

Report of Anava Baruch
Specialist field Housing occupational therapy
On behalf of The claimant Mr Grant Skeates

TO THE COURT

Title of the action Mr Grant Skeates V Mr xxxx.

Court reference number

Final report of Anava Baruch **for the** HIGH COURT OF JUSTICE,
QUEEN'S BENCH DIVISION.

Dated xxx
Specialist field Housing occupational therapy
On behalf of the Claimant Mr Grant Skeates
On the instruction of Penningtons Manches LLP
Subject matter

Mr Skeates (39) was involved in a road traffic accident when he was riding his motorbike; a car pulled out across his path, turning right. Mr Skeates hit the rear of the vehicle. He suffered traumatic brain injury and complex fractures to his pelvis.

This witness expert report sets out the housing needs for Mr Skeates and his family in order to enable him to live safely within the community.

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Reference XXXXX

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1. Introduction

1.1. Expert

I am Anava Baruch; my specialist field is housing occupational therapy. My formal qualifications include a BA (Hons) in Occupational Therapy and an MSc in Ergonomics. I am the Managing Director of Design for Independence Ltd. My particular area of expertise is designing and adapting homes for people who are less able due to physical, sensory and mental impairments. This includes advising on suitable accommodation needs; designing new builds; adapting existing properties; advising on suitable equipment, furniture and assistive technology; manual handling assessments and training. Full details of my qualifications and experience entitling me to give expert opinion evidence are listed in Appendix 1.

1.2. Summary background of the case

- 1.2.1. The case concerns Mr Skeates who currently lives with his partner in a two-bedroomed flat in Belbeach. Mr Skeates has two children from a previous marriage (a 7 year old boy and a 4 year old girl). His ex-wife has an older daughter (13 years old) from a previous relationship; this girl relies on Mr Skeates for support due to her mother's mental health condition. Mr Skeates was working in a project management role in the computer software industry before the accident.
- 1.2.2. Mr Skeates was involved in a road accident on the xxx. He was riding his motorbike when a car pulled out across his path. Mr Skeates hit the back of the car. As a result of the accident, he suffered from large subdural and subarachnoid haemorrhages on the left side of his brain, and right-side brain contusions. Mr Skeates also suffered a complex fracture to his pelvis. After his acute hospital stay at St George's Hospital, and then Frimley Park Hospital, he underwent initial rehabilitation at the Ted Bradley Unit. He then transferred to Landbridge House until the 1st of xxx when he was discharged home.
- 1.2.3. I have been instructed to assess the current housing needs of Mr Skeates, who currently lives at 2 xx, Belbeach,. If his current housing needs cannot

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be met at the current property, I have been asked to advise on suitable rental accommodation and related costs.

1.3. Summary of my conclusions

1.3.1. In this report, I will show that in my professional opinion, the property at 2 xxx, Belbeach, does not meet Mr Skeates' housing needs. Therefore, I recommend moving Mr Skeates and his partner to a more suitable accommodation within their current community. The requirements for the new property takes into consideration Mr Skeates' crucial parenting role - see 3.2.5

1.3.2. I have considered the likely costs that will be incurred in providing Mr Skeates and his partner with a reasonable home environment, these are as follows:

Price of a suitable privately rented property:

- a. Monthly rental costs: £2,000
- b. Deposit: £4,000
- c. Ancillary costs: £6,400
- d. Adaptation costs: £3,533.1

1.4. Those involved

1. Catriona MacRae Occupational Therapist	Landbridge House discharge report dated xxx
2. Catriona MacRae Senior Physiotherapist	Landbridge House discharge report dated xxx
3. Brenna Ely Lead Speech and Language Therapist	Landbridge House discharge report dated xxx
4. Dr Cooney Consultant Neurological Rehabilitation	Medical report Dated xxx

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2. The issues to be addressed and a statement of instructions
 - 2.1. On the xxx I was instructed by Mr Warren Collins of Penningtons Manches LLP to assess the suitability of the current property at xxx, Belbeach, , and to determine if the property was suitable for Mr Reynold's current housing needs. If the property was deemed unsuitable, I was asked to advise regarding Mr Reynold's current housing needs and the cost of renting such property within the required area.
 - 2.2. I was provided with reports from Landbridge House and Dr Cooney (see details in 1.4 Those involved).
 - 2.3. The purpose of the report
 - 2.3.1. In this report, I examined all the areas of the property in use by Mr Skeates. I assessed the space and layout to determine if they were suitable for the daily tasks he needs to complete and support his rehabilitation goals. I also took Mr Reynold's parenting role into consideration when considering his housing needs.
 - 2.3.2. The areas of the property included in this evaluation are the access to the flat and all of the internal layout and facilities.
3. My investigation of the facts
 - 3.1. Other Experts

I summarise here my investigation of the facts, based on the literature provided by Mr Collins of Penningtons Manches LLP. I received the discharge report from Landbridge House regarding Mr Skeates' neurological condition and rehabilitation goals and the medical expert report from Dr Cooney.

