South	9.2	5.2	48.0
Denton West	3.6	6.2	60.2
Droylsden East	5.8	6.4	52.8
Droylsden West	6.9	11.4	51.9
Dukinfield	7.3	10.7	48.5
Dukinfield Stalybridge	8.0	6.3	57.8
Hyde Godley	2.0	4.6	59.8
Hyde Newton	4.4	6.2	43.2
Hyde Werneth	3.8	5.8	55.0
Longdendale	3.9	8.3	66.2
Mossley	5.8	6.3	53.3
St Peters	4.4	6.0	51.6
Stalybridge North	6.3	8.5	57.3
Stalybridge South	2.7	2.5	60.5
Total	5.2	7.2	53.4
<i>Base</i>	<i>5,350</i>	<i>7,337</i>	<i>53,227</i>

3.19 The 2017 household survey asked residents about their need for adaptation and improvement. The results are presented in Tables 3.10 (number) and 3.11 (%) by age group and tenure. The range of needs have been categorised as follows:

- **Minor adaptation:** no structural alterations required. Costs likely to be under £1,000. Examples include replacing a door and frame to create a flush threshold, installing a ramp for level access, installing internal and external grab-rails.
- **Moderate adaptation:** rearrangements/adjustment of internal space required. Costs likely to be in the region of £1,000 to £15,000 depending on the precise nature of the work. Examples include: internal structural alternations to create a downstairs w/c, remodeling of kitchens and bathrooms.
- **Major adaptation:** building extensions required, for example, an extension for a downstairs WC, level access extension for wheelchair user. Costs in excess of £15,000.
- **General improvement:** general dwelling improvements to improve thermal comfort, sound proofing and ventilation.

Adaptation/Improvement	Scale	Age of Household Reference Person			Tenure			
		Under 65	65 and over	Total	Owner Occupier	Private Rented	Affordable	Total
		Count	Count	Count	Count	Count	Count	Count
Community alarm	Minor adaptation	2,882	2,302	5,184	3,089	378	1,718	5,184
External handrails	Minor adaptation	3,777	2,861	6,640	4,348	431	1,860	6,640
Internal handrails	Minor adaptation	4,690	3,174	7,864	4,928	763	2,172	7,864
Lever Door	Minor adaptation	2,925	888	3,813	2,152	407	1,254	3,813
Security Alarm	Minor adaptation	8,924	2,481	11,404	6,014	2,141	3,249	11,404
Improvement to access	Minor adaptation	3,487	1,628	5,114	3,162	357	1,595	5,114
Adaptation to bathroom	Moderate adaptation	7,253	4,344	11,597	6,187	1,006	4,403	11,597
Adaptation to kitchen	Moderate adaptation	6,199	1,817	8,015	4,742	1,044	2,229	8,015
Space for a carer	Moderate adaptation	2,066	678	2,744	1,702	106	935	2,744
Stair Lift	Moderate adaptation	4,340	2,728	7,067	4,684	657	1,726	7,067
Better heating	Moderate adaptation	11,216	3,398	14,614	9,176	2,498	2,940	14,614
Downstairs WC	Major adaptation	4,971	2,593	7,563	5,319	645	1,600	7,563
Property size	Major adaptation	8,516	799	9,316	5,875	1,349	2,092	9,316
Wheelchair accessibility	Major adaptation	3,133	1,353	4,487	2,791	181	1,514	4,487
Double glazing	General improvement	11,696	2,653	14,349	9,935	2,077	2,337	14,349
More insulation	General improvement	10,259	2,399	12,659	8,207	1,863	2,588	12,659
Sound proofing	General improvement	6,043	1,579	7,622	4,094	1,149	2,379	7,622
Ventilation	General improvement	5,145	1,474	6,619	3,711	1,325	1,584	6,619
Base (all households)		79,041	25,799	104,840	66,426	15,191	23,233	104,850

