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

TO THE COURT

Title of the action Mr JL V Mr NI and the Motor Insurers' Bureau

Court reference number ***xxxxxx***

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

Dated	xxxxx
Specialist field	Housing occupational therapy
On behalf of the Claimant	Mr JL
On the instruction of	Penningtons Manches LLP
Subject matter	Mr JL (45) was involved in a road traffic accident: he was hit by a car whilst crossing the road and suffered an extremely severe traumatic brain injury, which resulted in extensive damage to the brain. This expert witness report sets out the accommodation needs for Mr JL and his family in order to enable him to live safely within the community.

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Reference	xxxxx

Report of Anava Baruch

Specialist field Housing occupational therapy

On behalf of The claimant Mr JL

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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 properties, 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 JL who lives with his family (partner and four children aged 17, 15, 11, and 7) in a rented accommodation in Rickley.

Mr JL was involved in a road accident in April 2012 and sustained an extremely severe traumatic brain injury - several orthopaedics fractures and severe damage to blood vessels. Mr JL 's brain has made no significant neurological recovery. His brain activity was assessed at the low end of the spectrum of PDOC (persisting disorder of consciousness).

Mr JL's partner, Ms RG, has supported and cared for him since the accident. Ms RG requested that Mr JL be allowed to live in the family home once his medical condition was considered as stable. Mr JL was discharged home in xxxx.

1.2.2. I have been instructed to assess the family's property at xx, Rickley to determine whether, and how, the property can be adapted to meet Mr JL's needs. If the property cannot be adapted, I have been asked to identify the most suitable accommodation that will meet Mr JL's and his family's needs, and to advise on the costs of renting or purchasing a such a property.

1.3. Summary of my conclusions

1.3.1. In this report, I will show that in my professional opinion the property in its current state does not meet Mr JL's housing needs. These are the reasonable solutions: adapt the current property to Mr JL's needs or purchase a new property for him and adapt it to his needs. The cheapest option is to adapt the current property but it has limitations which the court should be mindful of (see section 4.3.1.4.). If the court finds that the limitations of adapting the existing property would not fully meet Mr JL's needs, then purchasing a property or finding a way to provide some security of tenure for the family will need to be considered.

1.3.2. I have considered the likely costs that would be incurred in providing Mr JL with an alternative reasonable home environment, and these are as follows:

1.3.2.1. Adapting the current property:
Adaptation cost: £69,000

1.3.2.2. Price of a suitable privately rented property:

a. Monthly rental costs: £3,500
b. Deposit: £ 7,000 (two months' rent).
c. Ancillary costs: £9,400
d. Adaptation costs: £21,400

1.3.2.3. Purchase price of a suitable property:

a. Outright purchase price: £800,000
b. Ancillary costs: £38,800
e. Adaptation costs: £71,400

1.4. Those involved

1. Dr James Griffin — Consultant Neurologist
2. Professor Marilyn Ramirez — Consultant Physician Neurorehabilitation
3. Dr Howard Henderson — Consultant Neurologist
4. Ms. Amy Bailey — Care expert
5. Ms Christina Nelson — Care expert

6. Ms RG Mr JL's partner

1.5. Technical terms and explanations

I have indicated specialist terminology in bold type, and included it in a glossary in Appendix 6.

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 property at xxxx,xxxx Rickley, to determine if the property was suitable for Mr JL's housing needs. If the property was deemed unsuitable, I was asked to advise on suitable housing for Mr JL, and to give details on the cost of renting and purchasing such properties within the required area.

2.2. I was provided with reports from several professionals who assessed Mr JL in their field of expertise (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 JL. I assessed the space and layout to determine if they were suitable to complete the care tasks required to ensure Mr JL's dignity and enable him to live safely at home.

2.3.2. The areas of the property included in this evaluation are the access to the property and the ground floor.

3. My investigation of the facts

3.1. Facts obtained by others

3.1.1. I summarise here my investigation of the facts, based on the literature provided by Mr Collins of Penningtons Manches LLP. I received several expert witness reports regarding Mr JL's neurological condition, including

his level of awareness and mental capacity. I also received the defendant's care expert report.

