

# Shropshire Supported Specialist Housing and Accommodation Needs Assessment

For Shropshire Council

Version: 4.0

Status: Final

February 2025

Housing Learning and Improvement Network

## Contents

Summary findings: estimated need for specialist and supported housing in Shropshire.....	4
1. Assessment of the need for supported and specialist housing and accommodation for older persons .....	22
Baseline population and projections .....	22
Current supply of specialist housing for older people .....	27
The mix and range of housing and accommodation needed to meet older people’s needs: Evidence from older people .....	33
The type and mix of housing and accommodation required by older people: Drawing on housing good practice .....	36
The type and mix of housing and accommodation required by older people: Drawing on stakeholder engagement .....	38
Estimated need for housing and accommodation suited to older persons .....	43
Estimated need for care home provision.....	55
2. Assessment of need for supported accommodation for people with learning disabilities and/or Autistic people.....	62
Baseline population and population projections .....	62
Current supply of supported housing for people with a learning disability/Autistic people .....	66
The mix and range of supported accommodation needed to meet people’s needs: Evidence from people with learning disabilities/autistic people and supporting organisations.....	70
Drawing on supported housing good practice .....	77
The characteristics of aspirational homes for people with a learning disability and/or autistic people: Stakeholder perspectives.....	79
Estimated need for supported accommodation by 2039.....	81
3. Assessment of need for supported housing for adults with mental health needs .....	87
Baseline population and projections .....	87
Current supply of supported housing for people with a mental health need .....	89
The mix and range of supported accommodation needed to meet people’s needs: Evidence from people with mental health needs.....	93
Evidence from local stakeholders .....	95
Estimated need for supported housing and accommodation by 2039.....	98
4. Assessment of need for supported housing: Young people (care leavers).....	103
Baseline population and projections .....	103

Specialist and Supported Housing Needs Assessment

Current supply of supported housing for young people with a care leaving need ..... 104

The type of supported accommodation needed: Local context and commissioner insights ..... 106

Contemporary practice in supported housing for young people ..... 108

Estimated future need for supported housing and move-on housing ..... 112

5. General housing-related services ..... 115

    Universal characteristics of people living within the supported housing portfolio ..... 118

6. Housing for key workers ..... 120

# Summary findings: estimated need for specialist and supported housing in Shropshire

## Introduction

- S1.01 The Housing Learning & Improvement Network (Housing LIN) has been commissioned by Shropshire Council to understand the number and types of homes needed for people that require care and support, as well as key worker housing over the next 10-20 years (2029, 2034, 2039 and 2044).
- S1.02 The purpose of this research is to provide the council with robust evidence that will help the council to plan for how it will meet the housing needs of people who require care and support.
- S1.03 The evidence is intended to be used to inform the council's local plans and strategies such as the Market Position Statement, Housing Strategy and Local Plan.
- S1.04 This research covers the number and type of homes that are needed for the following people who may require care and support:
1. Older people (55+).
  2. Adults (18+) with learning disabilities and/or autistic adults (including young people with learning disabilities and/or autistic people becoming eligible for adult services 14+).
  3. People with mental health needs (18+).
  4. Young people, specifically Care Leavers.
  5. Key workers.
- S1.05 In order to identify the number and type of homes required, this report separates people requiring care and support into the above categories, however, in reality these intersect. For example, someone could have a learning disability but also be over the age of 55+, and that individual could also have a physical disability. The intersection between differing requirements is taken into account in the estimations and recommendations.
- S1.06 The report provides a detailed section for groups one to four listed above, each section is structured in the following way:
- 1) Baseline population and projections.
  - 2) Current supply of specialist/supported housing.
  - 3) The evidence on housing and support needs and preferences for each group.
  - 4) Drawing on good practice evidence.
  - 5) The evidence from stakeholder engagement.

6) The estimated need for specialist/supported housing.

S1.07 The report also provides a section in relation to key worker housing.

### **Approach and method**

S1.08 This specialist and supported housing need assessment covers a range of housing and accommodation types for the groups of people shown above at paragraph 1.04.

S1.09 Estimates of need for supported, specialist and accessible homes, as appropriate for each of the cohorts at paragraph 1.04, are produced for the next 10 years to 2034. These are extrapolated forward to 2044 for cohorts with larger populations (in relation to specialist housing for older people) and extrapolated forward to 2039 for cohorts with relatively small populations (adults with a learning disability/Autistic people; adults with mental health needs). In relation to vulnerable young people (specifically care leavers) where the need is for short term supported accommodation and the population is relatively small, need for supported housing and 'move-on' housing is estimated over the next 5 years to 2028/29.

S1.10 Where appropriate, estimates of housing need are indicated for different tenure types.

S1.11 Where the size of the relevant cohort population permits, estimates of future specialist/supported housing and accessible housing need are shown for former District Council areas within Shropshire.

S1.12 Qualitative evidence from a range of stakeholders has been used to inform estimates of supported housing need.

S1.13 A range of national and local quantitative evidence has been used to inform estimates of need for specialist and supported housing including:

- National and local health, social care and housing data.
- Current population data for the relevant cohorts.
- ONS Census data and other ONS demographic data as applicable.
- Relevant local plans and strategies in relation to the population cohorts.

S1.14 Quantitative estimates of need for specialist housing and accommodation for older people should be treated as a guide to future need. The Housing LIN strongly recommends using local qualitative research to triangulate and corroborate quantitative estimates of need for specialist and supported housing.

S1.15 Whilst the supported housing need assessment is shown in relation to 'client cohorts', *it is recognised that people's needs are often complex and innovative approaches to housing and support that go beyond these 'cohort' definitions will be required and indeed desirable:*

- An assumption that mainstream housing suitably designed and/or adapted may be appropriate for many people with care and/or support needs.

- Opportunities for *inter-generational living* may form part of the required housing solutions.
- Housing solutions may be *multi-functional*, e.g. providing a mix of mainstream housing, supported housing and potentially other facilities.
- All housing and supported accommodation for people with care and/or support needs should assist and facilitate *inclusion in community life*.
- This is consistent with current national policy which places a strong emphasis on the role of preventative approaches, including the role of housing, i.e. approaches to supporting people to remain living in their own homes, in both mainstream housing and supported housing, including the use of home adaptations and digital technology to support and promote the independence of older people and other people with care/support needs.

S1.16 In relation to the need for different tenure options, for most 'cohorts' this is a need for social/affordable rented supported housing (although it is recognised that supported housing rents are typically higher, sometimes considerably higher, than general needs housing for affordable rent); where a need for other tenure types is identified, e.g. for market sale/shared ownership, this is specifically highlighted.

### **Estimated need for specialist housing and accommodation: older people**

S1.17 Evidence from national surveys, best practice and the local stakeholder feedback, highlights that to effectively meet the evolving needs of older people, Shropshire Council needs to invest in a diverse, adaptable housing strategy that emphasises accessibility, affordability, social support, and robust collaboration. Some key themes within this centre on:

Evidence theme	Recommendations
<p>1. <u>Diverse housing needs</u>: Older people are a diverse group with different needs, housing preferences, and levels of independence. Most wish to remain in their current homes, preferring accessible adaptations, but some are open to downsizing both to more suitable mainstream housing and specialist age-designated housing if provided with appealing, affordable alternatives.</p>	<p>a) Expand home aids and adaptation schemes to enable older adults to stay in their current homes with necessary modifications.</p> <p>b) Develop incentives and targeted support (e.g., relocation assistance) to ensure downsizing into suitable housing is more attractive.</p>
<p>2. <u>Demand for mixed housing options</u>: Good practice highlights a growing preference for flexible housing types,</p>	<p>a) Pilot intergenerational housing schemes that combine older adults</p>

Evidence theme	Recommendations
<p>including intergenerational and “care-ready” homes, in addition to traditional age-designated housing, such as sheltered/retirement housing. This suggests a need for housing that allows older adults to age in place while supporting diverse lifestyle preferences.</p>	<p>with younger residents, emphasising shared spaces and mutual support.</p> <ul style="list-style-type: none"> <li>b) Consider opportunities for dementia-specialist housing solutions.</li> <li>c) Invest in “care-ready” housing with adaptable designs and integrated tech-enabled care systems for futureproofing, engaging older people in design.</li> </ul>
<p>3. <u>Accessibility and affordability:</u> Some older adults face financial challenges related to housing costs, heating and property maintenance. Increasing the availability of affordable, well-insulated housing and options for energy-efficient home upgrades would address key concerns.</p>	<ul style="list-style-type: none"> <li>a) Expand affordable housing stock for older people through collaboration with housing associations and developers.</li> <li>b) Undertake a review of older persons’ housing stock to confirm opportunities to improve condition and efficiency.</li> <li>c) Create financial advice hubs for advice on housing-related costs, including downsizing, maintenance and energy efficiency measures.</li> </ul>
<p>4. <u>Social connection and independence:</u> Isolation, especially post-bereavement, is a critical issue for many older people. Supported housing that incorporates communal spaces, social and wellbeing programmes, or proximity to amenities can enhance residents’ quality of life while helping prevent crises that lead to hospital and/or care home admission. Communal spaces and facilities (for example, cafes/restaurants in extra care housing) within specialist housing for older people, could also be made accessible to other older people living in the neighbouring community to offer social opportunities for older people who may be at risk of social isolation.</p>	<ul style="list-style-type: none"> <li>a) Design housing schemes with community hubs and communal spaces to encourage social interaction and reduce isolation, including for non residents.</li> <li>b) Partner with local organisations to provide onsite and community-wide wellbeing activities accessible to all older adults.</li> </ul>

Evidence theme	Recommendations
<p>5. <u>Rural considerations and localised support</u>: In rural Shropshire, older people desire housing that maintains community connections but may struggle with access to public transport (if they do not drive/own a car) and service availability. Developing flexible, local support options would address these challenges, especially in remote areas, building on the role of social prescribing and the wider voluntary sector in these communities to establish ageing well initiatives.</p>	<p>a) Enhance community transport options to improve access to services and maintain independence for rural older adults.</p> <p>b) Encourage small-scale, local housing projects that develop age-friendly housing within existing rural communities to maintain social ties.</p>
<p>6. <u>Improved coordination and crisis prevention</u>: Effective communication and coordination are essential in planning and implementing discharge processes for older adults. Access to transitional housing (such as rehabilitation/'step down' flats) and clear, integrated support after hospital discharges can prevent premature or inappropriate moves into care homes.</p>	<p>a) Develop transitional "step-down" housing units for rehabilitation after hospital stays with integrated onsite care services.</p> <p>b) Support the establishment of a dedicated discharge coordination team to ensure smooth transitions from hospital to appropriate housing with senior oversight to unblock barriers to integrated working.</p>
<p>7. <u>Strategic, collaborative development</u>: Council leadership in creating partnerships and coordinating care and housing services will be necessary to meet projected demand. By taking a more strategic approach to this across stakeholders, the Council will be able to lever in new housing opportunities, integrate existing buildings and services to add value to ageing well and social care priorities, define housing criteria clearly to ensure the use of pathways is maximised plus ensure funding for development and renovation of age-appropriate housing stock are embedded as key steps for sustainable future planning.</p>	<p>a) Convene a multi-sector task force (eg: council, social care, health, developers, housing providers, voluntary sector) to coordinate resources, expertise and partnerships for housing and care solutions putting in place clear processes and protocols and utilising regular needs assessments and data to guide strategic planning and funding allocations.</p> <p>b) Review current ECH care commissioning to confirm opportunities for onsite care provision with read across to new ECH nominations and allocations agreements which support council care strategies.</p>

Evidence theme	Recommendations
	c) Secure funding for new developments and renovations through Homes England grants, public-private partnerships, and developer contributions.

S1.18 Estimates of need for retirement housing/sheltered housing and extra care housing to 2044 for Shropshire are show in Table 1.

Table 1. Estimated need for specialist housing for older people to 2044 in Shropshire (units).

Housing / accommodation type	Estimated need at 2024	Estimated need by 2029	Estimated need by 2034	Estimated need by 2039	Estimated need by 2044
<b>Retirement/sheltered housing (units)</b>	<b>534</b>	<b>1,492</b>	<b>2,494</b>	<b>3,515</b>	<b>4,499</b>
market sale	374	1,044	1,497	2,109	2,700
shared ownership	53	149	249	351	450
social/affordable rent	107	298	748	1,054	1,350
<b>Extra care housing (units)</b>	<b>437</b>	<b>776</b>	<b>1,131</b>	<b>1,492</b>	<b>1,840</b>
market sale	306	543	678	895	1,104
shared ownership	44	78	113	149	184
social/affordable rent	87	155	339	448	552

### *Retirement/sheltered housing*

S1.19 For Shropshire estimated additional need by 2044 is c.4,500 homes of which c.1,350 homes are estimated to be required for social/affordable rent and c.2,700 are estimated to be required for open market sale and c.450 for shared ownership.

S1.20 This is demand for contemporary age-designated housing that provides housing designed to be accessible and to enable people to age in place in later life. This type of specialist housing will typically come with a small element of communal space for residents to socialise, a degree of staff support for residents and digital telecare.

S1.21 There is demand for this type of specialist housing in all areas of Shropshire. Outside of Shrewsbury, this is likely to be at a smaller scale in market towns and larger villages, e.g. developments of c.20-30 dwellings.

S1.22 Developments of contemporary sheltered/retirement housing will have a wider appeal to older people if it includes housing typologies beyond solely apartments, e.g. bungalows and small houses.

*Extra care housing:*

- S1.23 The estimated additional need by 2044 is c.1,840 homes of which c.550 homes are estimated to be required for social/affordable rent and c.1,105 homes are estimated to be required for market sale and c.185 for shared ownership.
- S1.24 This is demand for contemporary extra care housing that provides housing designed to be accessible and to enable people to age in place in later life, including fully wheelchair accessible units (to M4/3 standard). This type of specialist housing will typically come with communal space for residents to socialise and 24/7 on site care staff and digital telecare.
- S1.25 There is demand for this type of specialist housing in all areas of Shropshire. Outside of Shrewsbury, this is likely to be at a smaller scale in market towns and larger villages, e.g. developments of c.40-50 dwellings.
- S1.26 It may be prudent to consider co-location of extra care housing with new care home development, particularly in market town and larger village locations, to provide a greater degree of economies of scale and viability in relation to the provision of care services.
- S1.27 It may also be prudent to consider the use of social sector extra care housing for a range of needs, including working age adults with care/support needs, for example some people with learning disabilities.
- S1.28 Developments of contemporary extra care housing will have a wider appeal to older people if it includes housing typologies beyond solely apartments, e.g. bungalows and small houses.
- S1.29 This will meet the housing and care needs of older people who are self-funders as well as older people who need rented housing and are eligible for social care funded by the Council.

*Care home beds*

- S1.30 In summary the assessment of need for care home bed capacity in Shropshire shows:
- By 2034, there is estimated to be a need for an additional c.470 nursing care beds however there is estimated to be an oversupply of c.170 residential care home beds.
  - By 2044, there is an estimated to be a need for an additional c.1,045 nursing care beds and a need for an additional c.75 residential care home beds.
- S1.31 The evidence of need for care home beds indicates that the Council will need to discuss with care home providers potential restructuring of the local market to better meet need, to focus on higher acuity care/support needs of older people who need care home beds, for example people living with dementia related needs and other complex health/care needs.

- S1.32 Evidence from local stakeholders indicates that current oversupply of care home beds is concentrated in the Shrewsbury area, particularly in relation to older, more 'traditional' residential care.
- S1.33 The need for care home beds in the future is likely to be focused on nursing care bed capacity and residential care home bed capacity for older people with higher acuity care/support needs.
- S1.34 It may be prudent to consider co-location of extra care housing with new care home development, particularly in market town and larger village locations, to provide a greater degree of economies of scale and viability in relation to the provision of care services.

**Estimated need for supported accommodation: Adults with learning disability/autistic people**

S1.35 In summary, it is estimated that:

- an additional c.45 units of supported housing and c.5 shared lives places are needed by 2029.
- an additional c.85 units of supported housing and c.15 shared lives places are needed by 2034 (this includes estimated need to 2029).
- an additional c.135 units of supported housing and c.20 shared lives places are needed by 2039 (this includes estimated need to 2029 and 2034).

S1.36 This is shown in the table below.

Table 2. Estimated need for supported housing by 2039.