Adaptation/Improvement	Scale	Age of Household Reference Person			Tenure			
		Under 65	65 and over	Total	Owner Occupier	Private Rented	Affordable	Total
		%	%	%	%	%	%	%
Community alarm	Minor adaptation	3.6	8.9	4.9	4.7	2.5	7.4	4.9
External handrails	Minor adaptation	4.8	11.1	6.3	6.5	2.8	8.0	6.3
Internal handrails	Minor adaptation	5.9	12.3	7.5	7.4	5.0	9.3	7.5
Lever Door	Minor adaptation	3.7	3.4	3.6	3.2	2.7	5.4	3.6
Security Alarm	Minor adaptation	11.3	9.6	10.9	9.1	14.1	14.0	10.9
Improvement to access	Minor adaptation	4.4	6.3	4.9	4.8	2.4	6.9	4.9
Adaptation to bathroom	Moderate adaptation	9.2	16.8	11.1	9.3	6.6	19.0	11.1
Adaptation to kitchen	Moderate adaptation	7.8	7.0	7.6	7.1	6.9	9.6	7.6
Space for a carer	Moderate adaptation	2.6	2.6	2.6	2.6	0.7	4.0	2.6
Stair Lift	Moderate adaptation	5.5	10.6	6.7	7.1	4.3	7.4	6.7
Better heating	Moderate adaptation	14.2	13.2	13.9	13.8	16.4	12.7	13.9
Downstairs WC	Major adaptation	6.3	10.1	7.2	8.0	4.2	6.9	7.2
Property size	Major adaptation	10.8	3.1	8.9	8.8	8.9	9.0	8.9
Wheelchair accessibility	Major adaptation	4.0	5.2	4.3	4.2	1.2	6.5	4.3
Double glazing	General improvement	14.8	10.3	13.7	15.0	13.7	10.1	13.7
More insulation	General improvement	13.0	9.3	12.1	12.4	12.3	11.1	12.1
Sound proofing	General improvement	7.6	6.1	7.3	6.2	7.6	10.2	7.3
Ventilation	General improvement	6.5	5.7	6.3	5.6	8.7	6.8	6.3
Base (all households)		79,041	25,799	104,840	66,426	15,191	23,233	104,850

Source: 2017 household survey

3.20 Disabled Facilities Grants (DFGs) may be available for people with disabilities who need adaptations up to the value of £30,000 across all tenures however most social landlords will directly fund adaptations for their tenants. The applicant is assessed by an occupational therapist as the grant is based on essential needs. Applicants usually undergo a financial means test to determine what, if any, financial contribution must be made towards the work. However, to make it easier for residents who have a disability and an assessed need, the council have introduced non-means tested Discretionary Grant/Loan Schemes up to a maximum of £5,000. Higher levels of grant require a DFG application. The council are also planning to introduce new financial assistance schemes to help elderly and vulnerable home-owners who may struggle to keep their homes wind and weather tight and who may have health and safety issues that need to be removed. Some of these schemes require a local land charge on the property to protect the investment made in the property.

Summary – Age related housing need

3.21 In summary:

- The number of people across Tameside aged 65 or over is projected to increase from 39,711 in 2018 to 68,900 by 2043; a 32.0% increase.
- Specialist housing demand for people aged over 75 will increase significantly over the period 2020 -2037, with an increase in need for 777 specialist older person dwellings (C3 use class) and 589 residential care spaces (C2 use class).
- People aged over 65 will require increasing assistance with practical tasks (30.7%), help with repair and maintenance of the home (20.0%) and help with gardening (11.3%).
- 5.1% of all households live in adapted properties – particularly those aged 75 and over and those living in affordable housing. The scale of need for different types of adaptation have been identified by age group and tenure. The main adaptations required by those over 65 are bathroom (16.8%), better heating (13.2%), internal handrails (12.3%), external handrails 11.1%), stairlift (10.6%), and downstairs WC (10.1%). A range of grant and loan finance is available from the council to provide adaptations that are needed.