3.1.2. A precis of Mr JL's medical conditions, as determined by the consultant neurologists, is as follows:

Dr Griffin	Supplementary report from xxx stated: • Mr JL's presentation was suggestive of a persistent minimal aware state. • Some spontaneous eye movement but no visual tracking. • Spontaneously vocalising but without purposive intent. • Severe contractures in all four limbs and there was no voluntary movement. • No evidence of awareness above reflex level. • When asked to comment about life expectancy, Dr Foster said that he felt Mr JL was likely to live no more than a further 2-4 years from the date of the report (xxxx).
Professor Ramirez	Original report from xxxx stated: • Mr JL is in a persisting disorder of consciousness. • Functioning at the low end of the spectrum of PDOC with no evidence of any meaningful responses. In his supplementary report from xxx: • The professor could not find any information to suggest that Mr JL's condition of low awareness state had improved. • When asked to comment about life expectancy, he said Mr JL's life expectancy was between 5-6 yeas. However, his actual death could occur at any time.
Dr Henderson	Report from xxx stated: • Mr JL is in a persistent vegetative state (PVS). It is highly unlikely that he will recover from this. • Mr JL does not have mental capacity to make decisions about his finances and medical treatment. • Mr JL has no ability to make meaningful communication with others.

	• Mr JL is fed through a gastrostomy. • Mr JL has epileptic seizures which seems to only occur in the context of serious infections in hospital. • Mr JL has pronounced quadriplegia. He has no spontaneous movement and no movement to pain. • Mr JL is doubly incontinent.

3.1.3. A precis of Mr JL's care needs as described by the care expert:

Ms A Bailey	Double-up care (carers working in a pair) is required to support with personal care, suction and transfers. Allocation of 10 hours of care during the day was suggested.
Ms C Nelson	Mr JL requires full support with all aspects of personal care. Mr JL's brain injury has resulted in him requiring full care and supervision during the day and night. It should not be assumed that Ms RG will always be available to provide the support Mr JL needs on an ongoing basis.

3.2. Enquiries/ investigation into facts by the expert

3.2.1. I visited the family home twice - on xxx and xxx. My assessment took four hours in total. I assessed the ground floor and discussed the day and night routine with Ms RG. I visited Mr JL on 5th October at the hospital where he was staying at the time, following surgery.

3.2.2. I asked Ms RG to highlight the difficulties she has with caring for her partner at home. I gathered information about the current care package, equipment used at home and manual handling practices. All of the above enabled me to assess the suitability of the current property and to consider the accommodation needs.

3.2.3. I started my investigation by asking about the current property the family lives in and their lives before the accident. Ms RG explained that she used to work as a carer for old people and Mr JL worked as a self-employed

tradesman. Ms RG stated that Mr JL took responsibility for liaising with local authorities and dealing with the family finances. She said she didn't feel comfortable with these tasks and is not computer literate; she now always asks other people for support. During my investigation, I had to liaise with various housing providers and the benefit office. Ms RG could only provide information she recalled from conversations over the phone. She had no written record of names, numbers, or evidence to support the history of conversations with these authorities. During my second visit to the family home I asked Ms RG to give me written permission to liaise with the local authority directly.

3.2.4. The current family home (see photos in Appendix 2):

3.2.4.1. The house is owned by the CX Housing. They confirmed that the rent on the house is paid for with housing benefit. This house is rented on a permanent contract and hence provides security for the family.

3.2.4.2. The property is a modern-style three-bedroom semi-detached. There is parking at the front of the house and it is located on a cul-de-sac. The wheelchair-accessible van used by the family is parked at the front. The access is level and the door is just wide enough for wheelchair access (75cm clear gap). The ground floor has a wide hallway, kitchen (8sqm) and one dining/living room (21sqm). All three bedrooms are on the first floor, including the only family bathroom and toilet. The property has a 55sqm garden at the back.

3.2.4.3. The three-bedroom property is over-occupied by the family of six. In most housing associations, the rules allow only two children of the same sex and in close proximity in age (usually three years) to share a bedroom. In these circumstances, the eldest boys - S (17) and J (15) - would be expected to share a bedroom. Mr JL's daughter - J (11) - is entitled to a separate bedroom and would not be expected to share a bedroom with M (7), the youngest. The bedrooms in the property are 4sqm, 9sqm and 12 sqm.

3.2.4.4. Due to the above reasons, the family is waiting on the housing list for larger accommodation; however, four and five bedroomed properties are very rare and therefore there is no indication if and when the

family will be offered a larger property. A four-bedroomed property became available during my investigation, but the housing association made a decision not to offer the property to the family as they felt the current property should be adapted to provide a bedroom on the ground floor for Mr JL (see Appendix 3 for email).