<b>Supported accommodation type</b>	<b>Estimated need by 2029 (units)</b>	<b>Estimated need by 2034 (units)</b>	<b>Estimated need by 2039 (units)</b>
Supported housing	43	87	132
Shared Lives	7	14	22
<b>Shropshire (overall)</b>	<b>49</b>	<b>101</b>	<b>154</b>

S1.37 Drawing on best practice and local stakeholder perspectives, to effectively meet the evolving needs of people with learning disabilities/autistic people, Shropshire Council needs to commission a range of flexible, secure, community-based housing models and collaborative sector-wide coordination to provide a mix of housing options to meet identified need.

<b>Evidence theme</b>	<b>Recommendations</b>
1. Options for a suggested housing 'pathway' to meet estimated need for	a) Additional 'clusters' of self-contained supported housing of c.8-10 units, for people who do need 24/7. b) Consideration of development of additional Shared Lives places for people with learning disabilities.

Evidence theme	Recommendations
supported housing and accommodation	<p>c) Future need suggests there is a requirement to:</p> <ul style="list-style-type: none"> <li>o Review the needs of people currently in care home placements to assess their suitability and need in relation to a potential move to a supported housing alternative (and the specification of the supported housing alternative/s).</li> <li>o Review the purpose and suitability of existing shared supported housing to assess their future use as supported housing and the potential for tenants to move on to other housing options.</li> </ul> <p>d) There is a need for people with learning disabilities/autistic people to have better access to mainstream general needs housing and to be supported with a wider range of floating support to enable people with diverse needs to live within the community. This could include developing community support networks as a model of support as this would enable people to live in mainstream accommodation as well as providing support to access community life.</p> <p>e) The need amongst people aged 65+ with learning disabilities/autistic people for supported accommodation may be met through the development of the proposed housing pathway above. However, some older people with learning disabilities/autistic people will benefit from access to age designated supported accommodation, such as sheltered/retirement housing and extra care housing.</p>
2. Expand housing models and availability	<p>a) Review the provision and mix of care homes and supported housing, confirming the need for both models, ensuring those which transition from care home offers are consistent with objectives of more independent living.</p> <p>b) Consider a review of how care, support and tenancy management is provided within supported housing to ensure these roles are disaggregated in best interests of individual residents.</p> <p>c) Promote home ownership more widely as a tenure option for individuals for future housing provision.</p> <p>d) Specialist providers: Increase the number of local providers to meet rising demand for this group within generic mainstream housing, especially for young adults aiming</p>

Evidence theme	Recommendations
	<p>for independence and older adults with specific needs to enable them to better sustain their tenancies and improve their health and wellbeing, thus reducing the risk of tenancy failure and hospital/care home admissions.</p>
<p>3. Prioritise individualised design and accessible locations</p>	<p>a) Person-led design: Housing should be designed to accommodate sensory and behavioural needs (where this is required) with options for privacy and communal spaces, enhancing resident comfort and independence.</p> <p>b) Location accessibility: Housing should be situated near public amenities and in safe areas to encourage integration and accessibility for residents.</p>
<p>4. System improvements for better navigation and data coordination</p>	<p>a) Streamline housing navigation: Improve the information provided through different housing application pathways and platforms (i.e.: designated online information ‘rooms’) with easy-to-read documents and establish clearer “move-on” pathways for individuals with evolving needs so individuals, carers and other stakeholders are aware of the opportunities, criteria and processes that are in place to encourage and support move-on.</p> <p>b) Enhanced data and service coordination: Improve data recording and integrate health, social care, and housing services through joint housing dashboards and allocations panels as well as case reviews where required for responsive care and housing allocations.</p>
<p>5. Prepare for ageing demographics and carer transitions</p>	<p>a) Support for ageing carers: Develop long-term housing options for adults living with and being supported by older caregivers to prevent crises and support smoother transitions to independent living.</p> <p>b) Intergenerational models: Consider innovative models, like intergenerational housing (for example using extra care housing for people with care need aged under 55 years), to foster community engagement and mutual support across age groups.</p>
<p>6. Address rural accessibility and workforce development</p>	<p>a) Local housing in rural areas: Provide small clusters of supported housing (potentially to meet a range of needs) in smaller town/rural settings to reduce isolation, improve accessibility, and support workforce availability.</p>

Evidence theme	Recommendations
	b) Investment in workforce: Improve wages and training to retain staff and support high-quality, consistent care, especially in hard-to-serve areas.
7. Promote independent living through technology and stability	<p>a) Technology integration: Introduce telecare and other tech solutions to support independent living and minimise reliance on care staff.</p> <p>b) Stability in tenure: identify changing needs and solutions with residents ahead of time to enable them to stay in their home as much as possible and avoid frequent and reactive more crisis-based relocations, enabling residents to adjust to changing needs.</p>
8. Emphasise community integration and voluntary sector involvement	<p>a) Empower voluntary sector: Strengthen voluntary sector support to enhance resident advocacy, community integration, and resident independence.</p> <p>b) Enhanced collaboration with health services: A more integrated approach with health services could reduce service delays and streamline transitions to supported housing.</p>
9. Expand and implement innovative housing models for independence	a) Shared Lives, KeyRing and other intergenerational models which support community integration, and co-location of young and older adults with different needs can promote independence and address diverse resident needs.
10. Improve communication and coordination across services	a) Unified strategy: Monthly meetings and clear communication between social workers and housing providers to improve service delivery and align funding and operations for better outcomes.
11. Data monitoring for tailored housing solutions	a) Data-driven planning: Monitor data on occupancy, tenancy duration, and resident aspirations to better meet evolving housing needs and provide more independent living opportunities.

**Estimated need for supported housing: Adults with mental health needs**

S1.38 In summary, it is estimated that:

- Additional c.35 units of supported housing are needed by 2029.
- Additional c.75 units of supported housing are needed by 2034.
- Additional c.120 units of supported housing are needed by 2039.

S1.39 This is shown for estimated supported housing need for adults with mental health needs in the table below.

Table 3. Estimated need for additional supported housing for adults with mental health needs to 2039 in Shropshire.

	<b>Estimated need for additional supported housing by 2029 (units)</b>	<b>Estimated need for additional supported housing by 2034 (units)</b>	<b>Estimated need for additional supported housing by 2039 (units)</b>
Supported Housing	35	75	120

S1.40 The information collated from wider Housing LIN research, best practice and feedback from local stakeholders highlights the following themes which can enable Shropshire Council to better support individuals with mental health needs and improve their housing stability and quality of life:

<b>Evidence theme</b>	<b>Recommendations</b>
1. Increase in supported housing:	a) There is a need for more supported housing options, particularly for those with complex mental health needs, to reduce hospital admissions and out-of-area placements.
2. Preference for independent living:	a) Most individuals prefer self-contained accommodation or mainstream housing with support rather than residential or nursing care settings. Thus, developing more self-contained units should be prioritised.
3. Step-down accommodation:	a) The council should invest in 'step-down' housing options to facilitate smoother transitions from acute care back to community living, ideally with 24/7 onsite support.
4. Community integration and accessibility:	a) Supported housing should be located in areas with good access to transport, shops, and services to promote community integration and reduce isolation, especially in rural areas.
5. Ongoing support services:	a) Enhance support services to help individuals maintain tenancies and navigate the housing system, addressing challenges in finding suitable mainstream housing.
6. Housing pathway approach:	a) Adopt a comprehensive housing pathway model that includes a range of accommodation types, from supported housing to independent living options, catering to different levels of need.
7. Responsive planning and coordination:	a) Shift from reactive to proactive housing planning. Foster better coordination between housing providers and health

Evidence theme	Recommendations
	services to ensure timely and appropriate housing solutions.
8. Addressing rising demand and complexity:	a) Acknowledge the increasing prevalence and complexity of mental health needs, ensuring that supported housing models can adapt to these changing requirements.
9. Enhancing provider collaboration:	a) Encourage collaboration among housing providers to address challenges like voids and to create innovative solutions for supported living environments.
10. Streamlined referral processes:	a) Implement more integrated referral processes connected with council oversight to enhance the flow of individuals through various housing pathways and facilitate move-on opportunities.

S1.41 The estimated need for supported housing required to 2029 could be met potentially by the following ‘components’ of the housing pathway:

- Supported housing for people with complex mental health needs. This is typically a small block of flats (c.5-6 units) with 24/7 support, which can provide ‘step down’ accommodation for people being discharged from inpatient settings (as an alternative to ‘bedded care’) and/or in relation to avoidance of admission to inpatient beds. Suggested requirement c.5 units.
- Supported housing for people with complex mental health needs with dual diagnosis needs. This is likely to be typically a small block of flats (c.5-6 units) with 24/7 support. Suggested requirement c.5 units.
- Supported housing for people with mental health needs with forensic related needs. This is likely to be typically a small group of flats (c.5-6 units) with significant support available (but not necessarily 24/7). Suggested requirement c.5 units.
- Additional groups of self-contained supported housing of c.8-10 units, that provide medium term supported housing (for example for up to 2-3 years), both for people who don’t need or who no longer need 24/7 supported housing but who need a supportive environment before moving to independent housing (e.g. daytime support with night security). Suggested requirement c.10 units.

### **Estimated need for supported housing: Young people leaving care**

S1.42 Evidence from local stakeholders and wider good practice highlights the current range of needs and challenges faced by young people leaving care in Shropshire and provides a number of actionable steps for Shropshire Council to take to enhance support and accommodation options and outcomes for this group:

S1.43 Changing needs and trends:

- Difficult transitions: Young people often struggle with the sudden drop-in support when transitioning from care to adulthood.
- Demand for supported housing: There is increasing demand for supported housing, with young care leavers aged 18+ actively seeking accommodation.
- Provider type: An increase in providers based outside of the county offering costly packages is noted, raising concerns about local integration.
- Younger referrals: Rising referrals for 16-17-year-olds indicate a gap in services tailored for younger care leavers.

S1.44 Effectiveness of current housing:

- Reduction in schemes: The number of supported housing schemes for young people has decreased as housing providers have exited the supported housing sector, limiting options to provide for this group.
- Location issues: A number of placements lack accessibility to local amenities, leading to potential tenancy failures.
- Support concerns: There is anxiety over the adequacy of ongoing support after care, with young people often unprepared for independent living having previously been used to fairly high levels of support and some not being 'tenancy ready' when moving on.
- Affordability issues: Some relatively high housing costs in general needs housing create barriers for young care leavers on low wages aiming for greater independence.

S1.45 Move-on opportunities:

- Barriers to readiness: Some young people face challenges to being deemed "tenancy ready" due to stringent approval processes for move on housing options.
- Limited move-on properties: A lack of available properties for young care leavers to move on to limits their transition to independence.
- Impact on employment: Housing insecurity creates uncertainty and negatively affects young people's job prospects and life choices.

S1.46 Other support models:

- Floating support services: Current floating support often lacks the duration and timing needed to be effective during transitions.
- Joint protocol development: A new protocol between Children's Services and the Housing Options department is seeking to clarify expectations around housing and support for care leavers.
- Innovative housing models: There is demand for new housing models that integrate community support and facilitate transitions to independence, confirming the route from supported housing through to independent living, with

teams providing progressive resettlement support throughout, enabling young people as they transition between tenures and develop greater life skills, training and work opportunities along with positive social networks.

S1.47 Potential implications for Shropshire Council:

Evidence theme	Recommendations
1. Expand supported housing options:	a) Address the reduction in available schemes by increasing the number of supported housing options tailored for both younger and older care leavers.
2. Enhance support services:	a) Extend capacity (duration, support offer and caseloads) of floating support services to develop a robust support system that includes ongoing assistance beyond the initial transition period, ensuring young people are adequately prepared for independent living and there is a smooth transition between supported living and move on solutions.
3. Improve accessibility:	a) Ensure that supported housing is located near essential amenities and services to reduce travel burdens and facilitate successful tenancies.
4. Innovate housing solutions:	a) Consider adopting innovative housing models that can provide stable environments and a clear transition pathway for care leavers including KeyRing.
5. Joint protocol implementation:	a) Work collaboratively with stakeholders to finalise and implement the joint protocol for care leavers to provide clarity on housing support and expectations.
6. Focus on affordability:	a) Reassess rent models to ensure that they remain affordable for young care leavers, particularly as they transition into the workforce or pursue education.

S1.48 Based on an estimated average length of stay (throughput) in supported housing remaining at 24 months, this suggests that to meet demand for supported housing, there is a need for an additional c.10 units of supported housing per annum (to satisfy need that is currently unmet), a requirement for an additional c.30 units of supported housing by 2028/29.

S1.49 Based on discussions with stakeholders, it is assumed that this identified additional need could be met by:

- The provision of an additional foyer service in Shrewsbury (c.20 units); based on commissioner experience/views that there is a supported housing capacity 'gap' for young people in Shrewsbury.

- With a further c.10 units required in locations prioritised by the Council based on further data analysis from Children’s Services teams. We understand there is work underway in Shrewsbury to potentially develop Weston Court (a 5-bed shared house) and 3 separate houses each comprising 2 bedrooms (11 units in total) so recommend the Council incorporate the additional 1 unit into this work to achieve the c.10 units required.

S1.50 However, it is important to note that need for short term supported housing is affected by the level of move-on or ‘throughput’. For example, if the average length of stay in young people’s supported housing was reduced from 24 months to 18 months, the estimated additional further supported housing capacity required would decrease from c.30 units (as set out above) to c.25 units.

### General housing related services

S1.51 The Council’s wider housing options function provides services which also touch the lives of older people, people with learning disabilities/autistic people, people with mental health needs and young people leaving care.

S1.52 Stakeholders provided feedback on the effectiveness of these services and how they might be improved in the future to improve supported housing related services, ultimately enhancing the lives of older people, individuals with learning disabilities/autistic people and care leavers. Key themes for the Council to consider from this feedback included the following:

Evidence theme	Recommendations
1. Specialised housing-related service development:	a) The Council undertakes to prioritise the creation of specialised housing service solutions tailored to the needs of individuals with complex requirements, including mental health issues and learning disabilities.
2. Enhanced coordination:	a) Improve integration between housing services and adult social care to ensure individuals receive the specialised support they require.
3. Sustained, longer-term funding and investment:	a) Addressing funding constraints by confirming joint commissioning commitments, needs, objectives and funding for supported housing across Adult/Children’s Services, Housing Options and key statutory stakeholders is critical for enabling the Council’s development arm and external providers to better understand the longer-term strategy and in turn invest in developing appropriate and diverse housing stock and support services for an evolving community.

Evidence theme	Recommendations
4. Proactive transition strategies:	a) The implementation of clear strategies for facilitating smoother transitions from hospital discharges and temporary accommodation into permanent housing.
5. Stakeholder engagement and role clarity:	a) Progress discussions among stakeholders through co-produced joint governance, strategy and operating plans confirming roles and responsibilities to enhance collaborative efforts in delivering effective housing solutions together as a system.

### Key Worker Housing

- S1.53 There is a recognition that housing, care and support providers are facing challenges in the recruitment and retention of their workforce which threatens the resilience of these key services into the future.
- S1.54 Stakeholder feedback confirmed this centres on affordability of housing in relation to income levels for support worker roles, how Shropshire comprises of many rural and remote locations meaning there is reliance on car ownership or public transport to deliver services plus there is competition from other sectors for staff.
- S1.55 Practice from other areas around the country suggests the Council might explore the following activities to better support housing and support provider partners with their workforce planning:

Evidence theme	Recommendations
1. Demand modelling and gap analysis:	a) To identify existing housing solutions and pinpoint additional needs within the county and other parts of the public sector.
2. Housing support and advice:	a) Provide tailored support for staff, including personal housing plans, guidance on navigating the private rented sector and access to tenancy and debt advice.
3. Rent a room schemes:	a) Supporting the mobilisation of rent a room type schemes for staff to access, similar to those promoted by the NHS <sup>1</sup> .
4. Strategic revenue solutions:	a) Develop financial mechanisms such as rent deposit and guarantor schemes to alleviate housing costs for employees.
5. Strategic building solutions:	a) Utilise dormant or unused public land and assets as a contribution towards new housing developments,

<sup>1</sup> <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-accommodation/>

Evidence theme	Recommendations
	<p>providing Council and/or other statutory service’s assets at low or no cost to the developer as a way of subsidising the build costs.</p> <p>b) Convene other public sector employers around county site housing opportunities, leveraging the combined resources of public sector workforces to give greater reassurance to developers through reduced void risk.</p> <p>c) Consider modular housing as a temporary solution on vacant sites.</p>
6. Partnership collaboration:	a) Establish a Memorandum of Understanding (MOU) among partners to create ring-fenced housing for staff.