4. Health-related housing need

- 4.1 February 2019 PPG comments that *'The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in ensuring that they live safe and independent lives'*¹⁵. The NPPF and PPG provide definitions of people with disabilities.
- 4.2 The NPPF Annex 2 defines people with disabilities as people who *'have a physical or mental impairment, and that impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. These people include, but are not limited to, people with ambulatory difficulties, blindness, learning difficulties, autism and mental health needs. The PPG notes that these disabilities, may generate a range of housing requirements which can change over time. Local planning authorities may also wish to consider groups outside of the scope of this definition in order to meet specific needs within their community. To enable disabled people to live more safely and independently, local planning authorities will need to consider their variety of needs in both plan-making and decision-taking'*.
- 4.3 An analysis of long-term health problems or disability by health sex and age¹⁶ in Tameside is shown in Table 4.1.

Age Group	Measure of health (%)		
	Very good or good health (%)	Fair health (%)	Bad or very bad health (%)
Age 0 to 15	97.2	2.1	0.7
Age 16 to 24	93.8	4.8	1.4
Age 25 to 34	90.0	7.4	2.6
Age 35 to 49	81.3	12.8	5.9
Age 50 to 64	64.6	23.0	12.4
Age 65 to 74	50.6	33.8	15.6
Age 75 to 84	36.7	42.3	21.0
Age 85 and over	24.8	47.1	28.0
All categories: Age	78.1	14.8	7.1
All people	170,021	32,277	15,438

- 4.4 It is clear that health deteriorates with age. For those aged 65-74, 15.6% of the population state they have bad or very bad health, and this rises to 21.0% for 75-84 year olds and 28.0% for those aged 85 and over. This in turn impacts on day to activities by age group as set out in Table 4.2.

¹⁵ PPG February 2019 Paragraph: 017 Reference ID: 2a-017-20190220

¹⁶ ONS Crown copyright reserved (from NOMIS May 2020)

Age Group	Measure of health (%)		
	Day to day activities limited a lot	Day to day activities limited a little	Day to day activities not limited
Age 0 to 15	1.6	2.3	96.1
Age 16 to 24	2.6	3.5	93.9
Age 25 to 34	3.9	4.9	91.3
Age 35 to 49	7.4	8.1	84.5
Age 50 to 64	15.1	14.9	70.0
Age 65 to 74	22.7	25.0	52.2
Age 75 to 84	35.3	31.9	32.8
Age 85 and over	57.9	28.0	14.1
All categories: Age	10.2	10.2	79.6
All people	22,199	22,305	173,232

- 4.5 The measure of health by limitation of day to activities again increases significantly with age. For those aged 65-74, 22.7% report that their day to day activities are limited a lot and this increases to 35.3% for 75-84 year olds and 57.9% of those aged 85 and over.
- 4.6 The ONS Family Resources Survey provides national data on the number of people with disabilities by age group. This can be applied to population projections to establish the potential number of residents who have a disability at the start of the plan period.
- 4.7 For Tameside, Table 4.3 shows that it is estimated that in 2020, 47,855 people (21.0%) had a disability and this is projected to rise to 49,834 (21.4%) by 2025.

	Year		Change
	2020	2025	
Base (total in households with a disability)	47,855	49,834	1,979
% of population with disability	21.0	21.4	

- 4.8 Table 4.4 below indicates that 3.5% of the population receive DLA. 45.9% of claimants are aged 65 and over and 21.1% are under 16 years.

Age group	Number of claimants	% of claimants	Population 2020 est	% age group DLA claimant
Under 16	1,680	21.1	43,447	3.9
16-24	190	2.4	24,417	0.8
25-49	980	12.3	73,391	1.3
50-64	1,460	18.3	45,834	3.2
65 and over	3,660	45.9	40,467	9.0
Total	7,970	100.0	227,556	3.5

- 4.9 The disabling conditions reported by Tameside residents are shown in Table 4.5 and indicates that the most prevalent conditions for illness/disability were longstanding illness or health condition (10.9%) followed by physical/mobility impairment (8%).