 - 3.1.1. A precis of Mr Skeates' medical conditions, as determined by the multi-disciplinary team at Landbridge House.

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Occupational Therapy	<ul style="list-style-type: none">i. Topographical disorientation: difficulty with finding a new route and remembering it. Very vulnerable if unsupported within the community.ii. Impairment of the working memory and procedural memory (short-term memory and ability to learn new tasks). Performance can be variable.iii. Impaired executive function: difficulty with solving problems and planning complex tasks.iv. Ideational dyspraxia: impaired ability to conceptualize, plan, and execute the complex sequences of motor actions involved in the use of tools or otherwise interacting with objects in everyday life.v. Required supervision throughout the day as his ability to function and complete tasks is very variable.vi. Mr Skeates is unaware of his cognitive fatigue levels and he is likely to carry on performing activities and putting himself at risk doing so. Carers need to prompt him to have a break.vii. Mr Reynold is responding well to prompts and reminders set on his phone. He works well with visual checklists and visual recipes.viii. Independent with personal care.ix. Able to prepare hot and cold drinks independently. Able to prepare cold lunches independently, however requires support and prompting with cooking hot food.x. Has poor spatial awareness due to his visual impairment. Difficulty with depth perception. Difficulty with judging depth of kerb and puddles when walking outside. He needs prompting to avoid hazards on his right-hand side.
Physiotherapy	Mr Skeates is slowly returning to the level of fitness he had prior the accident. He is now able to run 5k.
Speech and Language Therapist	<ul style="list-style-type: none">i. Diagnosed with severe global receptive and expressive dysphasia. Mr Skeates has made a significant improvement in his abilities.ii. Ability to understand the spoken word is severely compromised. If the communication partner uses gestures and facial expression, the correct tone of voice and key words, this assists Mr Skeates to understand what has been said.

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	<ul style="list-style-type: none">iii. Mr Skeates' verbal output is predominantly fluent, but he uses made-up words. However, he is attempting to self-correct.iv. Mr Skeates remains extremely vulnerable due to the above. He cannot reliably use the phone to call for help, nor does he appreciate when help is required or know how to seek help and from whom. He is unable to explain his difficulties to the person supporting him unless they know him well.v. He is unable to understand symbolic representation of the real object. His ability to read is not functional. His ability to recognise letters and the order of letters in a word is improving gradually.
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3.1.2. A precis of Mr Skeates' medical conditions, as determined by Dr Cooney:

<ul style="list-style-type: none">i. Vision: based on informal observation, Dr Slater believes Mr Skeates is suffering from 'hemianopia' or 'neglect' on the right-hand side. On the left side, Mr Skeates wears lenses with a prism to prevent him from using his left eye.ii. Diagnosed with aphasia: Mr Skeates has difficulties making his wishes known and difficulty understanding what other people say to him.iii. Cognitive and behaviour difficulties: intolerance to noise, irritability, and stubbornness from time to time (not aggressive). He rapidly fatigues and has difficulty with gauging his upper limb strength.iv. Personal care: he needs to be prompted, but he is independent in all tasks.v. Mr Skeates requires 24-hour supervision. Mr Skeates was assessed as having no capacity to make any financial decisions and handle money. He also has no capacity to make decisions about his own care arrangements.

3.2. Enquiries/ investigation into facts by the expert

3.2.1. I gathered information during my two hour visit to Mr Skeates and his partner Ms Underwood at the flat on xxxx. Mr Skeates was able to answer some of my questions with one word and hand gestures. I assessed and discussed Mr Skeates' current housing needs, rehabilitation goals and gathered information about the family circumstances. Ms Underwood described the problems they have with the current property.