# 1. Assessment of the need for supported and specialist housing and accommodation for older persons

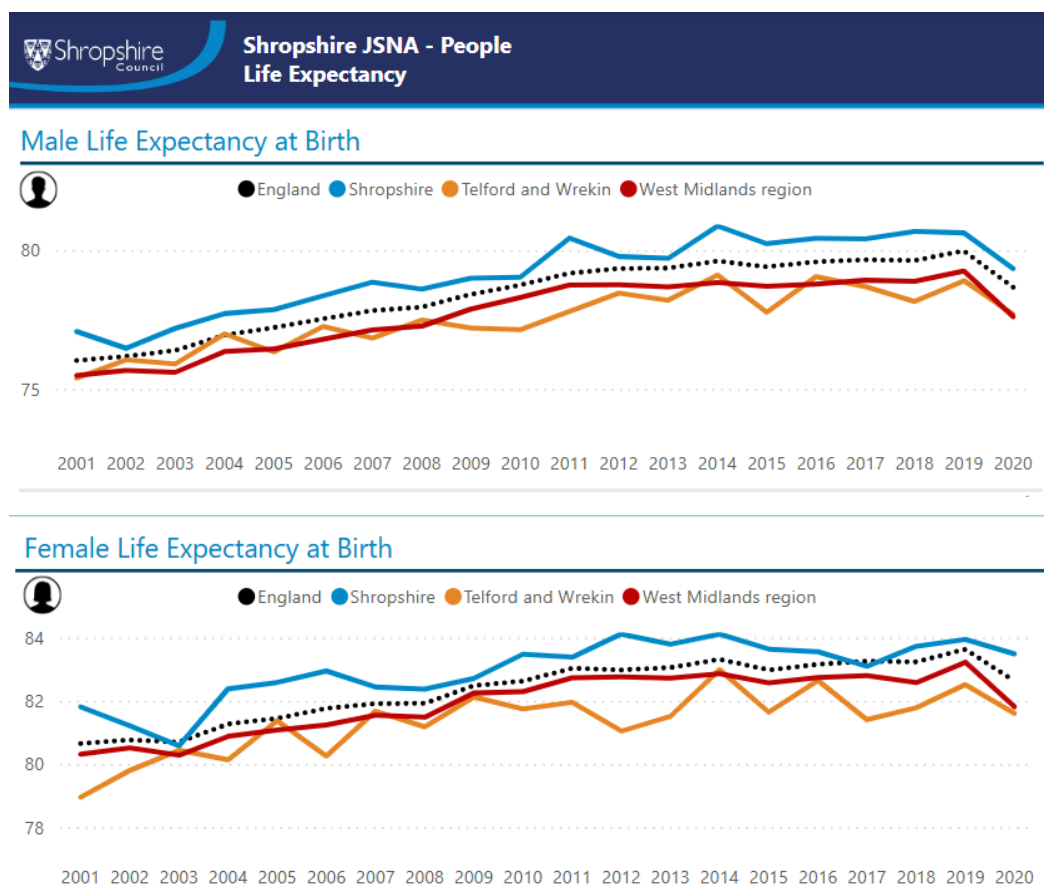
- 1.01 The intention of this assessment is to identify the need for different types of supported and specialist housing suited to older people (covering the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> bullet points below). However, it is recognised that overall housing need amongst the older population will cover a range of needs and housing options including:
- Remaining in a person's existing home.
  - Remaining in existing homes with adaptations.
  - Moving to another conventional home with or without adaptations.
  - Moving to retirement/sheltered housing (age-designated housing).
  - Moving to extra care housing (age-designated housing).
  - Moving to residential and nursing care homes.
- 1.02 The assessment of need for housing and accommodation suited to the needs of older persons draws on a range of evidence, including:
- Demographic context: current population and projected population of older people.
  - Current provision of specialist housing and accommodation for older people.
  - Local stakeholder perspectives and intelligence.
  - Older people's housing preferences and likelihood of moving. This is based on evidence from a survey conducted by Ipsos for the Housing LIN in December 2023 of a representative sample (c.5,600 people) of the UK's 50+ population.

## Baseline population and projections

### **Demographic projections**

- 1.03 The current life expectancy for people living in Shropshire is 79.3 years for men and 83.5 for women, above the England average as well as the wider West Midlands region (Figure 1).

Figure 1. Life expectancy for people living in Shropshire



Source: JSNA (Shropshire)<sup>2</sup>

- 1.04 Data from the ONS 2021 census<sup>3</sup> is used to provide baseline projections for Shropshire’s older populations.
- 1.05 The ONS subnational population projections<sup>4</sup> are used to project future changes in the older populations.
- 1.06 Shropshire’s combined 55-64 years population, 65-74 years population and 75+ years populations are projected to grow significantly over the next 10-20 years.
- 1.07 Table 4 shows the projected change in the 55-64, 65-74 and 75+ population for Shropshire to 2044.

<sup>2</sup> [People | Shropshire Council](#)

<sup>3</sup> ONS 2021 census - P01: Usual resident population by sex, local authorities in England and Wales

<sup>4</sup> ONS 2018-based subnational principal population projections for local authorities and higher administrative areas in England

Table 4. Projected population of people aged 55-64, 65-74 and 75+ in Shropshire to 2044

Age cohort	Local authority	2021	2024	2029	2034	2039	2044
55-64	Shropshire	48,504	52,146	52,689	47,939	47,247	49,142
65-74	Shropshire	42,766	43,154	49,744	56,725	57,295	60,413
75+	Shropshire	39,322	44,877	50,703	56,269	64,440	71,342
<b>Total</b>	<b>Shropshire</b>	<b>130,592</b>	<b>140,177</b>	<b>153,136</b>	<b>160,932</b>	<b>168,982</b>	<b>180,897</b>

Source: ONS census 2021; ONS 2018-based subnational population projections

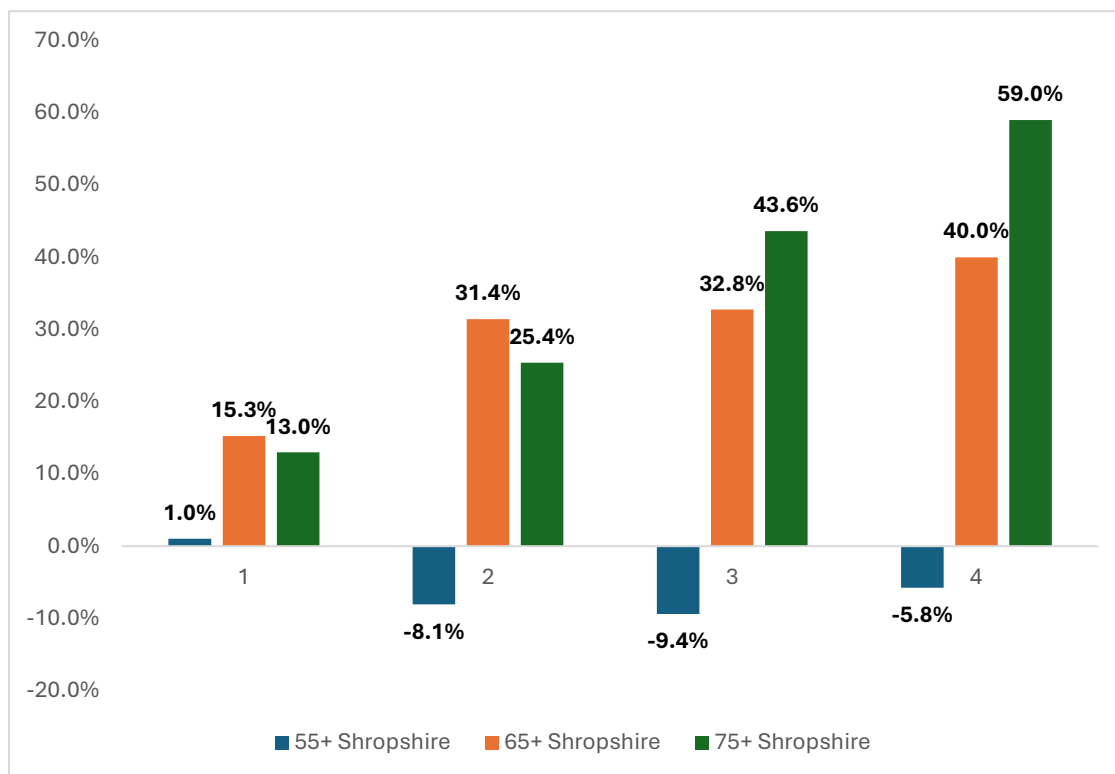
- 1.08 The population aged 55-64 in Shropshire is projected to fluctuate between 2024 and 2044 with a modest increase between 2021 and 2044.
- 1.09 Shropshire's population aged 65-74 is projected to grow substantially, with an increase of c.15% by 2029, rising further to 31% by 2034, 33% by 2039, and 40% increase by 2044.
- 1.10 Shropshire's population aged 75+ is expected to experience significant growth, increasing by approximately 13% by 2029, 25% by 2034, 44% by 2039, and by 59% by 2044.
- 1.11 Overall, Shropshire's population aged 55+ is projected to increase by around 29% between 2024 and 2044, indicating a consistent upward trend in the older population.

Table 5. Percentage change of projected population of people aged 55-64, 65-74 and 75+ in Shropshire (2024-2044)

Age cohort	Local authority	2029	2034	2039	2044
55-64	Shropshire	1.0%	-8.1%	-9.4%	-5.8%
65-74	Shropshire	15.3%	31.4%	32.8%	40.0%
75+	Shropshire	13.0%	25.4%	43.6%	59.0%
<b>Total</b>	<b>Shropshire</b>	<b>9.2%</b>	<b>14.8%</b>	<b>20.5%</b>	<b>29.0%</b>

Source: ONS census 2021; ONS 2018-based subnational population projections

Figure 2. Percentage change of projected population of people aged 55-64, 65-74 and 75+ in Shropshire (2024-2044)



Source: ONS 2021 and Sub national population projection 2018

1.12 In terms of the growth of the older population across Shropshire, information published in the Council’s Social Care Market Position Statement 2024-2027<sup>5</sup> confirms:

- There has been a larger growth in people aged 65+ in the south/southwest of the county and this is expected to continue in the coming years.
- There has been growth, albeit smaller, in people aged 85+ across the south of the locality.

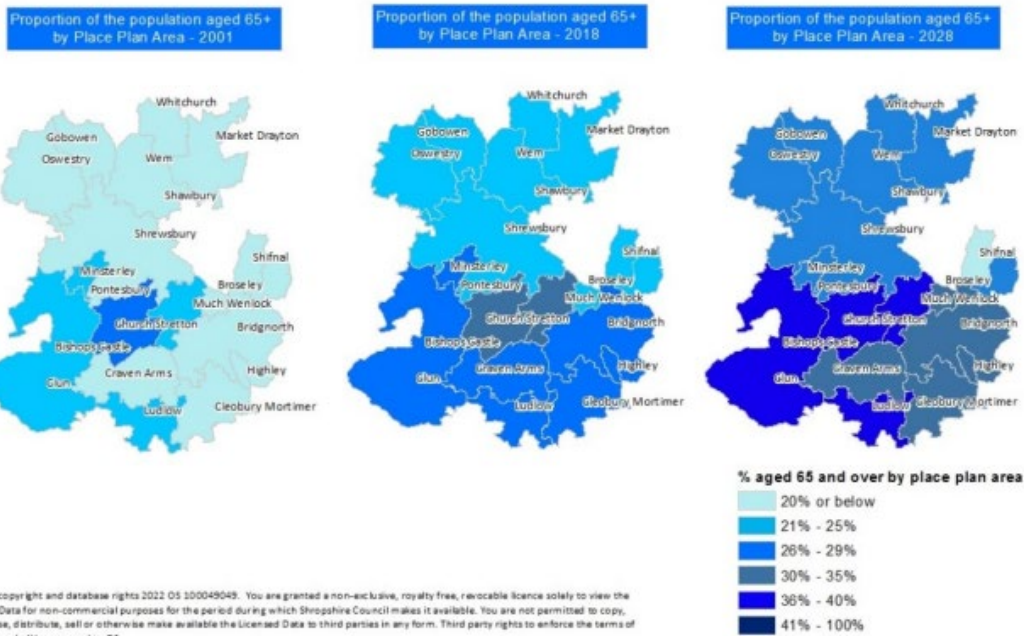
<sup>5</sup> [shropshire-market-position-statement-24-27.pdf](#)

Figure 3. The growth of the older population across Shropshire

Source. (Public Pack)6 UPDATED Capital & Financial Strat 2022/23 - 2026/27 Agenda Supplement for Council, 24/02/2022 10:00 (shropshire.gov.uk)

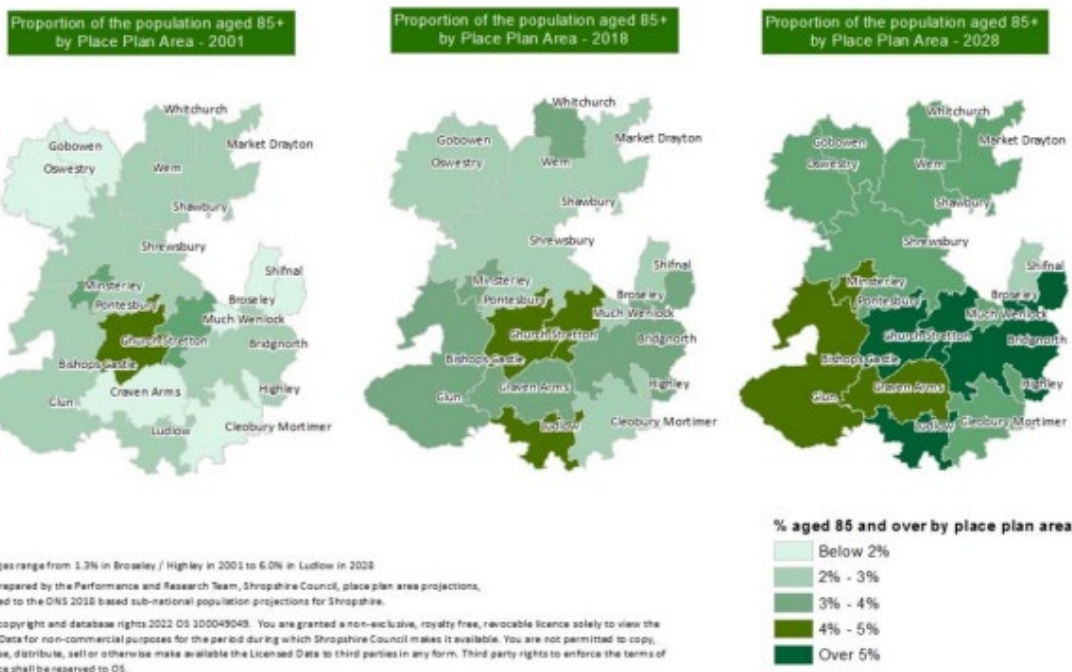
**The Ageing Population**

The maps below illustrate how Shropshire's older population has grown significantly since 2001 and is projected to grow by 2028.



**The Ageing Population**

The maps below illustrate how Shropshire's elderly population has grown significantly since 2001 and is projected to grow by 2028.



Source: Social Care Market Position Statement 2024-2027

- 1.13 In terms of the aspirations of older people across Shropshire, a housing needs survey undertaken in 2022 looking into future housing options for older households (containing someone aged 55 years and over) found the following:
- 74% would prefer to remain in their current home as they get older and 13% were open to moving if they could continue to live independently.
  - Of older households wishing to remain in their own home moving forward, 75% were open to using aids, adaptations or assistive technology to remain independent.
  - Less than half (45%) of responding households (remaining in their home) agreed that they would be prepared to pay for aids, adaptations or assistive technology, with 40% unsure.
  - Of households choosing to remain in their current home, the largest majority indicated a stair lift as being the most essential adaptation. Second to this was a level access shower or wet room.
  - The survey asked if co-living might be an option in the future, 17% were unsure about the concept and only 3% indicated they would be open to exploring this option.

### Current supply of specialist housing for older people

- 1.14 Information on the existing provision is drawn from the Elderly Accommodation Counsel's (EAC)<sup>6</sup> national database of older people's specialist housing provision, data from the Care Quality Commission<sup>7</sup> and data from Shropshire Council. This includes social housing sector and private sector age designated specialist housing.
- 1.15 The following definitions of *specialist* older people's housing and accommodation are used to describe the different types of housing and accommodation for older people:
- *Retirement/Sheltered Housing*: sheltered/retirement housing for social/affordable rent and private sector retirement housing for sale:
    - *Sheltered housing and other age designated housing for social/affordable rent*: These schemes typically offer self-contained accommodation commonly available for social/affordable rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation offered is for social or affordable rent, based on need, by social landlords (councils or housing associations) and charitable providers. This category may also include what some social landlords may refer to as 'age designated housing' where the housing is exclusively for people over a specific age (typically 55 or 60 years) but there may not be the communal

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<sup>6</sup> Elderly Accommodation Counsel - 2019

<sup>7</sup> Care Quality Commission Directory (August 2023)

facilities and staff assistance found in sheltered housing, however these distinctions may vary between schemes and social housing providers.