Illness/disability	Number of people	% of population	% of people with illness/disability
Physical / mobility impairment	14,746	8.0	26.1
Learning disability / difficulty	3,242	1.8	5.7
Mental health issue	9,742	5.3	17.2
Visual impairment	5,806	3.2	10.3
Hearing impairment	10,156	5.5	18.0
Long standing illness or health condition	20,098	10.9	35.6
Older Age-related illness or disability	4,385	2.4	7.8
Other	24,553	7.9	25.8
<i>Base (Number of people (Respondent plus second person)</i>	183,615	30.8	
<i>Base (Number of people with illness/disability – respondent plus second person)</i>	56,514		

Source: 2019 household survey. Note a person may have more than one disability. Data reported for respondent and second person in household

- 4.10 A household's health may be a determining factor in the type of accommodation they require or the support they need to receive. Those with a physical disability may require level access or wheelchair accessible accommodation whilst those with a reduced capacity due to a learning disability or dementia may require intensive daily support. Individuals with poor mental health may also be in need of lower level support. For most in this group the need for specialist accommodation or support is likely to be a lifelong need.
- 4.11 The GM SHMA¹⁷ has actually identified that there is likely to be a slight fall of 2.8% in percentage of total population in Tameside aged 18-64 who are predicted to have a serious physical disability by 2035.

Learning Disability and Autism

- 4.12 People with a learning disability can experience poorer health and wellbeing outcomes than the wider population. The Tameside and Glossop Joint Strategic Needs Assessment 2018/19¹⁸ identifies that there are currently approximately 4,897 school aged children with a special educational need. This could be related to a learning and/or a health or physical disability. Of these children around 2% have a statement of special educational needs or Health and Care Plan (EHC 12). There are

¹⁷ Greater Manchester SHMA 2019 page 298

¹⁸ Tameside and Glossop Joint Strategic Needs Assessment 2018/19

approximately 1,429 children in Tameside with moderate, severe, and profound learning disabilities and around 304 children with autism.

- 4.13 Estimates of adults aged 18 years to 64 years show that for Tameside there are around 3,259 people with a learning disability, of these approximately 1,332(41%) are autistic, 930(30%) have a mild learning disability, 742(23%) have a moderate learning disability, 195(6%) have a severe learning disability and around 60(2%) have challenging behaviour. In addition to this there are 1,191 adults registered with a GP as having a learning disability in Tameside & Glossop. The GM SHMA has identified a slight predicted fall of 1.3% by 2035 of adults aged 18-64 who have a moderate or severe learning disability.¹⁹
- 4.14 There are currently (2018) 597 adults being supported by adult social services in Tameside, this includes supported with Routes to Work (RTW), of these 68 have Asperger's syndrome / high functioning autism or Asperger's syndrome / high functioning autism.
- 4.15 There are approximately 827 older people in Tameside with a learning disability. 114 (14%) are estimated to be moderate to severe with around 372 (45%) having autism.

Mental Health Conditions and Dementia

- 4.16 It is estimated that 3,124 children aged 5 to 16 years have a mental health condition in Tameside²⁰ (2015/16), of these 38% are related to emotional conditions such as anxiety and depression. Around 61% have conduct disorders such as behavioural issues, 17% have hyperkinetic conditions relating to developmental issues. It is also estimated that 3,349 16 to 24 year olds have attention deficit hyperactivity disorder (ADHD) and 3,183 children and young people have an eating disorder. Around 758 (2%) of school aged children are supported in school due to social, emotional and mental health needs.
- 4.17 In Tameside & Glossop there are 2,160 people registered with a serious mental health condition, 2,539 people who were newly diagnosed with depression in 2017/18 and more than 23,500 people with a history of depression. It is estimated that approximately 21,649 adults aged 18 to 64 years in Tameside have a common mental health condition such as anxiety or depression. Nearly 10,000 adults are estimated to have two or more mental health conditions.
- 4.18 The PPG makes specific reference to dementia and that *'there should be a range of housing options and tenures available to people with dementia, including mainstream and specialist housing. Innovative and diverse housing models should be considered where appropriate'*²¹.
- 4.19 The PPG also outlines the characteristics of a dementia- friendly communities:
- easy to navigate physical environment;