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- 3.2.2. I also assessed the access to the property and all the facilities in the flat.
- 3.2.3. The current family home (see photos in appendix 2)
- 3.2.3.1. The couple live in a rented property.
- 3.2.3.2. The property is a first floor flat in a low-rise block of flats. There is a basic intercom system at the communal door downstairs, to allow access to the communal staircase. There are two flights of straight staircases leading to the first floor.
- 3.2.3.3. The two-bedroomed flat is all on one level. It has a small kitchen which is narrow and long (3.6m x 1.8m). There are two bedrooms: the guest bedroom (3.2m x 2.7m) and a master bedroom (3.5m x 2.9m). The master bedroom has a small en suite (1.6m x 1.7m), with a shower cubical, toilet and wash basin. The family bathroom (2m x 2m) has a bath, wash basin and toilet. The property has one reception room (7.5m x 3.2m), which acts as the lounge and dining room.
- 3.2.4. Mr Skeates' rehabilitation programme - as reported by Ms Underwood and Mr Skeates :
- 3.2.4.1. Ms Underwood explained that all the current rehabilitation sessions take place at home and around the local area:
- Occupational therapy session: 2.5 hours a week, which includes cooking and daily activities.
 - Speech and language therapy: 1 hour a day.
 - Neuropsychologist: 2 hours a week
 - Physiotherapy / personal trainer: 3 hours a week.
- 3.2.4.2. Mr Skeates said "no space" when I asked about the rehabilitation activities:
- Ms Underwood explained that the kitchen is too small for the therapy cooking sessions. The therapist always gets in the way when she stands next to Mr Skeates, and it makes him irritated. The restricted space prevents him from focusing, and it distracts him during the tasks.

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- Ms Underwood also explained that when the neuropsychologist comes, Mr Skeates has nowhere to sit with him to have a private conversation: some of the discussions are very intimate and it is difficult for others not to be in the way.
- Due to the restricted amount of space in the flat, sessions with the speech and language therapist take place in the lounge, which restrict everyone else's movements. Mr Skeates gets distracted very easily and loses concentration, which gets him very irritated.

3.2.4.3. Due to the entry system fitted on the communal door downstairs, Mr Skeates is reliant on others to let people in. He is unable to recognise voices via this system and he struggles to understand the words and reply to the person at the other end, as there is no visual feedback.

3.2.5. Family life - as reported by Ms Underwood and Mr Skeates.

3.2.5.1. Mr Skeates has two children from his previous marriage - Harrison (a 7 year old boy) and Mabel (a 4 year old girl). His ex-wife has an older daughter, Daisy (13 years old), from her previous relationship. Mr Skeates' ex-wife has a mental health condition and requires constant support from others to function daily. Daisy acts as her mother's main carer (she is registered as a young carer with the local authority), and she also takes responsibility for waking her younger siblings in the morning, getting them ready for school and supporting them after school. Mr Skeates' mother, Paula, has Harrison and Mabel to stay for sleepovers and collects them from school on Monday and Wednesday; she also provides some cover on school holidays.

3.2.5.2. Mr Skeates has an important role in the children lives. They visit and stay with him in the week and at weekends on a regular basis. Daisy knows she can come and stay whenever she wants/needs to. Mr Skeates' home is the only place she can have a break from her caring role and concentrate on herself and her studies. Ms Underwood has taken on the role of coordinating when the children visit and supporting Mr Reynold's in his responsibility for the children. Ms Underwood highlighted how important it is for Mr Skeates to have space for the children to stay with him (for both himself and the

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children).

- 3.2.5.3. The current property has a one guest bedroom (3.2m x 2.7 m). The room has a bunk bed and a small wardrobe. There is no room for a third bed, so Daisy has to sleep on a pull-out sofa in the living room. This means that Mr Skeates and Ms Underwood have to go to their bedroom early in the evening, when Daisy needs to go to bed, and Daisy is woken up very early when her younger siblings come in to the living area to eat their breakfast.
- 3.2.5.4. The property is very small and has no outside space. The children are very active and sometimes loud when playing, this makes Mr Skeates tired and agitated. Unfortunately, he has no place to sit in peace and quiet if he wants to take a break, rest and calm down.
- 3.2.5.5. Mr Skeates does a lot of modelling work at the moment - he builds Lego and other models - as part of his rehabilitation and leisure. The property is so restricted in space that he can only work on the dining table, which again causes problems when the family wants to eat and when the children play around him when he is trying to concentrate.
- 3.2.6. Location: as part of Mr Skeates' rehabilitation, he walks and visits local shops and sports facilities in Belbeach town centre. It would be very difficult to carry on with these important sessions if the family lived far from the town centre. Ms Underwood said that for this part of Mr Reynold's rehabilitation to continue, they cannot live more than one mile from the centre of Belbeach.
- 3.2.7. I have examined the private rental market in Belbeach. I assessed a number of houses of varying sizes and layouts online. I looked at photos, videos, floor plans, and Google Earth to assess both the property itself, its surroundings and the local area. A sample of my findings can be seen in Appendix 3.

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4. My opinion

4.1. Based on all the information I collected during my visit and the information provided (see Section 3), it is clear that the house in its current layout is not suitable to meet Mr Skeates' needs and it cannot be adapted to do so.