- *Private sector retirement housing*: This is typically similar to sheltered social housing, but it is usually built by private developers for market sale and sometimes for market rent. Once all the properties have been sold, the scheme is sometimes run by a separate management company that employs a scheme manager and organise maintenance and other services.
- *Extra care housing*: Often referred to as 'extra care housing' when provided by housing associations and local authorities (for affordable rent and sometimes shared ownership) and 'assisted living' or 'retirement village' or 'integrated retirement community' by private sector providers (for market sale and sometimes market rent). Extra care housing is designed for older people, typically with higher levels of care and support needs. Residents live in self-contained homes. It typically has more communal facilities (compared to sheltered/retirement housing) access to on-site 24/7 care services, a scheme manager and a support staff.
- *Residential care home*<sup>8</sup>: a residential setting where older people live, usually in single rooms, and have access to on-site social care services. 24/7 onsite personal social care services include help with washing and dressing. Residential care homes do not consist of self-contained units. There are no tenure rights; weekly/monthly fees are paid directly by the resident (or by a Council or the NHS if the person is eligible) to the care home provider.
- *Nursing care home*<sup>9</sup>: similar to a residential care home, but additionally providing care from qualified nurses. There will always be 1 or more qualified nurses on duty to provide nursing care. These are sometimes called 'care homes with nursing'. The Care Quality Commission states that (in addition to a residential care home), "qualified nursing care is provided, to ensure that the full needs of the person using the service are met." Nursing care homes do not consist of self-contained units. There are no tenure rights; weekly/monthly fees are paid directly by the resident (or by a Council or the NHS if the person is eligible) to the care home provider.

1.16 Data taken from the Elderly Accommodation Counsel (EAC) confirms in Shropshire there are:

- 3,849 retirement/sheltered housing dwellings.
- 442 enhanced sheltered/extra care housing dwellings.
- 1,216 beds in residential care homes
- 1,965 beds in nursing care homes

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<sup>8</sup> [NHS: Care homes](#)

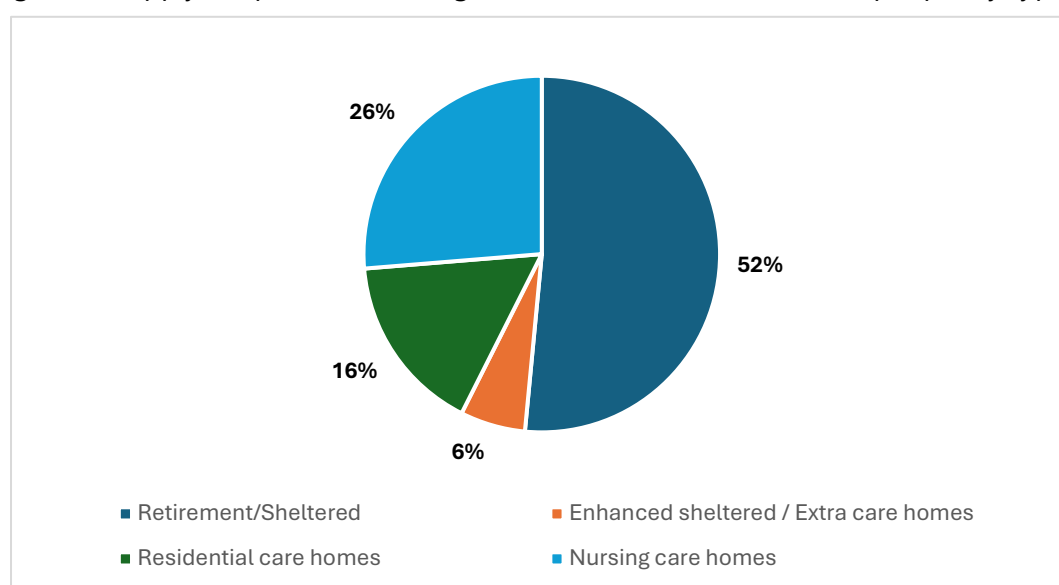
<sup>9</sup> [NHS: Care homes](#)

Table 6. Supply of specialist housing and accommodation for older people in Shropshire

Older Persons’s Housing Type	Units of supported housing/accommodation	% of total units by location
Retirement/Sheltered	3,849	52%
Enhanced sheltered / Extra care homes	442	6%
Residential care homes	1,216	16%
Nursing care homes	1,965	26%
<b>Total</b>	<b>7,472</b>	<b>100%</b>

Source: EAC (2019), Shropshire Care Homes from Power BI 17/9/24 and CQC data

Figure 4. Supply of specialist housing and accommodation for older people by type



Source: EAC (2019) Shropshire Care Homes from Power BI 17/9/24 and CQC data

1.17 The majority (69%) of retirement/sheltered housing is available for rent (social and affordable rent) with 29% available on a leasehold basis.

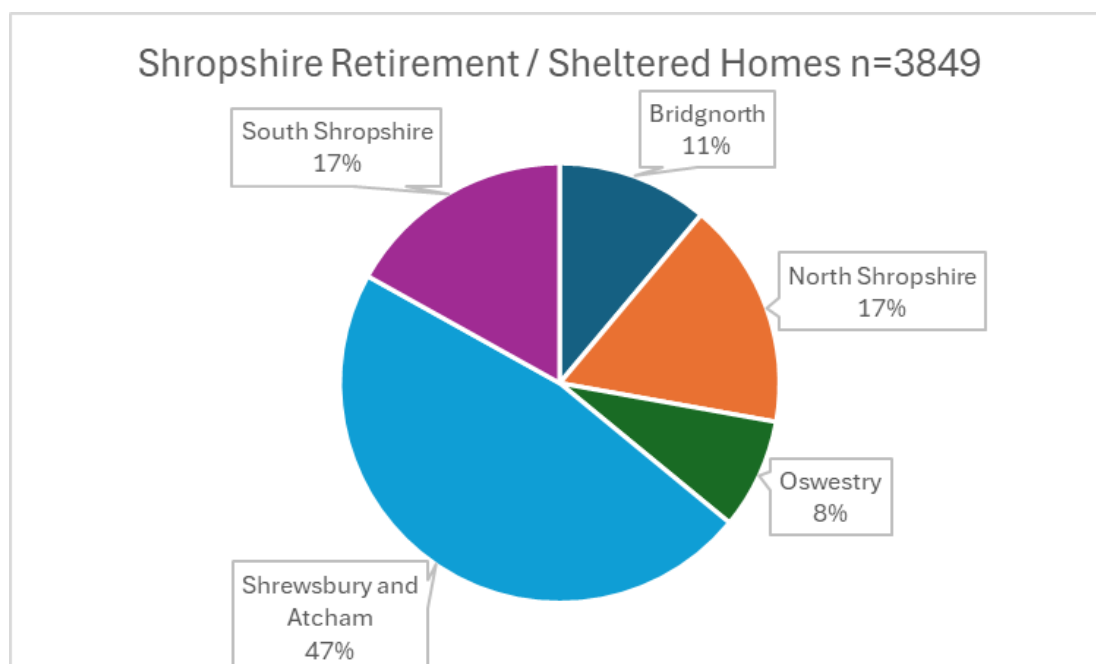
1.18 In relation to geographic distribution, nearly half of all retirement/sheltered homes (47%) are located in Shrewsbury and Atcham with 17% in both north and south Shropshire and 11% in Bridgnorth.

Table 7. Tenure status of all retirement/sheltered homes (units)

Former district	Sale	Rent (RP)	Total
Bridgnorth	185	243	428
North Shropshire	254	389	643
Oswestry	99	214	313
Shrewsbury and Atcham	352	1,462	1,814
South Shropshire	301	350	651
<b>Total</b>	<b>1,191</b>	<b>2,658</b>	<b>3,849</b>

Source: EAC and Shropshire Council

Figure 5. Percentage of Shropshire’s retirement/sheltered homes



Source: EAC and Shropshire Council

- 1.19 Of the 3,849 units of ‘retirement/sheltered’ provision, 2,983 (78%) are classified as a more ‘traditional’ sheltered housing model, which typically offers self-contained accommodation and are usually supported by a part-time/visiting scheme manager and/or 24-hour emergency help via an alarm. There are often communal areas and some offer activities.
- 1.20 The remaining 866 units (22%) are identified as ‘age exclusive housing’, which again typically offers self-contained accommodation but are not usually supported by staff but offer accommodation with an age-designation only.

Table 8. Supply of ‘age exclusive’ housing for older people in Shropshire

Former district	Sale	Rent (RP)	Total
Bridgnorth	46	21	67
North Shropshire	0	45	45
Oswestry	0	49	49
Shrewsbury and Atcham	0	630	630
South Shropshire	54	21	75
<b>Total</b>	<b>100</b>	<b>766</b>	<b>866</b>

Source: EAC and Shropshire Council

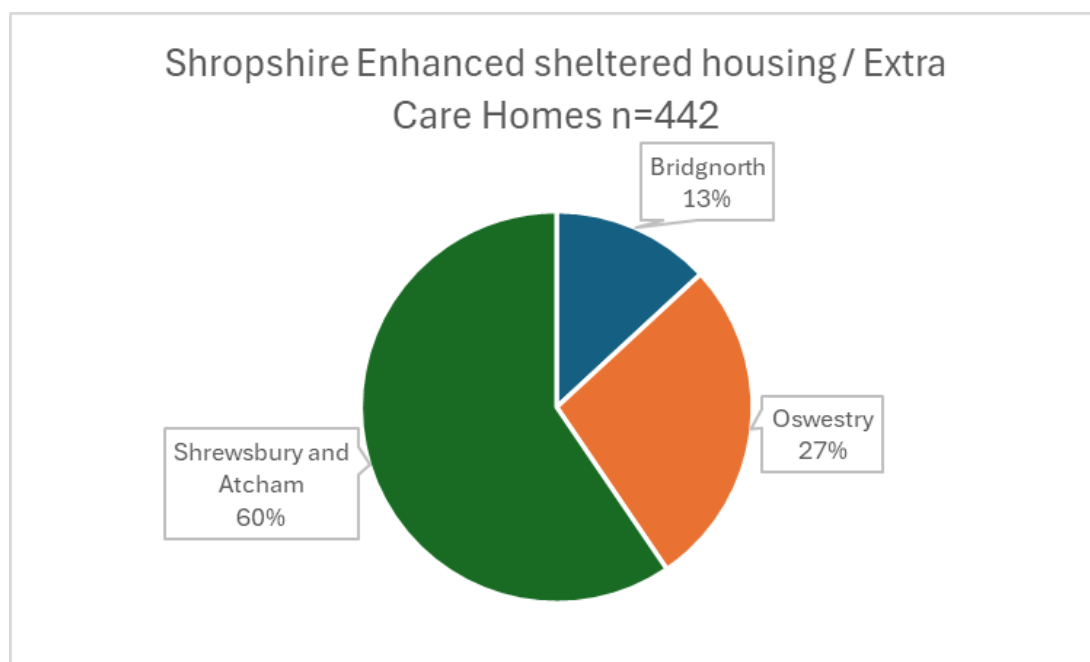
- 1.21 Of the 442 units of ‘enhanced sheltered/extra care housing’ in Shropshire, tenures are evenly divided between leasehold and social rent (both 49%), with a small amount of market rent (2%).
- 1.22 Most accommodation within this category (60%) is located in Shrewsbury and Atcham followed by Oswestry (27%) and then Bridgnorth (13%).

Table 9. Number and Percentage of tenure distribution of both enhanced sheltered/extra care housing in Shropshire

Former district	Leasehold	Rent (market)	Rent (RP)	Total
Bridgnorth	58			58
Oswestry	60		61	121
Shrewsbury and Atcham	99	10	154	263
<b>Total</b>	<b>217</b>	<b>10</b>	<b>215</b>	<b>442</b>

Source: EAC and Shropshire Council

Figure 6. Percentage of tenure distribution of enhanced sheltered/extra care housing in Shropshire



Source: EAC and Shropshire Council

- 1.23 Extra care housing, which typically provides housing with care designed for older people, some with higher levels of care and support needs where residents live in self-contained homes with more communal facilities and offers access to onsite 24/7 care services, which includes assistance with meal preparation, washing and other daily duties, makes up the majority of this housing type at 75% of units within Shropshire. Enhanced sheltered housing, which can typically be a former sheltered housing scheme with onsite 24/7 care services, provides around 24% of this housing offer across Shropshire.

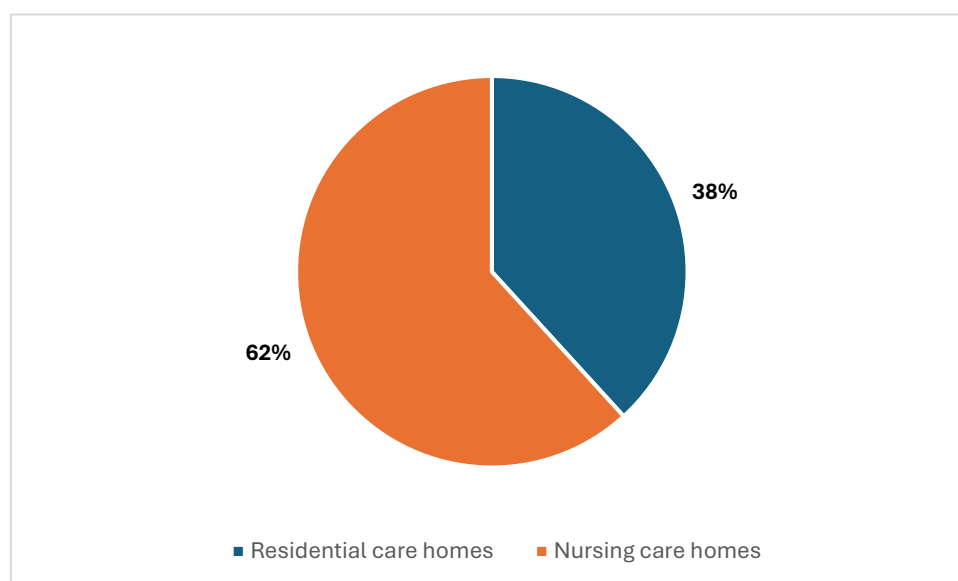
Table 10. Tenure distribution of enhanced sheltered housing/extra care housing in Shropshire

Former district	Enhanced sheltered housing			
	Leasehold	Rent (market)	Rent (RP)	Total
Bridgnorth	0	0	0	0
Oswestry	60	0	0	60
Shrewsbury and Atcham	37	10	0	47
<b>Total</b>	<b>97</b>	<b>10</b>	<b>0</b>	<b>107</b>
Former district	Extra care housing			
	Leasehold	Rent (market)	Rent (RP)	Total
Bridgnorth	58	0	0	58
Oswestry	0	61	0	61
Shrewsbury and Atcham	62	154	0	216
<b>Total</b>	<b>120</b>	<b>215</b>	<b>0</b>	<b>335</b>

Source: EAC and Shropshire Council

1.24 The proportion of residential and nursing care homes bedspaces across the county is split with the majority of the 3,181 total spaces being within nursing care provision

Figure 7. Proportion of residential and nursing care homes bedspaces across



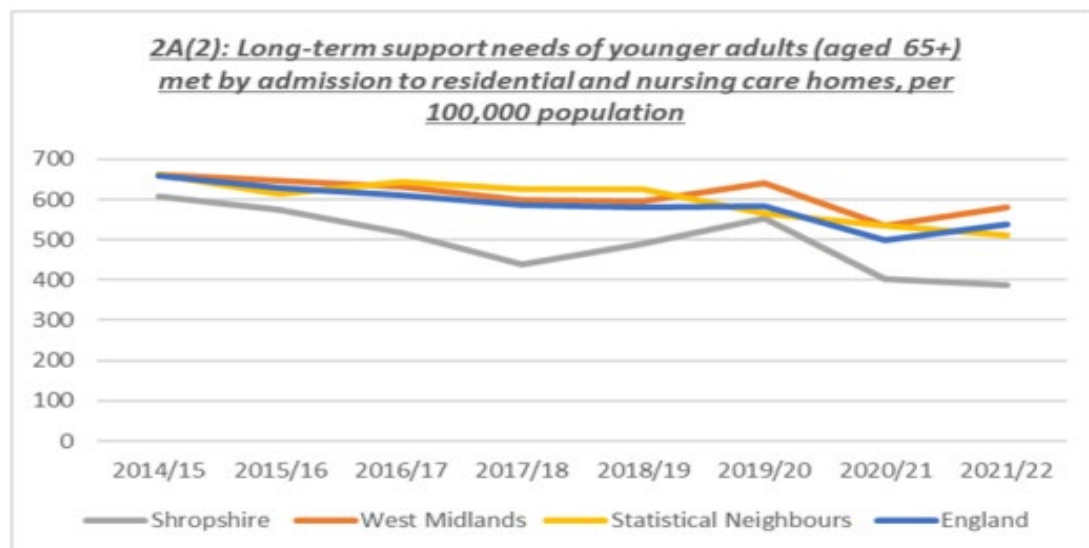
Source: Shropshire Council

1.25 The overall care home provision across Shropshire shows significant variation in both nursing and residential bedspaces. Shrewsbury has the highest number of residential and nursing care bedspaces, with 1,192 total bedspaces (449 residential care and 743 nursing care bedspaces respectively).