¹⁹ Greater N=Manchester SHMA 2019 page 299

²⁰ Tameside and Glossop Joint Strategic Needs Assessment 2018/19

²¹ June 2019 PPG Paragraph: 019 Reference ID: 63-019-20190626

- appropriate transport;
 - communities shaped around the views of people with dementia and their carers;
 - good orientation and familiarity;
 - reduction in unnecessary clutter; and
 - reduction in disorienting visual and auditory stimuli.
- 4.20 The number of people aged 65 years and over with dementia in Tameside & Glossop is approximately 2,111, however the expected prevalence is around 2,529, 19.8% higher than the reported prevalence. It is also estimated that around 58 people each year are diagnosed with early onset dementia under the age of 65 years. There is a need to design quality environments with green spaces, in line with PPG recommendations.

Summary – Health related housing need

- 4.21 In summary:
- For those aged 65-74, 15.6% of the population state they have bad or very bad health, and this rises to 21.0% for 75-84 year olds and 28.0% for those aged 85 and over.
 - The measure of health by limitation of day to activities again increases significantly with age. For those aged 65-74, 22.7% report that their day to day activities are limited a lot and this increases to 35.3% for 75-84 year olds and 57.9% of those aged 85 and over.
 - It is estimated that in 2020, 47,855 people (21.0%) had a disability and this is projected to rise to 49,834 (21.4%) by 2025.
 - The most prevalent conditions for illness/disability in Tameside were longstanding illness or health condition (10.9%) followed by physical/mobility impairment (8%).
 - Estimates of adults aged 18 years to 64 years show that for Tameside there are around 3,259 people with a learning disability, of these approximately 1,332(41%) are autistic, 930 have a mild learning disability(30%), 742 (23%) have a moderate learning disability, 195(6%) have a severe learning disability and around 60(2%) have challenging behaviour.
 - In Tameside & Glossop there are 2,160 people registered with a serious mental health condition, 2,539 people who were newly diagnosed with depression in 2017/18 and more than 23,500 people with a history of depression
 - There is likely to be a slight fall of 2.8% in percentage of total population in Tameside aged 18-64 who are predicted to have a serious physical disability by 2035.

5. Life experience housing need

- 5.1 In addition to age related and health related housing needs, there are number of life experience housing need categories which can also be considered including armed forces veterans, young care leavers, domestic abuse and substance misuse.

Armed forces veterans

- 5.2 The Ministry of Defence estimates that 4.2% of people living in Greater Manchester have served in the armed forces. Using this data, it is estimated that in 2016 there were approximately 7,500 people living in Tameside who have served in the UK's Armed Forces. The wider ex-service community includes adult and child dependents of ex-military personnel. The Royal British Legion estimates that in England in 2012, 1.5% of the population were children of ex-service personnel, and 3.2% of the population were adult dependents of ex-service personnel. Additional preference is given to categories of people in the armed forces or former armed forces including not having have local connection.²²
- 5.3 The Household Survey 2017 found that the highest proportion of armed forces employees (including Reserved and Special Forces) lived in Longdendale (3.1% of responding households), followed by Denton West (1.5%). The majority of armed forces employees were planning to leave the service in 2021 (62.0%).
- 5.4 The University of Salford's 2017 report on *Meeting the Housing Needs of the Armed Forces Community in Tameside*²³ references a NHS estimate that there are 18,281 veterans in the wider area of Tameside and Glossop (before taking into account spouses and immediate family members of those who have served). This represents almost 8% of the entire population of the Tameside and Glossop area. The report acknowledges that many ex-armed forces personnel face difficulties after returning to civilian life, and housing is identified as a key area where the armed forces community requires support. However, the study found that housing associations do not always identify members of the armed forces community at the application stage of seeking accommodation, either because providers do not ask or because individuals may not be aware of their rights or may be reluctant to ask for help. The report sets out a range of recommendations including further exploring Supported Living networks as a means of enabling the armed forces community to support each other whilst living among the wider community.