3.2.5. Use of space on the ground floor (see photos in Appendix 2):

3.2.5.1. Mr JL was discharged from hospital in xxx and moved back into the family home at the request of Ms RG. He currently sleeps and is cared for in the dining/living room. His bed is positioned where the dining table used to stand, which enables access from both sides of the bed.

3.2.5.2. Mr JL sleeps on a **profiling bed**. When carers attend to his care needs, the family have to go out of the room and wait upstairs or in the kitchen. He is unable to access the bathroom, hence carers clean and change his pads on the bed. For more information on care, see sections 3.2.6 and 3.2.7.

3.2.5.3. There is no storage space: the supply of pads is stored in the kitchen, Mr JL's supplementary feeds are kept in the hall; all the manual handling equipment and his large wheelchair are stored in the living room next to the settee.

3.2.5.4. Ms RG sleeps on the settee in the living room during the night so she can attend to her partner's needs. There is not sufficient space for an additional bed in the living room.

3.2.5.5. The living room is used by the family for dining and eating. The family usually eats sitting on the L-shaped settee as there is no space in the kitchen for the five of them.

3.2.6. Care activities

3.2.6.1. Mr JL's current care package includes three calls a day by two carers, for an hour at a time. The care package is funded by **Continuing**

Health Care.

3.2.6.2. When the carers are not around Ms RG cares for her partner on her own. She performs all care and manual handing tasks. However, the defendant care expert, Ms Amy Bailey, recommends that all the manual handling tasks should be completed by two carers at all times to reduce the risk of injury to both Mr JL and his carers.

3.2.6.3. The carers currently use a **manual hoist and slings** to transfer Mr JL from the bed to the chair.

3.2.6.4. The carers complete all personal care tasks on a standard profiling bed in the living room. Mr JL is cleaned using a strip wash method as there is no bathroom on the ground floor. Tasks such as changing pads after he opens his bowels are all done on the bed. Ms RG reported that Mr JL opens his bowels regularly only once a day at the same time, 6:30 in the morning.

3.2.6.5. Before the current hospital admission, Mr JL used pads to collect his urine. The carers had to replace the pads regularly. Mr JL regularly suffers from urine infections. During the current hospital admission, the nurses started using a **Conveen sheath** to collect urine. Ms RG said that she plans to carry on using this method at home following his discharge.

3.2.6.6. The carers are using suction to clean Mr JL's airways. Ms RG reports that all the carers encourage Mr JL to cough, which reduces the amount of suction required. She also highlighted that since carers reduced the use of suction, Mr JL hadn't had any incidents of lung infection.

3.2.6.7. Maintaining skin integrity is done by pressure relief cushions in the wheelchair and using turning equipment in bed. Mr JL is usually transferred from the bed to the chair in the morning and will only transfer back to the bed in the evening. However, skin viability experts recommend a patient's position should be changed regularly during the day to increase comfort and blood circulation.

3.2.7. Night time care

3.2.7.1. Ms RG provides all the care during the night. She reported that Mr JL sleeps very well at night, however on some occasions he does wake up.

3.2.7.2. Mr JL is **peg fed** during the night whilst he sleeps.

3.2.7.3. On most nights, Ms RG only needs to reassure Mr JL if he wakes up.

3.2.7.4. Ms RG doesn't change Mr JL's pads or clothing during the night. She confirmed that she doesn't use the hoist during the night. Ms RG was unable to say if Mr JL empties his bladder during the night time or not.

3.2.7.5. On some occasions, Ms RG needs to encourage Mr JL to cough, and on rare occasions she uses suction to clear his airways. On the day of my visit, Ms RG was unable to say how often this happens.

3.2.7.6. Ms RG said that she would like to share a bedroom with Mr JL and therefore would prefer not to have another carer present during the night at this stage.

3.2.8. Accommodation options – social housing

3.2.8.1. Mrs RG reported that CX Housing had considered the option of extending the current property to meet Mr JL's needs. The occupational therapist working on behalf of CX Housing confirmed that the garden could be used to provide a bedroom facility, subject to approval by the council.

3.2.8.2. As a council tenant, Ms RG and her family could also try to move to a new council-funded property by taking part in the house-swop scheme. Ms RG reported that she has been registered on the scheme for the past two years and no suitable property has become available during that time.

3.2.8.3. From my experience working within a local authority for 10 years, I know that some social housing providers across the country are happy to knock two properties into one to provide a suitably-sized property. However, when I spoke to CX Housing over the phone, they reported that they would not, under any circumstances, consider this as a possible alternative.