1.26 The locations with fewest combined provision include Craven Arms (10), Broseley (14), Ellesmere (28) and south-east Shropshire (40).

- 1.27 Information from Shropshire Council’s Social Care Market Position Statement 2024-27<sup>10</sup> confirms that permanent placements by the Council into residential/nursing care have reduced overtime, from c.600 per 100,00 population in 2014/15 to c.400 per 100,000 population in 2021-22. This may reflect care home closures since 2020 (c.260 beds)

Figure 8. Permanent admissions of older people into residential/nursing care homes per 100,000 population



Source: Social Care Market Position Statement 2024-27

- 1.28 The Shropshire, Telford & Wrekin ICS has also recognised the issue of a growing older population with needs relating to dementia and note they are “seeing more providers struggling to meet the needs of those with dementia and in particular supporting them in their own home.” The population projection of people with dementia using the projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040<sup>11</sup> shows that Shropshire has a higher c.4% projected annual growth rate of dementia compared to its [Chartered Institute of Public Finance and Accountancy](#) (CIPFA) / regional comparator groups and England.

## The mix and range of housing and accommodation needed to meet older people’s needs: Evidence from older people

### Housing LIN and Ipsos: Market research with c.5,600 older people aged 50+ in the UK (2024)

- 1.29 The Housing LIN commissioned market research<sup>12</sup> (funded by UK Research & Innovation) from Ipsos to determine the future housing preferences of the older population in the UK. This included the experiences, housing preferences and

<sup>10</sup> [shropshire-market-position-statement-24-27.pdf](#)

<sup>11</sup> [https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec\\_report\\_november\\_2019.pdf](https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf)

<sup>12</sup> Housing LIN (to be published autumn 2024): Housing preferences for older people: A survey of 5,600+ older people across the UK carried out by Ipsos for the Housing LIN.

requirements of people who are currently aged 50+, i.e. the current and next generation of older people. Ipsos carried out the research and surveyed 5,591 UK adults aged 50+ (December 2023). The survey respondents were representative of the overall 50+ population in terms of age cohorts (50-64; 65-74; 75+), gender, tenure and other demographic characteristics.

1.30 It is the most up to date and largest survey of the UK's 50+ population about their future housing preferences and likelihood of moving.

1.31 Key messages from the survey include the following:

- Almost half the respondents have lived in their current home for more than 20 years.
- Around a quarter of respondents live with their children.
- Only around a quarter of respondents have a downstairs bathroom/shower room.
- Over a third of respondents worry that their current home will be too expensive to keep warm in winter.
- Over half said that if their current homes were better adapted, this would make them more suitable to meet their future needs.
- Most people who moved into their current home in the last 5 years moved to either be in a more suitable home or to be in a better neighbourhood/more pleasant area.
- A small proportion of respondents, 1%, said that a home being wheelchair accessible was important to them personally in thinking about what makes a good home.
- As time progresses, the perceived likelihood that the person will move to a new home increases, suggesting it is seen as a consideration for the future rather than for now.
- A quarter of respondents said that staying in their current home without any adaptations was most likely to meet their future housing needs.
- The most significant barrier to moving in the future was a personal attachment to their current home.

### **Findings from previously conducted research by the Housing LIN with older people about their housing preferences**

1.32 Existing evidence regarding the housing perspectives of older people has been drawn from the Housing LIN's qualitative research (unpublished) with c.2,500 older people across England between 2018 and 2023.

1.33 The key messages from this evidence are summarised below.

- 1.34 Older people are a diverse group with different views, experiences, and opportunities that influence where they might wish to live in later life. The range of housing types available needs to reflect this diversity.
- 1.35 The majority of older people would prefer to remain living in their existing homes rather than move to 'specialist' accommodation. People are seeking support to remain living where they are now such as with adaptations, aids, technology to support independence as well as care/support staff if appropriate.
- 1.36 However, some older people are interested in and willing to 'rightsize/downsize' provided that an alternative home is sufficiently attractive and meets their requirements.
- 1.37 People are seeking properties that:
- Adapt to their changing needs in their later years.
  - Provide good quality, affordable accommodation with less maintenance and upkeep requirements.
  - Provide spacious, modern accommodation with a sense of community.
- 1.38 Moving to properties with an age-designation tends to be a 'marmite issue'; for some people it is their preference whereas others would prefer to live in a mixed-age community.
- 1.39 If they were to move, the majority of people (particularly home-owners) would prefer a property with 2 bedrooms; where only 1 bedroom is provided there needs to be provision of sufficient storage space.
- 1.40 More people are likely to consider moving to specialist accommodation if it is affordable, aspirational, and accessible and meets the requirements summarised above.
- 1.41 Older people from rural areas tend to be more connected to their local communities/area and often find a move (typically to a more urban setting) more of an upheaval. Therefore, people from rural areas are seeking a housing offer that is provided locally, i.e. in more rural areas, or a housing offer that is sufficiently attractive enough to encourage them to move from their existing home.
- 1.42 Older people are seeking housing options that enable them to live independently for as long as possible. Very few older people want to move into a care home.
- 1.43 Older people are seeking access to better information and advice about their future housing and support options. People need help to weigh up the cost implications of moving and to understand the affordability of different alternative housing options. There need to be opportunities to access this information both on and offline.

1.44 Recent evidence from the Centre for Ageing Better<sup>13,14,15</sup> has shown, nationally that:

- More than half (53%) of people aged 50 and over who move home don't downsize. They either keep the same number of rooms or move into a place with more rooms<sup>16</sup>.
- Among people aged 50 or older, the most commonly desired features of a new home are safety, a private outdoor space and for it to be within walking distance of shops, the GP and other amenities<sup>17</sup>.
- There is a gap between the housing aspirations of many older people and the choices available to them.
- Moving home is challenging - financially, emotionally, physically. The process is costly and time-consuming. Accessible homes are in short supply.
- Location and access to communities are as important as property features for many older people considering a move.
- Many older people want mainstream housing in existing communities, as well as specialist accommodation.
- Improving existing homes through repairs, adaptations and energy efficiency upgrades is as important alongside the development of new homes.
- Older people have diverse needs and motivations for moving or staying put. A "one size fits all" approach does not work, for example assuming that all older people who wish to move will want to 'downsize' into specialist housing for older people.

### The type and mix of housing and accommodation required by older people: Drawing on housing good practice

1.45 Contemporary good practice examples reflect the types of 'aspirational' homes that respond to the needs and expectations of current and future older people in England. To account for a diverse range of older people, good practice evidence suggests a range of housing choices from age-designated properties to intergenerational housing and housing with care to 'care-ready' housing.

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<sup>13</sup> Centre for Ageing Better: Living Longer: Infographics; based on 'State of Ageing 2022'

<sup>14</sup> Centre for Ageing Better: Locked out – A new perspective on Older People's housing choices; August 2023.

<sup>15</sup> Centre for Ageing Better: Finding the right place to grow older: Improving housing choices for older people; August 2023.

<sup>16</sup> Greater Manchester Combined Authority (2018) Rightsizing: Reframing the housing offer for older people.

<sup>17</sup> Centre for Ageing Better & NatCen Panel Homes and Communities Study 2020.

- 1.46 The HAPPI<sup>18</sup> (Housing our Ageing Population: Panel for Innovation) principles are increasingly recognised as the standard design principles by those developing more lifestyle, aspirational orientated sheltered/retirement housing and extra care housing for rent and sale. These tend to underpin best practice and have also been applied to non-age designated housing settings.
- 1.47 Good practice also adheres with the more recent TAPPI<sup>19</sup> (Technology for our Ageing Population: Panel for Innovation) principles. Born from the 'adaptable and care-ready' HAPPI principle, it focuses on the need to provide technology that supports independence in the home that is co-produced, preventative, interoperable with other devices and cost-effective. For example, Blackwood Housing CleverCogs™<sup>20</sup> customisable digital system enables residents to access many of Blackwood's services online using a tablet-based app.
- 1.48 Age-designated housing, both retirement housing and extra care housing, that reflects best practice is focused on providing an aspirational housing offer that adheres to HAPPI and TAPPI principles and is designed and marketed as a 'lifestyle' offer rather than being associating with ageing or care. For example, Guinness's latest extra care housing development, Quayside<sup>21</sup> located in Totnes close to the River Dart provides 30 apartments for shared ownership and 30 for affordable rent. The communal facilities include a café bistro, activity areas, and a 'pamper suite' where residents can arrange haircuts, manicures, and beauty treatments. The internal decor and layout are designed to be dementia friendly but in a way that is attractive and luxurious. There is no large communal lounge; rather, smaller sitting areas take advantage of the views from the site.
- 1.49 Many housing providers are starting to consider what a contemporary version of sheltered housing looks like. Branded mainly as 'retirement housing' or 'independent living' it is focused on creating 'care-ready'<sup>22</sup> housing. i.e., housing that adapts to an individuals' needs in later life. It provides a 'hotel style' look and feel that more closely resembles a more modern extra care scheme (but without the provision of onsite care). Where it has been designed well, adhering to HAPPI principles means it isn't obvious that the scheme is designated for older people. For example, Bruyn's Court<sup>23</sup> in Thurrock has 25 flats, all of which are flexibly designed to adapt to meet the changing needs of residents as they grow older. The scheme does not provide care and support services, but the aim of the scheme is to radically improve the standard of living for

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<sup>18</sup> <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

<sup>19</sup> <https://www.housinglin.org.uk/Topics/browse/Design-building/tappi/>

<sup>20</sup> <https://www.blackwoodgroup.org.uk/clevercogs>

<sup>21</sup> <https://www.guinnesspartnership.com/development/quayside-totnes/>

<sup>22</sup> Care ready housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.

<sup>23</sup> <https://www.housinglin.org.uk/Topics/ECHScheme/search/Bruyns-Court/>

older people in Thurrock, taking account of their social and physical needs, and encouraging social interaction and mutual support.

- 1.50 'Care-ready' housing principles have also been applied to non-age designated housing creating mainstream flexible living spaces to suit residents' changing needs. For example, Igloo's +Homes<sup>24</sup> 'care readiness' is demonstrated by its flexible and customisable build, meaning they can meet every occupier's individual needs during their lifetime. As well as being equipped with the infrastructure to provide smart and connected homes.
- 1.51 The development of new 'intergenerational housing' schemes recognises that not all older people want to live in age-designated communities. 'Intergenerational' models vary in type and size but in more rural areas tend to be more sensitive to the local rural vernacular. For example, in Ramsgate, Kent, Jentex Village<sup>25</sup> provides a mixed community within a rural setting that places a 56-unit extra care scheme among a mixed house-type development of 25 family houses and 31 houses for older people. Using an array of cottages and bungalows it received unanimous approval, for the regeneration of an oil depot site on the edge of Ramsgate. Intergenerational housing has also been applied to 'cohousing' contexts to create a cooperative community from a range of ages that can look out for one another. For example, Marmalade Lane<sup>26</sup> in Cambridge, comprises 42 homes; a mix of 2- to 5-bedroom terraced houses and 1- and 2- bedroom apartments. The focus is on creating a sense of community alongside high-quality housing which can be applied to a rural context.

### The type and mix of housing and accommodation required by older people: Drawing on stakeholder engagement

- 1.52 As part of the qualitative section of the needs assessment, we spoke with a range of stakeholders to gain insights and evidence in relation to the context of current housing provision and the changing needs of older people in Shropshire. Stakeholders included representatives from Council commissioning and operational teams, registered providers, housing, care and support providers and the voluntary sector and their key themes included:

#### *Changing needs and trends:*

- 1.53 Increasing complexity of needs: As the population ages, providers often have to accommodate older individuals with complex needs, sometimes without sufficient support from statutory services. This can lead to challenges, including reports of staff being assaulted.

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<sup>24</sup> <http://www.iglooregeneration.co.uk/2020/12/04/igloo-joint-winner-home-of-2030-competition/>

<sup>25</sup> <https://rm-architects.com/jentex>

<sup>26</sup> <https://www.marmaladelane.co.uk/>

- 1.54 Age demographics: The ageing population is expanding, particularly among those aged 80 and above, who require more support compared to those aged 60-75, who may still be active through work or volunteering. The definition of "older people" is evolving; individuals aged 55+ today often face different challenges compared to those from previous generations. This shift necessitates a re-evaluation of support services and housing provisions.
- 1.55 Isolation post-loss: In Shropshire, which is considered a retirement destination, the death of a partner often leads to isolation for the surviving spouse, particularly in larger homes that become difficult to maintain.
- 1.56 Housing challenges: There are difficulties in finding suitable housing for downsizing, and many older adults struggle with heating their homes, particularly those relying on oil or coal heating, which can result in cold living conditions.
- 1.57 Population trends: The Joint Strategic Needs Assessment (JSNA) indicates that the older population in Shropshire is growing and exceeds the national average, highlighting the need for tailored services and housing solutions to meet their evolving needs.

*Effectiveness of the current supported housing:*

- 1.58 Exempt accommodation challenges: There are ongoing challenges regarding exempt accommodation status and the associated housing benefit payments to fund services. It seems Housing Benefit and Revenue teams across different local authorities interpret the application of service charges to Intensive Housing Management (IHM) differently. This means some authorities allow organisations to charge and reclaim this as genuine costs and other do not and this inconsistency results in providers finding it hard to plan services across different locations they operate in, including Shropshire.
- 1.59 Care needs and housing matching: There are concerns about the adequacy of housing and care providers matching to housing needs, particularly in extra care housing schemes where people with more challenging needs have not been accepted into extra care housing. Providers seem to retain a lot of control over accepting (or not) allocations and are potentially declining people with more complex needs (eg: substance use, mental ill health), resulting in the Council not receiving the most benefit from these services to support its wider housing and care objectives. Instances of "box ticking" rather than meaningful assessments of residents' needs have been reported.
- 1.60 Rural service provision: There is a significant challenge in providing adequate support in rural areas, where the dispersal of older individuals into small hamlets makes it difficult to establish viable support groups and services.
- 1.61 Quality of housing stock: Some older individuals live in older council stock and some in park homes that are often poorly maintained and thermally inefficient. There are calls for a review of traditional council stock, which requires significant refurbishment.
- 1.62 Transport and accessibility issues: Limited public transport options exacerbate isolation and hinder access to essential amenities and social interactions for older adults, particularly those who no longer drive.

- 1.63 Disinvestment in specialist housing: Registered providers are under pressure to disinvest in older stock, often selling off problematic properties, leading to a scarcity of specialist housing options that cater to the needs of older people.
- 1.64 Council leadership and planning: There is a call for the Council to take a lead role in confirming housing needs and locations, with an emphasis on future-proofing housing plans to accommodate the ageing population.
- 1.65 Limited options for high needs tenants: Many older persons' schemes are reported to exclude tenants with higher needs, such as those with mental health or substance use issues, limiting the availability of suitable housing for those requiring additional support.
- 1.66 Partnerships and process improvements: The Council's housing team aims to strengthen partnerships and reshape processes with local housing organisations to better meet the needs of older residents.