4.2. In my opinion, these are the criteria for a property which would meet Mr Skeates' needs, taking into account his parental responsibility:

4.2.1. Entry system: Mr Skeates must be able to see the person at the door in order to allow them access to the house. This means that a video intercom system needs to be installed at the front door for security reasons.

4.2.2. Stairs and staircases:

4.2.2.1. Both the occupational therapist, Ms Lewis, and the consultant neurologist, Dr Hendersson Slater, reported Mr Skeates' loss of 3D vision. The occupational therapist highlighted how Mr Skeates' specific sight loss causes difficulty with judging the depth of kerbs and puddles.

4.2.2.2. Research shows (Templer, 1992; RNIB 1995) that using a curved staircase or stairs with treads of variable size requires the user to rely heavily on their visual sense. If stairs are designed with the same rise and going our brain has the capacity to automate our movement; this reduces the need to rely on our vision and pay close attention to the task (appendix 4)

4.2.2.3. In order to maximise safety, especially when Mr Skeates is tired, I recommend avoiding properties with curved staircases.

4.2.3. Mr Skeates bedroom: this should be at least 15sqm in size to enable sufficient space for walking around the double bed safely – due to Mr Skeates' visual problems. The bedroom should have sufficient storage space to ensure the floor is clear of obstructions.

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- 4.2.4. Mr Skeates' bathroom: Mr Skeates requires some prompting and verbal support when completing his personal care. The bathroom should ensure Mr Skeates' privacy when his children visit. To increase safety, the bathroom should have a low threshold shower cubical rather than a bath, and sufficient space to enable two people to stand in the room comfortably, so that Ms Underwood can prompt and support Mr Skeates. Ideally, the master bedroom should have an en suite of minimum 6sqm.
- 4.2.5. The property should have a spacious kitchen. It could be an open-plan style kitchen with a dining area attached to it - this will enable Mr Skeates to have his cooking sessions (which are part of his rehabilitation program). The dining area should be suitable for a family of five. The kitchen should not be smaller than 12sqm.
- 4.2.6. The property should have three bedrooms for the children, minimum 6sqm. The children's bedrooms could be on either the ground or first floor.
- 4.2.7. The property should have an additional family bathroom and toilet, to ensure Mr Skeates' privacy and prevent his bathroom from being cluttered with products and items.
- 4.2.8. The property should have a therapy room so Mr Skeates can have his sessions away from other family members. This room could also be used to keep all the modelling work Mr Skeates is working on. The therapy room should be a minimum of 9sqm.
- 4.2.9. Location: the property should be within one mile of Belbeach town centre. This is important to enable the therapist to continue working on Mr Reynold's current therapy goals.
- 4.3. Accommodation options (in the private rental sector)
- 4.3.1. I carried out my investigations into potentially suitable rental properties, making enquiries of agents operating the area mentioned in section 3.2.6.
- 4.3.2. I have been able to identify a number of properties that, whilst not all entirely suitable, have helped me decide on a reasonable rental price. To

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assist me, I have examined a number of houses and bungalows of varying sizes online. I looked at photos, videos, floor plans, and Google Earth to assess both the property itself, its surroundings and the local area. A sample of my findings can be seen in Appendix 3.

4.3.3. Finding properties within one mile of the town centre limited the choice available. However, four to five bedroomed properties close to the town centre were cheaper than the properties further away. Properties with the potential to give a suitable layout and the right number and size of rooms, cost between £1,500 and £2,000 per month.

4.3.4. The ancillary costs of privately renting a property would include:

Removal cost	£1,200
Deposit (two months' rent)	£4,000
Estate agency fees (references, inventory, agreement)	£700
Post redirection, domestic connections / disconnections.	£500
Total cost	£6,400 (inc VAT)

4.3.5. Likely alterations to increase Mr Skeates' safety at home (see appendix 5):

Installing a video doorbell system to the front door: SkyBell HD Silver WiFi Video Doorbell (by SkyBell)	£533.10
Replacing the bath with a low threshold shower cubical	£3,000 Vat exempt
Total cost	£3,533.10

4.3.6. To summarise: the cost of renting a property for Mr Skeates and his family would be £2,000 pcm. Another £6,400 would be required as an initial payment to enable the move. The total cost of the likely adaptation works is £3533.10.

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5. Statement of Compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.

6. Statement of Conflicts

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider that any interest which I have disclosed affects my suitability to give expert evidence on any issue on which I have given evidence and I will advise the party by whom I am instructed if, between the date of this report and the trial, there is any change in circumstances which affects this statement.

7. Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instructions of Experts in Civil Claims 2014.

8. Statement of Truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matter to which they refer.

Signature

Date