3.2.8.4. When a four-bedroom social housing property becomes available, the housing provider will consider offering it to the family. Depending on the layout, some adaptation work might be required to make the house suitable. However, as mentioned in 3.2.4.4, a property became available during my investigation and this was not offered to the family because the housing association felt that the family should adapt the current property (see Appendix 3 for email correspondence).

3.2.9. Accommodation Options – renting in the private sector

3.2.9.1. Due to Mr JL's short life expectancy, a cost-effective solution would be to offer the family an alternative rented property in the private market that would meet Mr JL's care needs and enable the family to live together more comfortably.

3.2.9.2. Ms RG explained that she feels moving to a privately rented property is not a viable option for her family, for the following reasons:

I. The family would have to terminate their permanent and secured rental contract with the local housing provider for a non-secured temporary solution.
II. When Mr JL passes away, the funding for the private tenancy would come to an end with immediate effect. The family would not be able to privately fund the large cost of renting within the private market and would therefore become homeless. This would put extreme pressure on the children at a time when they are all grieving over their fathers' death.
III. Mr JL and Ms RG's eldest son, S (17), is currently receiving support from the local mental health team as he is struggling to come to terms with his father's condition. Ms RG reports that the counsellor

working with S highlighted that being moved to a non-secure home environment would cause a significant setback in his emotional state. S has spoken about ending his own life since the accident in 2014.

3.2.9.3. After liaising with the housing department in Rickley, I was able to ascertain the process of housing a family on becoming homeless:

I. The council requires two months' notice before the end of the contract.
II. The family is housed in a hostel/ bed and breakfast until the council is able complete the required checks.
III. The family has to wait until a temporary property, of a suitable size, becomes available. This could take between 2-6 months. Most properties are rented on a temporary basis at this stage.
IV. The family might be requested to move several times before being allocated a permanent property.

3.2.10. Accommodation Options – purchasing a suitably-sized property.

The property would need to be fully adapted to meet Mr JL's needs and would provide a permanent home for the family.

3.2.11. Location

3.2.11.1. When discussing the ideal location of a new home with Ms RG, she explained that the family would not like to move to the most affluent areas of Rickley as the children and herself would feel uncomfortable and out of place.

3.2.11.2. Ms RG provided the following list of areas where the family would feel most comfortable and have the support they needed from friends and family:

- Rogate, where most of the children's friends live.
- Rickley Bottom.
- Appleby, where Ms RG's parents live.

3.2.12. I have examined both the renting and purchasing options in the private market. I assessed a number of houses 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. My findings can be seen in Appendix 5.

4. My opinion

4.1. Based on all the information provided to me during my investigation (see Section 3), it is clear that the house in its current layout is not meeting Mr JL's needs. CX Housing informed me that they would consider alterations to the ground floor, including extending the living accommodation into the garden to accommodate Mr JL's needs. The fact that the family is over-occupying the house will not influence their decision (see email correspondence Appendix 3).

4.2. In my opinion, these are the criteria for a property which would meet Mr JL's care needs and which would also be of a sufficient size for the whole family:

4.2.1. All access points to the property should be threshold and step-free to reduce manual handling for carers. All doorways on the ground floor should have 850mm clear opening. Ideally, Mr JL should have access to a garden so he can be part of the family's activities.

4.2.2. The property should have access to a large disabled parking bay 6m x 3.6m allocated to the house; this could be in the form of an allocated parking bay or off-road hard standing area in the front garden.

4.2.3. Mr JL's Bedroom on the ground floor:

- This should be at least 17sqm in size to enable safe care tasks to be completed and sufficient space for an additional single bed for Ms RG.
- The bedroom should have a ceiling track hoist installed.
- The bedroom should have sufficient storage space for all medical supplies and personal belongings.

4.2.4. Mr JL's bathroom on the ground floor:

- Ideally Mr JL's bedroom should have an en suite bathroom. However, if this cannot be achieved the bathroom should be in close proximity to the bedroom.
- The bathroom should be at least 6sqm in size**.**
- The bathroom should have the following equipment: **a ceiling track hoist, a free-standing and height-adjustable changing/shower table** and a large level-access (threshold-free) shower area.
- The shower area should be at least 1400mm x 1000mm, so Mr JL can be cleaned and washed whilst lying on a shower table.
- Most personal care tasks should be carried out in the bathroom to increase levels of hygiene and dignity, and to restrict unpleasant odours from going into the bedroom.
- The bathroom should have a toilet and wash basin. From the information provided by Ms RG, Mr JL opens his bowels at the same time every morning. I believe that carers should try to use a **tilt-in-space commode** for that purpose. This will simplify the care, improve bowel movement and support the aim of maintaining Mr JL's dignity. The toilet will also be used for emptying the urinary sheaths.