*Supporting hospital discharge:*

- 1.67 Communication gaps: There are significant communication issues during the discharge process across the county, particularly with involving friends and family. This lack of communication can lead to challenges in supporting the individual post-discharge.
- 1.68 Home visits and assessments: Feedback confirms how local Occupational Therapists (OTs) do not have the capacity to conduct many home visits, resulting in discharges where post-discharge issues arise that could have been identified earlier.
- 1.69 Loss of independence: Many individuals who are medically fit to leave hospital are discharged to residential care homes, where the care staff often perform tasks for them, leading to a loss of independence.
- 1.70 Positive role of Rehab flats: Extra care housing rehab flats are effective in providing a transitional experience, allowing individuals to test the downsizing or moving process while still receiving necessary support – stakeholders would welcome this resource within the county.
- 1.71 Dementia respite services: The availability of dementia respite services in extra care housing settings would offer reassurance to families and helps individuals adjust to changes in their living arrangements.
- 1.72 Inadequate housing solutions: There are instances of inappropriate housing arrangements upon discharge, such as individuals in wheelchairs being sent to upstairs flats without lifts, leading to safety concerns and potential readmissions.
- 1.73 Lack of clear contacts: Following a discharge to council accommodation, there is confusion regarding who to contact for urgent issues, which can hinder timely support.
- 1.74 Discharges into homelessness: There are cases where individuals are discharged from hospitals without appropriate housing, exacerbating their vulnerability.
- 1.75 Need for trusted assessors: More local trusted assessors could facilitate quicker reviews and enhance the quality of discharge plans, improving outcomes for discharged

individuals. They can be deployed for smaller tasks to ease the pressure on OTs, ultimately aiding quicker hospital discharges.

- 1.76 Leveraging resources: There is potential to maximise the benefits of collaboration with other agencies across the locality, including social activities and adaptations, to improve discharge experiences and ensure safer transitions to supported housing.

*Other models of support and themes:*

- 1.77 Service focus and cuts: Some stakeholders reported they had seen a reduction in the people who were not tenants of Registered Providers (RPs) accessing services such as the Council funded floating support services. Although now earlier this year taken back in-house and provided by STAR, this service was previously provided by a group of RPs who had seen their funding reduced overtime, resulting in them needing to cut costs with a greater focus on their own tenant base rather than the wider community (i.e. non-tenants) to achieve best value for a service which had seen significant reductions in funding levels.
- 1.78 Warden support: In sheltered housing, the role of dedicated wardens has been diminished as responsibilities are now split, leading to less time and attention available for residents.
- 1.79 Self-support and loneliness: Many older individuals struggle with social isolation and loneliness, highlighting the need for community support systems that encourage social interaction.
- 1.80 Shared Lives programmes: Intergenerational Shared Lives initiatives are seen as beneficial for older people, despite some familial resistance. These programs promote connections between younger and older individuals.
- 1.81 Preventative housing advice: There is a need for housing advice services to be proactive, helping individuals before crises arise to maintain their living situations and independence through navigating potential crises before they occur. This includes assistance with moves, especially for self-funders.
- 1.82 Home improvement support: Older adults often struggle with home maintenance tasks. Collaborations with RP housing providers to access trade services are necessary to assist them effectively.
- 1.83 Follow-up support: Long-term task groups are needed to help follow up on service provision and ensure that older people receive the necessary support consistently.
- 1.84 Home Improvement Agencies: The use of approved trades lists through Home Improvement Agencies can streamline the process of home repairs and modifications.
- 1.85 Delayed grant applications: Concerns regarding Disabled Facilities Grants (DFGs) include lengthy application processes, difficulties in following up, and long waiting lists, which may result in delays for necessary adaptations.
- 1.86 Innovative housing solutions: Examples like prefabricated bolt-on bathroom/shower units for property improvements illustrate innovative approaches to enhancing living conditions without requiring relocation.

- 1.87 Uncertainty in sheltered housing: There is uncertainty regarding the support processes for transferred sheltered housing stock and the adequacy of these services for older residents.
- 1.88 Quality of rural housing: Core and cluster bungalows in rural areas require evaluation for quality, and there is a need to link these to domiciliary care services based on location.
- 1.89 Local stakeholders were also able to provide feedback with regards how supported housing and related provision might be remodelled and repurposed to provide better outcomes. Key themes included:
- Rising demand for extra care housing: There is an increasing interest in extra care housing that provides independence and a sense of community without being a traditional care home. Residents desire their own space while having access to communal activities.
  - Crisis prevention: Many older individuals face crises when they cannot return home after a hospital stay. By addressing housing needs proactively, it's possible to enhance their well-being and reduce healthcare costs.
  - Quality of sheltered housing schemes: Newer sheltered housing schemes are generally viewed positively, while older and smaller schemes foster a sense of community. There is a preference for self-contained units avoiding shared kitchens and bathrooms with the added provision of more widely shared communal areas such as residents' lounges.
- 1.90 Lack of clarity in care criteria: There is confusion among providers about the criteria for extra care housing (ECH) and the integration of care packages. The need for clearer communication, commissioning and planning is recommended, with a focus on criteria, referral and allocations protocols to enable Adult Social Care and the wider Council to co-ordinate and prioritise nominations and care packages and with partner agencies, make best use of these assets within the county.
- 1.91 Potential for commissioning care: Shropshire Council could consider future commissioning of care as part of ECH, ensuring a balance of support for high, medium, and low needs, including provisions for individuals with learning disabilities, autism, and mental health issues.
- Need for collaboration: While STAR can assist in building and managing housing, it is not necessarily best positioned to provide daily support services. A clear understanding of needs will facilitate effective collaboration to secure funding and resources.
  - Diverse housing needs: There is a need for a mix of housing types, including specialist bungalows and extra care housing developments, across various areas, particularly in Shrewsbury, Oswestry, Whitchurch, and Ludlow.

- Strategic development of older persons’ villages: Proposals for extra care housing or older persons’ villages in the southwest of Shropshire can enhance community living, but strategic planning and collaboration are essential.
- Property adaptability: Adaptable properties are necessary to meet the changing needs of older residents, ensuring they can remain independent.
- Utilising existing resources: Current assets, such as selling bungalows on the open market, could instead be redirected to meet council needs if a clear business plan and strategy are established.
- Funding and site identification: Identifying potential sites and applying for funding are critical steps to move forward in developing adequate supported housing options for older adults.

### Estimated need for housing and accommodation suited to older persons

- 1.92 The model used for estimating need for different types of specialist housing (as set out in para 1.15) for the older population is based on the use of evidence from primary research with a representative sample of the UK’s older population. This is based on evidence from a survey conducted by Ipsos for the Housing LIN of a representative sample (c.5,600 people) of the UK’s 50+ population (survey conducted in December 2023; research published in autumn 2024).
- 1.93 In addition, a range of local contextual data is considered in relation to the future need for specialist housing for older people.

#### Contextual evidence

- 1.94 Approximately 80% of households aged 65+ in Shropshire are homeowners<sup>27</sup>, shown in Table 11 below.
- 1.95 Compared to England (76% of people aged 65+ are homeowners), Shropshire has a higher percentage of people aged 65+ who are homeowners. However, amongst the cohort aged 16-64 years in Shropshire (the future generations of older people), the tenure breakdown is 72% are homeowners and 16% are renting in the social housing and 12% are renting in private rented sectors.

Table 11, Tenure of 16-64 years households in Shropshire

Tenure category	Number of households	% of total
Ownership: owns with a mortgage/ shared ownership & owns outright	38,893	72%
Social rented	8,618	16%
Private rented	6,510	12%
<b>Total</b>	<b>54,021</b>	<b>100%</b>

Source: ONS 2021 census

<sup>27</sup> ONS Census 2021: Tenure by age – Household Reference Persons

Table 12. Tenure of 65+ years households in Shropshire

Age	Tenure	Households	%
65+	Owned	41,683	80%
	Private rented or lives rent free	4,498	9%
	Social Rent	5,639	11%
	<b>Total</b>	<b>51,820</b>	<b>100%</b>

Source: ONS 2021 census

Table 13. Deprivation among older people (IDAOP)<sup>28</sup> scores for Shropshire, its CIPFA comparator local authorities and the English average.

Ranking (among Shropshire's CIPFA comparator authorities)	Local authority	IDAOP score (%)
<b>Least Deprived</b>		
1	Cheshire East	8.6
2	Dorset	8.7
3	Wiltshire	8.7
4	Bath and North East Somerset	9.6
5	North Somerset	10.4
6	East Riding of Yorkshire	10.8
7	Herefordshire	10.9
8	Cheshire West and Chester	11.3
<b>9</b>	<b>Shropshire</b>	<b>11.3</b>
10	Northumberland	11.5
11	Stockport	12.9
12	Bournemouth, Christchurch and Poole	13
13	Isle of Wight	13.2
14	Cornwall	13.8
-	<b>England average</b>	<b>14.2%</b>
<b>Most deprived</b>		

Source: DLUHC (2022) accessed through LG Inform platform

- 1.96 Shropshire is ranked 9<sup>th</sup> least deprived (compared with its CIPFA comparator authorities) with an IDAOP score of 11.3% and is considerably less deprived than the English average as shown in table above.
- 1.97 This evidence, in relation to both tenure mix and relative deprivation amongst older people, is used to inform assumptions regarding the tenure breakdown of estimated need for specialist housing amongst older people.
- 1.98 Given this evidence, estimates of future need are assumed to be similar to the current tenure mix for the 65+ household population, i.e. c.70% for open market sale with 10% for shared ownership and c.20% for social/affordable rent for retirement/sheltered housing and extra care housing. However, by 2034 it is assumed that estimates of need are more likely to reflect the different tenure breakdown of the 'next generation' of

<sup>28</sup> Index of Deprivation Affecting Older People (IDAOP)

older persons (the current 45-64 years cohort), i.e. a suggested tenure mix of c.60% for open market sale, 10% for shared ownership and c.30% for social/affordable rent for retirement/sheltered housing and extra care housing has been used. Estimates of need for shared ownership are based on affordability considerations in relation to age designated market housing and feedback from both commissioners and housing providers locally in relation to the evidence of relatively limited demand for shared ownership products amongst older people. However, the actual tenure split for new development of specialist retirement/sheltered housing and extra care housing will be dependent on the socio-economic profile of a locality. Shared ownership provided by social landlords in extra care housing and sheltered/retirement housing is intended to be an affordable housing product (as distinct from market sale), alongside a social/affordable rent product.

- 1.99 To identify the number of people 65+ living with dementia, LG Inform<sup>29</sup>, the local area benchmarking tool from the Local Government Association has been used, which uses data from NHS England. The estimate is based on the characteristics of the population and the age and sex specific prevalence rates from the Cognitive Function and Ageing Study II.
- 1.100 According to LG inform, there are currently an estimated 5,809 people aged 65+ living with dementia in Shropshire.
- 1.101 The number of people aged 65+ with dementia<sup>30</sup> is projected to increase in Shropshire by 2044<sup>31</sup>. The increasing incidence of dementia is a factor affecting likely need for extra care housing and care home beds. This is shown in Table 14 below.

Table 14. Number of people 65+ with dementia and dementia prevalence as a percentage of the total 65+ population (2020).

Area	Number of people 65+ with dementia in 2024	Percentage of people 65+ with dementia out of total 65+ population	Growth rate p.a.	Projected number of people 65+ with dementia to 2044
Shropshire	5,809	6.60%	4.19%	13,202
CIPFA comparator average	5,483	6.52%	3.97%	11,945
England	732,831	6.51%	3.62%	1,492,367

Source: OHID / ONS, NHS Digital (2020) & Wittenberg et al (2019)

- 1.102 It is notable that Shropshire has a higher c.4% projected annual growth rate of dementia compared to its CIPFA / regional comparator groups and England. This may

<sup>29</sup> [LG Inform Shropshire](#)

<sup>30</sup> NHS Digital (2020): Recorded Dementia Diagnoses publications

<sup>31</sup> Wittenberg et al (2019): Projections of older people living with dementia and costs of dementia care in the United Kingdom, 2019-2040; LSE (CPEC)

be linked with Shropshire's c.59% growth rate in the 75+ population to 2043 compared with its comparator local authorities and England overall.

1.103 In terms of the health and care profile of the older population in Shropshire, the evidence indicates that average life expectancy is slightly higher, c.82 years than the average for the West Midlands region and the England average; this is shown in table 15 below.

Table 15. Life expectancy at birth<sup>32</sup> and at age 65<sup>33</sup>, for Shropshire, the West Midlands region and England.

Region	Life expectancy at birth (years)	Life expectancy at 65 (years)
Shropshire	81.85	20.45
West Midlands average	80.55	19.45
England	80.85	19.65

Source: ONS (2020-2022) accessed via LG Inform platform

Table 16. Self-reported health status of people aged 65+ living in Shropshire

Self-reported health status	'Very good' or 'good'	'Fair'	'Bad' or 'very bad'	Total
Number of people (65+)	68,470	9,840	3,690	<b>82,000</b>
% of total counted	83.5%	12%	4.5%	<b>100%</b>

Source: ONS 2021 census

1.104 Table 16 shows that the health profile of Shropshire's older population is relatively healthy – with over 84% of older people reporting 'very good' or 'good' health status. This may influence an older person's decision to move into specialist housing for older people, i.e. amongst the small minority (c.5%) of older persons aged 65+ who report 'bad' or 'very bad' health who may opt to move to specialist housing for health-related reasons.

1.105 In relation to the impact of the Covid-19 pandemic, any assumptions based on emerging evidence are tentative given that the impact of the pandemic on the specialist housing and accommodation sector for older people is not yet fully clear. At this stage considerations based on tentative evidence could suggest in the medium to longer term, over the next 3-5 years:

- There is potential for a downward shift in preference for use of residential care amongst older people;
- There is potential for a preference amongst older people for remaining in their existing home, with care if required.

<sup>32</sup> Office for Health Improvement & Disparities (OHID) & ONS; Life expectancy at birth (3-year range, males and females)

<sup>33</sup> Office for Health Improvement & Disparities (OHID) & ONS; Life expectancy at 65 (3-year range, males and females)

### **Estimating need for housing options for older people**

- 1.106 Modelling of need for specialist housing suited to older people is based on a recent (December 2023) large scale nationally representative survey of c.5,600 older people aged 50+ in the UK<sup>34</sup> that the Housing LIN has undertaken with Ipsos.
- 1.107 The survey results have shown that amongst older people who express a likelihood to move in the future, there is a greater preference to move to other mainstream housing rather than to specialist housing such as retirement/sheltered housing and extra care housing.
- 1.108 An initial approach to using the survey data to model need for specialist housing for older people has been developed based on the survey findings in relation to the *expressed housing preferences* of older people and their stated *likelihood of moving* in the future. This modelling has been used to develop estimates of future specialist housing need. It should be noted that this modelling is subject to further refinement and development. Estimates of need at this stage are produced for specialist housing (retirement/sheltered housing and extra care housing) over the next 20 years.
- 1.109 An analysis of the survey results has been produced, which takes into account the following survey responses and variables:
- Older persons' likelihood of moving from their current accommodation within a 12-month period, within 1-2 years, within 3-5 years, and within 5-10 years.
  - Older persons' housing preference if moving, disaggregated by accommodation type, specifically extra care housing and retirement/sheltered housing.
  - Age of the respondent.
  - Tenure status of the respondent.
  - The change in the projected population of older people.
- 1.110 Based on this survey data, specifically the stated housing preferences of older people and the stated likelihood of moving amongst older people, 'Transition Probabilities' (TPs) have been produced to estimate the predicted likelihood of people moving in a 5 year period, based on their age and their current tenure status, to generate a number of moves over the next 5 years, and subsequently the estimated number of moves over the next 5, 10, 15 and 20 years, equating to need for additional specialist housing units.
- 1.111 The TPs have been adapted to produce estimates of moves based on Shropshire's demographic trends, tenure make-up and age profile.
- 1.112 Table 17 below indicates that amongst the 65+ population in Shropshire the vast majority are estimated to stay put in later life to 2044 and most without adaptations to their homes. Whilst the estimated moves to retirement/sheltered, extra care or a care home is estimated to increase to 2044, the number of estimated moves to homes that

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<sup>34</sup> Housing LIN (2024, to be published in Autumn 2024): Housing preferences for older people: A survey of 5,600+ older people across the UK carried out by Ipsos for the Housing LIN.

have been designed to be accessible from the outset is estimated to have a more significant increase. Moving to a conventional home with or without adaptations is also likely for many. This indicates that the provision of retirement/sheltered and extra care housing is only a proportion of the housing options that are needed for older people to 2044.