²² Tameside Housing Allocation Scheme

²³ University of Salford (Sustainable Housing and Urban Studies Unit), *Meeting the Housing Needs of the Armed Forces Community in Tameside*, Final Report June 2017 (Dr Mark Wilding)

Young care leavers

- 5.5 Tameside has a local offer for care leavers strategy.²⁴ Its pledge to ‘Looked After Children’ includes the commitment to supporting young people to remain in their foster care placements beyond the age of 18 and up to the age of 21. There are a range of supported accommodation options. Supported lodgings is accommodation within a family home where the young person is provided with their own bedroom and must be engaged in education, employment or training. Semi-independent multi occupancy provisions in Tameside are run by private providers. These properties usually accommodate between two and four care leavers and have support staff on site around the clock. The Transition Support Service provides supported social housing tenancies for the sole use of Children’s Services. This accommodation is for 16+ year olds and consists of dispersed one bed social housing tenancies within Tameside. Access to commissioned semi-independent tenancies can also be supported.

Domestic Abuse

- 5.6 The Tameside Domestic Abuse strategy²⁵ estimates that over 9,000 people will have experienced domestic abuse in the previous 12 months. Table 5.1 shows the estimates for domestic abuse in Tameside including estimated life time prevalence rates.

	UK %	Estimated number in Tameside
Women experiencing domestic abuse in the last 12 months	8.5%	5,984
Women experiencing domestic abuse in the last 12 months	4.5%	3,118
Life time prevalence – Women	30.0%	21,120
Life time prevalence – Men	16.3%	11,296

- 5.7 The strategy identifies increasing capacity as part of its objective to deliver an effective response. This includes increasing the capacity of the outreach and housing provision by utilising funding from the Department of Communities and Local Government to increase the provision of advice and safety measures, and developing more options such as access to sheltered provision and dispersed self-contained properties to provide a place of refuge for people for whom standard refuge environments are not ideal.

²⁴ Local offers for care leavers strategy 2019

²⁵ Tameside Domestic Abuse Strategy 2016-19

Substance misuse

- 5.8 The Tameside Alcohol Strategy²⁶ identifies that 14,200 adults in Tameside are dependent drinkers, 11,500 are high risk drinkers and nearly 35,000 are increasing drinkers. Alcohol is the most significant local substance misused but less than 5% of dependent drinkers are accessing treatment and support. The Tameside Strategic Alcohol and Drugs Group is a wide-ranging partnership of key stakeholders and will provide leadership and collaborative approaches to reducing alcohol and drug related harm in Tameside.

Summary – Life experience housing need

- 5.9 In summary:

- It is estimated that in 2016 there were approximately 7,500 people living in Tameside who have served in the UK's Armed Forces.
- There is a range of supported accommodation for young care leavers. This includes supported lodgings, semi-independent multi occupancy provision, and a transition support service for supported social housing tenancies.
- It is estimated that over 9,000 people will have experienced domestic abuse in the previous 12 months. There is an objective to increase capacity of outreach and housing provision for victims of domestic abuse.
- The Tameside Alcohol Strategy identifies that 14,200 adults in Tameside are dependent drinkers, 11,500 are high risk drinkers and nearly 35,000 are increasing drinkers.

²⁶ Tameside Alcohol Strategy 2017 – Rethinking Drinking Strategy

6. Cultural heritage related housing need

- 6.1 For those from a minority ethnic background there may be cultural heritage or religion related determined needs which impact on the type of accommodation required. This would include the specific needs of particular BAME households as well as those from travelling communities.