4.2.5. The property should have a suitably-sized kitchen and lounge area on the ground floor. The access to the lounge should be wide enough to enable Mr JL to access it using his wheelchair so he can join his family when they spend time together. The family usually eats in the lounge; therefore, the room should be large enough to accommodate them all sitting together. Ms RG made it clear to me that they prefer to eat sitting on a settee in front of the TV and not at a table.

4.2.6. If at all possible, the property should have four bedrooms for the children, of at least 8sqm. Although the children currently share bedrooms, this is not considered appropriate by S's councillor, who has recommended that he is provided with his own bedroom. The children's bedrooms could be on either the ground or first floor.

4.2.7. The property should have a separate family bathroom and toilet on the first floor to keep Mr JL's personal bathroom (downstairs) clean and free from infection. It is also important that Mr JL's dignity is maintained and that his children do not have to observe his personal care tasks being

performed.

4.2.8. The property should have sufficient space for large pieces of equipment (wheelchair and back-up manual hoist) and medical supplies.

4.2.9. The property should a separate utility room due to a large quantity of washing being generated by Mr JL (soiled bedding etc.).

4.2.10. The property should have a small office for the carers to keep their documents and store medical records. The office will be used by the carers during break time. It should have a small kitchenette so the carers have a separate place where they can relax.

4.3. Accommodation options

In this section I have considered the following options:

- Adapting the current property to meet Mr JL's needs.

  I have assessed the current property to determine how it could be adapted and which of Mr JL's needs could be met with the potential adaptation.

- Privately renting a property.

- Purchasing a property.

  I carried out my investigation of potential properties, for both rent and purchase, making enquiries of agents operating in the areas mentioned in the Section 3.2.11.2.

4.3.1. Adapting the current property

4.3.1.1. Access to the property: the current property has an allocated parking bay, and the front and back door are both threshold free. The doors

should be widened to 850cm clearance at a cost of £2,000 including VAT.

4.3.1.2. The garden is 55 sqm. There is sufficient space to extend the property into the garden to create a 6sqm bathroom and 18sqm bedroom for Mr JL (see quote and drawings Appendix 4). When liaising with CX Housing, they confirmed that they would be happy to consider such a scheme. Cost of £58,000.

4.3.1.3. Installation of ceiling track hoist in Mr JL's bedroom and bathroom. Cost of £9,000.

4.3.1.4. This accommodation option is limited and does not meet all of Mr JL's housing needs. Although extending into the garden would provide suitable a bedroom and bathroom for Mr JL, this adaptation would have the following limitations:

- The extension would not have sufficient space for a carers' office; this is likely to put pressure on the family as the carers would have to share all the family's facilities, including the kitchen, family room and bathroom.
- There would be insufficient space for a utility room, so large quantities of soiled bedding would have to be washed in the kitchen.
- Extending into the garden would result in losing all the secure outside space at the property. This would result in the family having to leave the house every time they wanted to get some fresh air. There would be no option of leaving Mr JL outside in the garden for short periods of times with his children.
- The family would remain in an over-occupied house. This would result in Jade (11, and reaching puberty) needing to share a bedroom with one of her brothers (Jack 15 or Max 7), or alternatively Jack and Max sharing. Both these options would be considered inappropriate by most housing associations. Her oldest brother, S, is not able to share a bedroom with any of his siblings due to his mental health condition. The space in the property is considered very limited even before the additional presence of carers is taken into consideration.

4.3.2. Privately renting a property

4.3.2.1. I have been able to identify a number of properties that, whilst not being entirely suitable, have helped me decide a reasonable rental price. To assist me, I 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. My findings can be seen in Appendix 5.

4.3.2.2. Finding properties to rent in the area of Rickley, Rogate and Bourne End was not an easy task due to the lack of available properties of this size on the market. From my investigation, I found that five-bedroomed properties with the potential to give a suitable layout and the right number and size of rooms on the ground floor, plus suitable parking outside, cost between £3,000 and £5,000 per month. These properties would potentially need to have some internal alterations, such as widening doors and installing a bathroom in a reception room. Please refer to Appendix 5 for suitable examples.