Table 17. Estimated 'Transition Probabilities' of moves to different housing types amongst the 65+ population of Shropshire

<b>Transition probabilities</b>	<b>2023/24</b>	<b>2028/29</b>	<b>2033/34</b>	<b>2038/39</b>	<b>2043/44</b>
Stay in current conventional home without adaptations	79,805	84,108	89,003	90,907	87,395
Stay in current conventional home with adaptations	527	1,084	1,670	2,276	2,875
Move to conventional home without adaptations	1,383	2,796	4,280	5,715	6,939
Move to home designed to be accessible from the outset	2,448	4,985	7,651	10,307	12,739
Move to conventional home with adaptations	896	1,832	2,821	3,813	4,729
Move to retirement/sheltered, extra care housing or care home	1,413	2,887	4,430	6,000	7,514
Other	827	1,683	2,576	3,481	4,350
<b>Total</b>	<b>135,455</b>	<b>148,244</b>	<b>162,088</b>	<b>173,396</b>	<b>181,570</b>

Source: Ipsos/HLIN

1.113 Initially, the housing states in Table 17 grouped together 'move to retirement/sheltered housing and extra care housing' with 'care homes'. To disaggregate the estimated moves by retirement/sheltered housing, extra care housing (and excluding care homes), the Ipsos survey data has been used.

1.114 The survey findings indicates that, when planning for future housing needs, if someone had free choice, the *expressed housing preferences* and *likelihood of moving* in relation to specialist housing is the following:

- 10% of people aged 50+ would prefer to move to retirement/sheltered housing and 7% think that it is likely.
- 4% of people aged 50+ would prefer to move to extra care housing and 2% think that it is likely.
- 1% of people aged 50+ would prefer to move to a care home and 2% think that it is likely.

1.115 To balance the difference between preference and likelihood to move, a median value for each housing type is calculated resulting in:

- 8.5% moving to retirement/sheltered housing
- 2% moving to extra care housing

- 2% moving to a care home

1.116 Using the median values, a percentage split is calculated to allocate estimated moves across different types of specialist housing. This allocation assigns 65% of moves to retirement/sheltered housing, 23% of moves to extra care housing, and 12% of moves to a care home, reflecting the likely distribution of moves according to older people’s expressed preferences and likelihood of moving.

1.117 The survey findings in relation to a move to a care home have been excluded from this model as the estimation model for care home beds is not based on the Ipsos model as a move to a care home is not a generally preferred move and the survey asked for people’s preferences to move.

1.118 The current (2023/24) estimated moves to retirement/sheltered housing is 919, and to extra care housing it is 325. Please note that a proportion of these moves may be couples which may indicate these numbers are an overestimation.

Table 18. Estimated moves to retirement/sheltered housing and extra care housing in Shropshire

Type of housing	2023/24	2028/29	2033/34	2038/39	2043/44
Retirement/sheltered housing	919	1,877	2,879	3,900	4,884
Extra care housing	325	664	1,019	1,380	1,728
<b>Total</b>	<b>1,244</b>	<b>2,541</b>	<b>3,898</b>	<b>5,280</b>	<b>6,612</b>

Source: Ipsos, HLIN

1.119 To estimate the need for retirement/sheltered housing and extra care housing, a 10% annual turnover rate in the existing supply of specialist housing in Shropshire has been applied to the estimated number of moves in Table 18.

1.120 This assumes that 10% of the current stock will become available per annum. With 3,849 homes/units in retirement/sheltered housing and 442 homes/units in extra care housing (Table 6), this equates to c.385 and c.45 units per annum becoming available.

1.121 This turnover allows a portion of the estimated need for retirement/sheltered housing and extra care housing to be met within the existing supply and has been subtracted from the estimated moves in Table 18.

1.122 Based on evidence from council officers, it has also been assumed that 15% of residential care placements are likely to be diverted to extra care housing. This means that after subtracting 10% turnover in existing supply from the estimated moves, 15% of residential care placements (156) is added to the estimated need for extra care housing.

1.123 To estimate the number of residential care placements that are likely to be diverted to extra care, 15% of the average of residential care placements between 2023 to 2025<sup>35</sup> is applied (see Table 19).

<sup>35</sup> Shropshire Council Social Care Market Position Statement (MPS) 2024-2027. Available at: <https://next.shropshire.gov.uk/media/hglpbeyd/shropshire-market-position-statement-24-27.pdf>

Table 19. Number of placements to residential care in Shropshire 2023 to 2025

Region	2023	2024	2025
North	303	259	235
Central	479	361	292
South	487	382	321
<b>Total</b>	<b>1,269</b>	<b>1,002</b>	<b>848</b>
<b>Average</b>	<b>1,040</b>		
<b>15% of average</b>	<b>156</b>		

Source: Shropshire Council Social Care Market Position Statement (MPS) 2024-2027

- 1.124 The projected estimates of future need for housing and accommodation for older people are shown below.<sup>36</sup> Estimates are shown for retirement/sheltered housing and for extra care housing.
- 1.125 This shows the projected need in terms of number of 'homes', equivalent to 'units' for retirement/sheltered housing and extra care housing.
- 1.126 The estimated additional need for retirement/sheltered housing and for extra care housing is shown for 2023/24 and projected by 2028/29, 2033/34, 2038/39 and 2043/44 in Table 20. Estimated additional need is not cumulative.
- 1.127 The current (2023/24) estimated additional need for retirement/sheltered housing is 534 units and for extra care housing is 437 units.

Table 20. Estimated additional need for retirement/sheltered housing and extra care housing in Shropshire (estimated moves minus 10% of existing supply + 15% of residential care placements diverted to extra care housing)

Type of housing	Existing supply	2023/24	2028/29	2033/34	2038/39	2043/44
Retirement/sheltered housing	3,849	534	1,492	2,494	3,515	4,499
Extra care housing	442	437	776	1,131	1,492	1,840
<b>Total</b>	<b>4,291</b>	<b>971</b>	<b>2,268</b>	<b>3,625</b>	<b>5,007</b>	<b>6,339</b>

Source: Ipsos, HLIN

- 1.128 It has been assumed that, based in part on the current tenure split amongst people aged 65+, the tenure split for future projected housing need to 2034 is:
- c.70% of the estimated need will be for market sale;
  - c.20% of the estimated need will be for social/affordable rent.
  - c.10% of the estimated need for shared ownership;
- 1.129 Given the differing tenure breakdown of the current population cohort aged 45-64 years compared with the current 65+ population, it has been assumed that the tenure split for future projected housing need from 2034 onwards is:
- c.60% of the estimated need will be for market sale;

<sup>36</sup> It would be prudent to check, and potentially amend, estimates of need for specialist housing if future ONS population projections differ from the most recent release, e.g. following a future census.

- c.30% of the estimated need will be for social/affordable rent.
- c.10% of the estimated need will be for shared ownership;

1.130 However, in practice there are circumstances where shared ownership may have little demand amongst older people; in these circumstances the need for affordable retirement/sheltered housing and extra care housing should be considered to be the total of estimated need for shared ownership and social/affordable rent. This is likely in practice to increase need for social/affordable rent specialist housing.

Table 21. Estimated need for specialist housing for older people by 2044 in Shropshire (units).

Housing / accommodation type	Estimated need at 2024	Estimated need by 2029	Estimated need by 2034	Estimated need by 2039	Estimated need by 2044
<b>Retirement/sheltered housing (units)</b>	<b>534</b>	<b>1,492</b>	<b>2,494</b>	<b>3,515</b>	<b>4,499</b>
market sale	374	1,044	1,497	2,109	2,700
shared ownership	53	149	249	351	450
social/affordable rent	107	298	748	1,054	1,350
<b>Extra care housing (units)</b>	<b>437</b>	<b>776</b>	<b>1,131</b>	<b>1,492</b>	<b>1,840</b>
market sale	306	543	678	895	1,104
shared ownership	44	78	113	149	184
social/affordable rent	87	155	339	448	552

Source: ONS 2021, SNPP 2018, Shropshire Council and Housing LIN

*Retirement/sheltered housing:*

1.131 The estimated additional need by 2034 is c.2,495 homes of which c.750 homes are estimated to be required for social/affordable rent and c.1,495 are estimated to be required for open market sale and c.250 for shared ownership.

1.132 The estimated additional need by 2044 is c.4,500 homes of which c.1,350 homes are estimated to be required for social/affordable rent and c.2,700 are estimated to be required for open market sale and c.450 for shared ownership.

*Extra care housing:*

1.133 The estimated additional need by 2034 is c.1,130 homes of which c.340 homes are estimated to be required for social/affordable rent and c.680 homes are estimated to be required for market sale and c.110 for shared ownership. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented housing and are eligible for social care funded by the Council.

1.134 The estimated additional need by 2044 is c.1,840 homes of which c.550 homes are estimated to be required for social/affordable rent and c.1,105 homes are estimated to be required for market sale and c.185 for shared ownership. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented housing and are eligible for social care funded by the Council.

1.135 Based on Housing LIN’s experience elsewhere with one of the leading social providers of older person’s accommodation, 25% of extra care housing residents are typically living with dementia. This indicates that up to 25% of the estimated additional need for extra care housing may need to be suited to the needs of people living with dementia. This equates to c.380 units by 2029 and c.510 units by 2044.

**Former districts Projections - estimates of future need for housing and accommodation for older people**

1.136 Based on the overall estimates for housing for older people, as shown in Table 18, a disaggregation has been applied to the estimated need for retirement/sheltered housing and extra care housing for each of Shropshire’s 5 former districts.

1.137 The ONS 2021 census<sup>37</sup> and 2018-based SNPP<sup>38</sup> for the population aged 65+ in Shropshire and each of its former districts has been used to pro rata these estimates of housing need, proportional to the relative sizes of each former districts’ 65+ population in relation to Shropshire’s total 65+ population.

1.138 The percentage composition of each former district’s population aged 65+ in relation to Shropshire’s 65+ population is in table 22 below.

Table 22. The percentage composition of each former district’s population aged 65+ in relation to Shropshire’s 65+ population.

<b>Former districts</b>	<b>Percentage of Shropshire’s 65+ population</b>
Bridgnorth	17%
North Shropshire	20%
Oswestry	13%
Shrewsbury and Atcham	32%
South Shropshire	17%
<b>Shropshire</b>	<b>100%</b>

Source: ONS 2001 census

1.139 The following tables show the estimated need for retirement/sheltered housing and extra care housing for each of Shropshire’s former districts, for each year 2024-2044. This is based on application of the proportion of the 65+ population for each former districts, applied to Shropshire’s total estimated need for retirement/sheltered housing and extra care housing.

<sup>37</sup> ONS 2021 census - P01: Usual resident population by sex, local authorities in England and Wales

<sup>38</sup> ONS 2018-based subnational principal population projections for local authorities and higher administrative areas in England

Table 23. Former district wise estimates of future need for housing and accommodation for older people

Housing / accommodation type	Estimated need at 2024	Estimated need by 2029	Estimated need by 2034	Estimated need by 2039	Estimated need by 2044
<b>Bridgnorth</b>					
<b>Retirement/sheltered housing (units)</b>	<b>93</b>	<b>260</b>	<b>435</b>	<b>612</b>	<b>784</b>
market sale	65	182	261	367	470
shared ownership	9	26	43	61	78
social/affordable rent	19	52	130	184	235
<b>Extra care housing (units)</b>	<b>76</b>	<b>135</b>	<b>197</b>	<b>260</b>	<b>321</b>
market sale	53	95	118	156	192
shared ownership	8	14	20	26	32
social/affordable rent	15	27	59	78	96
<b>North Shropshire</b>					
<b>Retirement/sheltered housing (units)</b>	<b>107</b>	<b>298</b>	<b>498</b>	<b>701</b>	<b>898</b>
market sale	75	208	299	421	539
shared ownership	11	30	50	70	90
social/affordable rent	21	60	149	210	269
<b>Extra care housing (units)</b>	<b>87</b>	<b>155</b>	<b>226</b>	<b>298</b>	<b>367</b>
market sale	61	108	135	179	220
shared ownership	9	15	23	30	37
social/affordable rent	17	31	68	89	110
<b>Oswestry</b>					
<b>Retirement/sheltered housing (units)</b>	<b>69</b>	<b>193</b>	<b>322</b>	<b>454</b>	<b>582</b>
market sale	48	135	193	273	349
shared ownership	7	19	32	45	58
social/affordable rent	14	39	97	136	174
<b>Extra care housing (units)</b>	<b>56</b>	<b>100</b>	<b>146</b>	<b>193</b>	<b>238</b>
market sale	40	70	88	116	143
shared ownership	6	10	15	19	24
social/affordable rent	11	20	44	58	71
<b>Shrewsbury and Atcham</b>					
<b>Retirement/sheltered housing (units)</b>	<b>172</b>	<b>481</b>	<b>805</b>	<b>1,134</b>	<b>1,452</b>
market sale	121	337	483	681	871
shared ownership	17	48	80	113	145
social/affordable rent	34	96	241	340	436
<b>Extra care housing (units)</b>	<b>141</b>	<b>250</b>	<b>365</b>	<b>481</b>	<b>594</b>
market sale	99	175	219	289	356
shared ownership	14	25	36	48	59
social/affordable rent	28	50	109	144	178

South Shropshire					
<b>Retirement/sheltered housing (units)</b>	<b>93</b>	<b>260</b>	<b>435</b>	<b>612</b>	<b>784</b>
market sale	65	182	261	367	470
shared ownership	9	26	43	61	78
social/affordable rent	19	52	130	184	235
<b>Extra care housing (units)</b>	<b>76</b>	<b>135</b>	<b>197</b>	<b>260</b>	<b>321</b>
market sale	53	95	118	156	192
shared ownership	8	14	20	26	32
social/affordable rent	15	27	59	78	96

Source: ONS 2021, SNPP 2018, Shropshire Council and Housing LIN

### **Summary: Estimated specialist housing and accommodation need for Shropshire by 2044**

1.140 Evidence from a representative survey of c.5,600 older people aged 50+ across the UK conducted by Ipsos and the Housing LIN in December 2023 indicates that the majority of people aged 65+ intend to either remain in their existing homes (with or without making adaptations) or move to other types of mainstream housing (across all tenures). The evidence from this survey in relation to the preferences of people aged 65+ and 75+ to move to specialist housing for older people and their stated likelihood of doing so has been applied to Shropshire and summarised below.

#### *Retirement/sheltered housing*

1.141 The estimated additional need by 2044 is c.4,500 homes of which c.1,350 homes are estimated to be required for social/affordable rent and c.2,700 are estimated to be required for open market sale and c.450 for shared ownership.

1.142 This is demand for contemporary age-designated housing that provides housing designed to be accessible and to enable people to age in place in later life. This type of specialist housing will typically come with a small element of communal space for residents to socialise, a degree of staff support for residents and digital telecare.

1.143 There is demand for this type of specialist housing in all areas of Shropshire. Outside of Shrewsbury, this is likely to be at a smaller scale in market towns and larger villages, e.g. developments of c. 20-30 dwellings.

1.144 Developments of contemporary sheltered/retirement housing will have a wider appeal to older people if it includes housing typologies beyond solely apartments, e.g. bungalows and small houses.

#### *Extra care housing*

1.145 The estimated additional need by 2044 is c.1,840 homes of which c.550 homes are estimated to be required for social/affordable rent and c.1,105 homes are estimated to be required for market sale and c.185 for shared ownership.

1.146 This is demand for contemporary extra care housing that provides housing designed to be accessible and to enable people to age in place in later life, including fully wheelchair accessible units (to M4/3 standard). This type of specialist housing will

typically come with communal space for residents to socialise and 24/7 on site care staff and digital telecare.

- 1.147 There is demand for this type of specialist housing in all areas of Shropshire. Outside of Shrewsbury, this is likely to be at a smaller scale in market towns and larger villages, e.g. developments of c.40-50 dwellings.
- 1.148 It may be prudent to consider co-location of extra care housing with new care home development, particularly in market town and larger village locations, to provide a greater degree of economies of scale and viability in relation to the provision of care services.
- 1.149 It may also be prudent to consider the use of social sector extra care housing for a range of needs, including working age adults with care/support needs, for example some people with learning disabilities.
- 1.150 Developments of contemporary extra care housing will have a wider appeal to older people if it includes housing typologies beyond solely apartments, e.g. bungalows and small houses.
- 1.151 This will meet the housing and care needs of older people who are self-funders as well as older people who need rented housing and are eligible for social care funded by the Council.

### Estimated need for care home provision

- 1.152 Currently, Shropshire has a total of 3,181 care home beds for individuals aged 65 and over. This includes 1,216 residential care beds and 1,965 nursing care beds.