BAME Households

- 6.2 Based on 2011 Census data, BME population estimates show that around 9% of the registered population in Tameside & Glossop are from a BME background²⁷. The 2017 Household Survey indicates that 91.5% of Household Reference People describe themselves as 'White British' and 8.5% describe themselves as having other ethnicities.²⁸ Of these, 1.5% are White Central/Eastern European, 0.5% White Irish and 1.4% are other White groups. A further 3.4% are Asian / Asian British, 0.8% are Black / African / Caribbean / Black British, 0.4% have a mixed ethnicity and 0.4 are other ethnicities. The most ethnically diverse ward in Tameside is St Peters, where 22.4% of Household Reference People have an ethnicity other than White British.
- 6.3 Information on BAME households based on the 2017 Household Survey includes:
- 47.6% are owner occupiers, 27.3% rent privately and 25.0% live in affordable housing (social rented or intermediate tenures), (compared with 63.4%, 14.5% and 22.2% respectively across all households).
 - Incomes tended to be lower than the Tameside average. 47.3% had a gross income of less than £300 each week (compared with 33.8% of all households), 24.7% received between £300 and £500 each week (29.2 all households) and 28.0% received between more than £500 each week (37.1% all households).
 - 23.3% BAME households were in some form of housing need (compared with 9.1% of all households), with key needs factors being overcrowding (48.1% of households in need) and couples/people with children sharing facilities (38.5%).

Gypsies and Travellers

- 6.4 The 2011 Census reported 11 households identifying as Gypsy and Traveller living in Tameside (16 in bricks and mortar and 3 living in caravans) and a population of 37 (26 in bricks and mortar and 11 living in caravans).
- 6.5 The twice-yearly caravan count carried out by the council for MHCLG reports zero caravans over the period Jan 2016 to July 2017, and 10 caravans in January 2018 on sites with temporary planning permission. The July 2018 count reports 52 caravans (but this appears to be an error because the numbers tally with caravans on Travelling Showperson plots). The January 2019 count reports zero caravans.

²⁷ Joint Strategic Needs Assessment for Tameside 201819

²⁸ Tameside Housing Needs Assessment December 2017

- 6.6 The 2018 Greater Manchester Gypsy and Traveller and Travelling Showpeople Accommodation Assessment noted one temporary authorised site at Watson Street, Denton comprising 5 pitches and accommodating two households. Over the period 2017/18 to 2036, the GTAA identified a total need for 5 additional pitches based on the 'cultural' definition of need and 3 pitches based on the Planning Policy for Traveller Sites (PPTS) August 2015 definition which takes into account travelling behaviour.

Travelling Showpeople

- 6.7 The 2018 GTAA noted three Travelling Showperson yards in Tameside which collectively provided 35 residential plots accommodating 31 households. A count of Travelling Showperson caravans on yards is carried out every January. The data for Tameside reports between 36 and 52 caravans over the period January 2015 to January 2019. The latest data (January 2019) reports 52 caravans (47 on permanent yards and 5 on temporary authorised yards).
- 6.8 The 2018 GTAA identified the need for 1 additional plot over the period 2017/18 to 2036.

Summary - Cultural heritage related housing need

- 6.9 In summary:
- For BAME households, 47.6% are owner occupiers, 27.3% rent privately and 25.0% live in affordable housing (social rented or intermediate tenures) (compared with 63.4%, 14.5% and 22.2% respectively across all households).
 - 23.2% BAME households were in some form of housing need (compared with 9.1% of all households), with key needs factors being overcrowding (48.1% of households in need) and couples/people with children sharing facilities (38.5%).
 - The MHCLG traveller caravan count identified 52 private caravans with either temporary or permanent planning permission.
 - In terms of future need, the Greater Manchester Gypsy and Traveller and Travelling Showpeople Accommodation Assessment²⁹ identified a net need of 7 additional pitches by 2036.

²⁹ Greater Manchester Gypsy and Traveller and Travelling Showpeople Accommodation Assessment update 2018 page 63

7. Homelessness

- 7.1 The Household Survey identified 883 households who had been previously homeless or living in temporary accommodation and had moved to their present accommodation in the past five years.
- 7.2 Table 7.1 presents a range of information relating to the characteristics of previously homeless households and the dwelling choices that they have made. 72.1% of households previously homeless have moved to the private rented sector and 23.3% into affordable housing. They have moved into a range of dwelling sizes, with 34.6% moving to one bedroom dwellings, 56.7% moving into two bedroom dwellings and 8.7% into dwellings with three or more bedrooms. The incomes of previously homeless households are generally low with around 79.0% receiving less than £250 each week and 20.8% receiving between £250 and £500 each week. 36.1% were couples with children, 20.8% lone parents and 15.1% were singles under 65.