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

Removal cost	£1,200
Deposit (two months' rent)	£7,000
Estate agency fees (references, inventory, agreement)	£700
Post redirection, domestic connections / disconnections.	£500
Total cost	**£9,400 (inc VAT)**

4.3.2.4. Any property rented would have to be adapted to include the correct facilities: large enough rooms, a bathroom and suitable wheelchair access to the ground floor. Below is a list of likely alterations and their related costs:

External changes	

Creating a new path and installing a wheelchair-accessible ramp to the front door and back door	£3,000
Winding the external doors to 850mm clear opening, installing new front and back doors	£2,000
Total cost external:	**£5,000**
Internal access	
Winding all internal doors on the ground floor to 850mm clear gap (estimated for 4 load-bearing doorways)	£1,400
Installing a **ceiling track hoist** in the bedroom and bathroom	£9,000
Installing a wheelchair-accessible bathroom on the ground floor ** cost of equipment is not included**	£6,000
Total cost internal:	**£16,400**
Total cost of adaptation:	**£21,400**

4.3.2.5. To summarise: the cost of renting a property for the family would be £5,000 pcm. Another £12,400 would be required as an initial payment to enable the move. The total cost of the likely adaptation works is £21,400.

4.3.2.6. Moving the family into rented accommodation in the private sector would result in them being made homeless when Mr JL passes away, as Ms RG would be unable to pay the rent on a carer's salary (her occupation prior to Mr JL's accident). From the information provided by the medical experts, this could happen at any time within the next 6 years (see Section 3.1.2).

4.3.3. Purchasing a property

4.3.3.1. I have been able to identify a number of properties that, whilst not being entirely suitable, have helped me decide what a reasonable purchase price would be. To assist me, I have examined a number of houses 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. My findings can be seen in Appendix 5.

4.3.3.2. From my investigation, I found that five-bedroomed properties, in the required area with the potential to give sufficient floor space on the ground floor and suitable parking outside, cost between £700,000 - £800,000. The floor area of these properties ranges from 170m^2 to 180m^2. Please refer to Appendix 5 for suitable examples. In order to increase the ground floor living space to the appropriate size, the majority of these properties would require a garage conversion or some form of extension on the ground floor.

4.3.3.3. Based on all the above information, in my opinion the budget provided for the purchase price for Mr JL's property should be £800,000.

4.3.3.4. The ancillary costs of purchasing a property would be as follows:

Legal fees, full building survey	£4,800
Stamp duty (£800,000 price purchase)	£30,000
Removal costs, post redirection domestic connections / disconnections, gas safety check, changing locks	£4,000
Total cost	**£38,800 (inc VAT)**

4.3.3.5. Any property purchased would have to be adapted to include the right facilities: large enough rooms, a bathroom and suitable wheelchair access to the ground floor. Here is the list of the likely alterations and their related costs:

4.3.3.6. The likely adaptation costs of purchasing a property would be as follows:

External changes	
Creating a new path and installing a wheelchair-accessible ramp to the front door and back door	£3,000

Winding the external doors to 850mm clear opening, installing new front and back doors	£2,000
Total cost external:	**£5,000**
Internal access	
Winding all internal doors on the ground floor to 850mm clear gap (estimated for 4 load bearing doorways)	£1,400
Installing a **ceiling track hoist** in the bedroom and bathroom	£9,000
Installing a wheelchair-accessible bathroom on the ground floor ** cost of equipment is not included**	£6,000
To increase ground floor living space: Double garage conversation OR Extension to the back of the house to provide bedroom and bathroom	£13,000 £50,000
Total cost internal:	**£66,400**
Total cost of potential adaptation:	**£71,400**

4.3.3.7. The total cost of purchasing a property for the family is £838,800. The total cost of the potential adaptation is £71,400. Therefore, purchasing a suitable property and adapting it to meet Mr JL's needs is the most expensive solution.

4.3.4. In my opinion, these are the reasonable solutions: adapt the current property to Mr JL's needs or purchase a new property for him and adapt it to his needs. The cheapest option is to adapt the current property but it has limitations which the court should be mindful of (see section 4.3.1.4.). If the court finds that the limitations of adapting the existing property would not fully meet Mr JL's needs, then purchasing a property or finding a way to provide some security of tenure for the family will need to be considered.

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 ……..