Household Type	%	Property Type	%
Single Adult (under 65)	15.1	House	62.4
Single Adult or Couple (65 or over)	3.8	Bungalow	0.0
Couple only (both under 65)	4.6	Flat/maisonette	37.6
Couple with child(ren)	36.4	Total	100.0
Lone parent with 1 or 2 child(ren) under 18	10.9		
Lone parent with 3 or more child(ren) under 18	0.0		
Lone parent with children aged 18+	9.9		
Other types of household	19.3		
Total	100.0		
Current tenure	%	Origin	%
Owner Occupied	4.6	Within Tameside	9.7
Private Rented	72.1	From outside Tameside	90.3
Social/Affordable Rented	23.3	Total	100.0
Total	100.0		
Current income (Gross weekly)	%	Property size	%
Under £250	79.0	1 Bed/bedsit	34.6
£250 to <£500	20.8	2 Beds	56.7
£500+	0.2	3 or more Beds	8.7
Total	100.0	Total	100.0

Base: 883 households previously homeless

Source: 2017 Household Survey

8. Conclusion

- 8.1 The specialist housing needs of Tameside have been set out in terms of national policy context, the broader strategic context of the Greater Manchester Combined Authority and the local context of Tameside. This has addressed the various aspects of specialist housing need covering age, health, life experience and culturally related housing need.
- 8.2 There are a range of trends regarding specialist housing need and these include:
- The number of people across Tameside aged 65 or over is projected to increase from 39,711 in 2018 to 68,900 by 2043; a 32.0% increase.
 - Specialist housing demand for people aged over 75 will increase significantly over the period 2020 -2037, with an increase in need for 777 specialist older person dwellings (C3 use class) and 589 residential care spaces (C2 use class).
 - People aged over 65 will require increasing assistance with practical tasks (30.7%), help with repair and maintenance of the home (20.0%) and help with gardening (11.3%).
 - It is estimated that in 2020, 47,855 people (21.0%) had a disability and this is projected to rise to 49,834 (21.4%) by 2025.
 - The most prevalent conditions for illness/disability in Tameside are longstanding illness or health condition (20.0%) followed by hearing impairment (10.1%) and mental health issue 9.7%.
 - There is likely to be a slight fall of 2.8% in percentage of total population in Tameside aged 18-64 who are predicted to have a serious physical disability by 2035.
 - There is a range of supported accommodation for young care leavers. This includes supported lodgings, semi-independent multi occupancy provision, and a transition support service for supported social housing tenancies.
 - It is estimated that over 9,000 people will have experienced domestic abuse in the previous 12 months. There is an objective to increase capacity of outreach and housing provision for victims of domestic abuse.
 - 23.2% BAME households were in some form of housing need (compared with 9.1% of all households), with key needs factors being overcrowding (48.1% of households in need) and couples/people with children sharing facilities (38.5%).
 - The MHCLG traveller caravan count identified 52 private caravans with either temporary or permanent planning permission. It is estimated that there is a net need of 7 additional pitches by 2036.
- 8.3 Tameside will continue to work within the commissioning context of the Greater Manchester Combined Authority which will identify need and funding sources at both the combined authority and Tameside level.

- 8.4 The Greater Manchester Combined Authority has identified a number of policy recommendations which could shape the future of specialist housing provision in Tameside.
- 8.5 This includes implementing consistent monitoring, data collection and evaluation systems, developing a GM framework around private sector assistance policies to ensure that flexibilities can be utilised in funding home improvements, palliative care grants and grants for specific cohorts.
- 8.6 Analysis of need across the Greater Manchester area identifies that without growth in the current stock, there will be a shortfall in sheltered housing, housing with care, learning disability accommodation, supported accommodation for people with a mental health need and an increased need for fully wheelchair adapted properties.