Table 24. Residential care homes for older people in Shropshire

<b>Provider</b>	<b>Care home type</b>	<b>Number of beds</b>
Abbey Care Direct Ltd	Residential Care	14
Alexandra House	Residential Care	22
Barchester Healthcare Homes Limited	Residential Care	73
Bestcare Ltd	Residential Care	28
Charles Daker	Residential Care	28
Cliffdale Limited	Residential Care	27
Coverage Care Services Limited	Residential Care	133
Doddington Care Ltd	Residential Care	23
English Care Limited	Residential Care	30
Fidelity Care Services Ltd	Residential Care	15
Hartlands Care Home Limited	Residential Care	31
Hendra Healthcare (Ludlow) Limited	Residential Care	28
Hengoed Park Limited	Residential Care	31
Hilton Brook House Limited	Residential Care	31
Hinstock Manor Residential Home Limited	Residential Care	51
Holy Cross Care Homes Limited	Residential Care	57
Ideal Carehomes limited	Residential Care	66

Specialist and Supported Housing Needs Assessment

<b>Provider</b>	<b>Care home type</b>	<b>Number of beds</b>
Jubilee Villa Care Home Ltd	Residential Care	17
Lady Forester Hospital Trust	Residential Care	14
Landona House Limited	Residential Care	45
Minster Care Management Limited	Residential Care	50
Miss Y Wakefield	Residential Care	29
Mr & Mrs K F Edwards and Miss S H Edwards	Residential Care	29
Mr & Mrs L Arrowsmith	Residential Care	36
Mrs K V Cosens	Residential Care	32
Mrs Linda Kay Patel	Residential Care	7
Netherwood Care Home Ltd	Residential care	39
Oldfield Residential Care Ltd	Residential Care	37
Rectory Care Limited	Residential Care	31
Springcare (Weston) Limited	Residential Care	38
Springcare (Yockleton) Limited	Residential Care	30
St Philips Care Limited	Residential Care	56
Woodland Residential Care Home Limited	Residential Care	38
<b>Total</b>		<b>1,216</b>

Source: Shropshire Care Homes from Power BI 17/9/24 and CQC data

Table 25. Nursing care homes for people 65+ in Shropshire

<b>Provider</b>	<b>Care home type</b>	<b>Number of beds</b>
Barchester Healthcare Homes Limited	Nursing Care	190
Bondcare (London) Limited	Nursing Care	69
Care UK Community Partnerships Ltd	Nursing Care	80
Coverage Care Services Limited	Nursing Care	336
Elmhurst (Shropshire) Ltd	Nursing Care	33
English Care Limited	Nursing Care	43
Hillcrest Manor Limited	Nursing Care	43
Holy Cross Care Homes Limited	Nursing Care	101
Jubilee Care Ltd	Nursing Care	62
Llysfield Nursing Home Limited	Nursing Care	30
Maesbrook Care Home Ltd	Nursing Care	45
Marches Care Limited	Nursing Care	81
MGC Care Limited	Nursing Care	38
Morris Care Limited	Nursing Care	242
Mr S G & Mrs A Poole	Nursing Care	48
Oldfield Residential Care Ltd	Nursing Care	45
Parkhouse Care Limited	Nursing Care	40
Portland House Care Limited	Nursing Care	33
Shropshire Council	Nursing Care	40
Springcare	Nursing Care	54
Springcare (Albrighton) Limited	Nursing Care	51
Springcare (River Meadows) Limited	Nursing Care	44
Sure Care (UK) Limited	Nursing Care	50

<b>Provider</b>	<b>Care home type</b>	<b>Number of beds</b>
The Housing Plus Group Limited	Nursing Care	35
Vicarage Nursing Home Limited	Nursing Care	52
<b>Total</b>		<b>1,965</b>

Source: Shropshire Council

1.153 Table 24 and Table 25 above illustrate how the Shropshire care economy is made up of a significant number of smaller providers, meaning in turn the Council needs to dedicate more resource to manage these different entities in delivering on its care obligations and objectives.

*Estimation of need for care home capacity in Shropshire to 2044 for older people (65+)*

1.154 A range of evidence and data has been reviewed and used to produce reasonable and realistic estimates of future need for care home provision in Shropshire over the next 20 years.

1.155 Evidence reviewed includes:

- Current supply of care home bed capacity in Shropshire.
- Evidence from local stakeholders knowledgeable about the care home market in Shropshire.
- Evidence from the most recent ONS census in relation to the proportion of older people (65+) living in care homes in England.

1.156 The method used for assessing future need for care home bed capacity is:

- Utilising data in relation to the current percentage of people aged 65+ usually residing in care homes in England drawn from the ONS 2021 census.<sup>39</sup>
- Disaggregate the data on people residing in care homes by the following cohorts: 65-74 years; 75-84 years; 85+ years.
- Apply this evidence of the percentage of older people from these cohorts usually residing in care homes in England to the projected population for these cohorts in Shropshire over the next 20 years to 2044.
- Make adjustments to estimates of need localised to Shropshire:
  - Allow for 10% vacancies at any time to allow for 'spare' capacity to meet fluctuating local needs such as varying hospital discharge rates (i.e. adjust upwards estimated future need by 10% to allow for 'spare' capacity in existing care home provision).
  - Allow for at least 5% of care home beds being occupied by people aged 65+ who were not previously residents of Shropshire, based on discussion with

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<sup>39</sup> ONS 2021.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/olderpeoplelivingincarehomesin2021andchangessince2011/2023-10-09>

Shropshire Council staff with intelligence about the care home market and other local stakeholders, and therefore do not constitute locally derived need (i.e. adjust downwards estimated future need by 5%).

- Based on discussion with local commissioners, it is assumed that future need for care home beds, reflecting local experience and evidence of need, will be c.70% for nursing care home beds and c.30% for residential care home beds.

1.157 Estimated need for care home bed provision in Shropshire to 2044 based on this method is set out below. Table 26 shows the current percentage of people aged 65+ usually residing in care homes in England drawn from the ONS 2021 census.

Table 26. Population aged 65+ usually residing in a care home (England)

Population cohort	Percentage usually residing in a care home
65-74 years	0.63%
75-84 years	2.38%
85+ years	11.07%

Derived from ONS 2021<sup>40</sup>

1.158 Table 27 shows the projected population for the following cohorts: 65-74 years; 75-84 years; 85+ years in Shropshire to 2044.

Table 27. Projected population for Shropshire for 65+ population cohorts to 2044

Population cohort	2024	2029	2034	2039	2044
65 – 74 years	43,154	49,744	56,725	57,295	60,413
75 – 84 years	32,907	36,191	37,610	43,743	48,078
85+ years	11,945	14,484	18,627	20,660	23,224

Source: ONS 2021 and 2018 sub national population projections

1.159 Table 28 shows initial estimated need for care home beds by applying the evidence of the percentage of older people from these cohorts usually residents in care homes (from Table 26) to the projected population for these cohorts in Shropshire over the next 20 years to 2044 (from Table 27). This produces initial estimates of need for care home beds in Shropshire to 2044 as shown in Table 28.

Table 28. Overall estimated need for care home beds in Shropshire to 2044 (beds)

Population cohort	2024	2029	2034	2039	2044
65 – 75 years	272	313	357	361	381
75 – 84 years	783	861	895	1,041	1,144
85+ years	1,322	1,603	2,062	2,287	2,571
<b>Total</b>	<b>2,377</b>	<b>2,778</b>	<b>3,315</b>	<b>3,689</b>	<b>4,096</b>

Source: Shropshire Council and HLIN

<sup>40</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/olderpeoplelivingincarehomesin2021andchangessince2011/2023-10-09>

1.160 Table 29 and Table 30 show the effect of netting off from estimates of future need (from Table 28), the current supply of care homes beds for residential care and nursing care respectively. This is then adjusted to:

- Allow for 10% vacancies at any time to allow for 'spare' capacity to meet fluctuating local needs such as varying hospital discharge rates (i.e. to adjust upwards estimated future need by 10% to allow for 'spare' capacity in existing care home provision).
- Allow for at least 5% of care home beds being occupied by people aged 65+ who were not previously residents of Shropshire and therefore do not constitute locally derived need (i.e. to adjust downwards estimated future need by 5%).

1.161 This produces estimated net need for care home beds in Shropshire to 2044. This is shown in Table 29 for estimated residential care home bed need and in Table 30 for estimated nursing care home bed need.

Table 29. Adjusted estimated need for residential care home beds in Shropshire to 2044

Year	Gross estimated care home bed need	Current supply of Residential beds	Overall estimated care home bed need (net supply)	Adjust for +10% spare capacity	Adjust for -5% non-Shropshire residents	Total adjusted estimated care home bed need	Net need for care home beds
2024	713	1,216	-503	71	-36	749	-467
2029	833	1,216	-383	83	-42	875	-341
2034	994	1,216	-222	99	-50	1,044	-172
2039	1,107	1,216	-109	111	-55	1,162	-54
2044	1,229	1,216	-13	123	-61	1,290	74

Source: Shropshire Council and HLIN

Table 30. Adjusted estimated need for nursing care home beds in Shropshire to 2044

Year	Gross estimated care home bed need	Current supply of Nursing beds	Overall estimated care home bed need (net supply)	Adjust for +10% spare capacity	Adjust for -5% non-Shropshire residents	Total adjusted estimated care home bed need	Net need for care home beds
2024	1,664	1,965	-301	166	-83	1,747	-218
2029	1,945	1,965	-20	194	-97	2,042	77
2034	2,320	1,965	355	232	-116	2,436	471
2039	2,582	1,965	617	258	-129	2,712	747
2044	2,867	1,965	902	287	-143	3,010	1,045

Source: Shropshire Council and HLIN

- 1.162 In summary the assessment of need for care home bed capacity in Shropshire shows:
- At 2024, there is estimated to be an oversupply of both residential care beds and nursing care beds.
  - By 2034, there is estimated to be a need for an additional c.471 nursing care beds however there is estimated to be an oversupply of c.172 residential care home beds.
  - By 2044, there is an estimated to be a need for an additional c.1,045 nursing care beds and a need for an additional c.74 residential care home beds.
- 1.163 The evidence of need for care home beds indicates that the Council will need to discuss with care home providers potential restructuring of the local market to better meet need, to focus on higher acuity care/support needs of older people who need care home beds, for example people living with dementia related needs and other complex health/care needs.
- 1.164 Evidence from local stakeholders indicates that current oversupply of care home beds is concentrated in the Shrewsbury area, particularly in relation to older, more 'traditional' residential care.
- 1.165 The need for care home beds in the future is likely to be focused on nursing care bed capacity and residential care home bed capacity for older people with higher acuity care/support needs.
- 1.166 It may be prudent to consider co-location of extra care housing with new care home development, particularly in market town and larger village locations, to provide a greater degree of economies of scale and viability in relation to the provision of care services.

## 2. Assessment of need for supported accommodation for people with learning disabilities and/or Autistic people

- 2.01 The intention of this assessment is to identify the need for supported housing and accommodation for people with learning disabilities and/or Autistic people; including children/young people living with their families who are likely to become eligible for adult social care at 18 years.
- 2.02 The assessment of need for supported accommodation draws on a range of evidence, including:
- Demographic context: current population and projected population of people with learning disabilities and/or Autistic people known to Shropshire Council adult social care and its NHS partners.
  - Current provision of supported housing and accommodation.
  - Local policy context.
  - Evidence from people with learning disability and/or Autistic people and other local stakeholders.
  - Local commissioner perspectives and intelligence.

### Baseline population and population projections

- 2.03 The NHS Short-and Long-term Support (SALT)<sup>41</sup> dataset has been used to identify the number of people aged 18+ that are eligible for adult social care support provided by the Council. It should be note that there are likely to be individuals with learning disabilities and/or Autistic people that are not eligible for adult social care support that are not identified by the SALT data.
- 2.04 To identify the existing population of people with learning disabilities and/or Autistic people aged 18+ for 2024, the 2022/23 SALT data for people aged 18-64 has been scaled up (based on the overall ratios between the 18-64 and 65+ SALT populations), and projected 2 years forward, using the methodology set out in paragraph 2.10.
- 2.05 To project forward the population aged 18-64 years with learning disabilities and/or Autistic people, the following data sources have been used:
- NHS Short- and Long-term Support.
  - The Learning Disabilities Mortality Review (LeDeR) Programme<sup>42</sup>
  - Young people Learning disabilities

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<sup>41</sup> NHS Digital: Short- and Long-term Support dataset (2022/23); accessed via [Adult Social Care Finance Return Data Pack](#)

<sup>42</sup> NHS: [LeDeR – learning from lives and deaths](#)

- Shropshire Council data
- 2.06 Shropshire Council's Social Care Market Position Statement 2024-27<sup>43</sup> confirms there are c3,500 adults and children recorded as being on the autistic spectrum.
- 2.07 Adults (18-64) with Autism Spectrum Disorder ASD will reduce by 2.1% by 2030 compared to 2014.
- 2.08 For those people aged 55-64 ASD in Shropshire is predicted to rise by 3.1% in 2030.
- 2.09 The gap between Shropshire and England has increased from 4.5% in 2014 to 5.9% 2030.
- 2.10 In order to project forward the population of people with learning disabilities and/or Autistic people aged 18+ to 2039, the following method has been used:
- The baseline population has been calculated as the number of people that are eligible for adult social care support, using the NHS SALT dataset. This is used to calculate the baseline population for each future year. This population has been used as these individuals are most likely to need and have access to a care/support package from the Council.
  - The average annual number of children with learning disabilities/Autistic Spectrum Disorder (ASD) likely to become eligible for adult social care support at 18 years is calculated based on the average number of 17-year-olds with learning disabilities/ASD<sup>44</sup> on the Council's caseload (27 per year), over the period 2024-2028. However, it should be noted that there may be people who become Care Act eligible but who were not known to or eligible for Children's Services, however there is not currently sufficient data to estimate the number of people in this category.
  - The average annual number of deaths among the population with learning disabilities and/or Autistic people is calculated from the LeDeR data. This is initially adjusted to estimate the average number of deaths among the population with learning disabilities/Autistic people that would be eligible for local authority funding (as distinct from the overall population of people with learning disabilities/Autistic people) to estimate the average annual number of deaths among the population of people with learning disabilities/Autistic people in Shropshire (estimated to be 8 deaths per annum).
  - To estimate the projected growth of the 18+ years population of people with learning disabilities/Autistic people, the average annual number of transitions into adult social care eligibility and the average annual number of deaths are added and subtracted respectively, to the baseline population. This projects a net increase in the population over the period to 2039 (Figure 9).

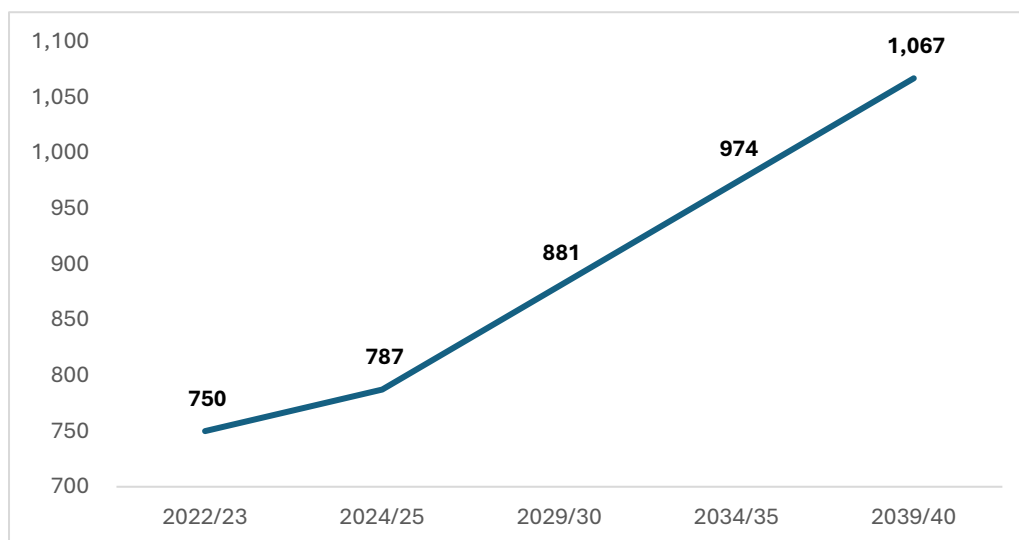
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<sup>43</sup> [shropshire-market-position-statement-24-27.pdf](#)

<sup>44</sup> Children aged 17 with severe or profound/multiple learning disabilities/ASD

- 2.11 Based on this approach there are an estimated 787 people aged 18+ years with learning disabilities and/or autistic people living in Shropshire, that are eligible for adult social care support from the Council as at 2024/2025.
- 2.12 The 18+ population of people with learning disabilities/autistic people is projected to increase to 881 people by 2029/30; c.974 people by 2034/35; and 1067 people by 2039/40.
- 2.13 Figure 9 shows this above projected population growth, based on the methodology set out above.

Figure 9. Projected population growth of people with learning disabilities/autistic people



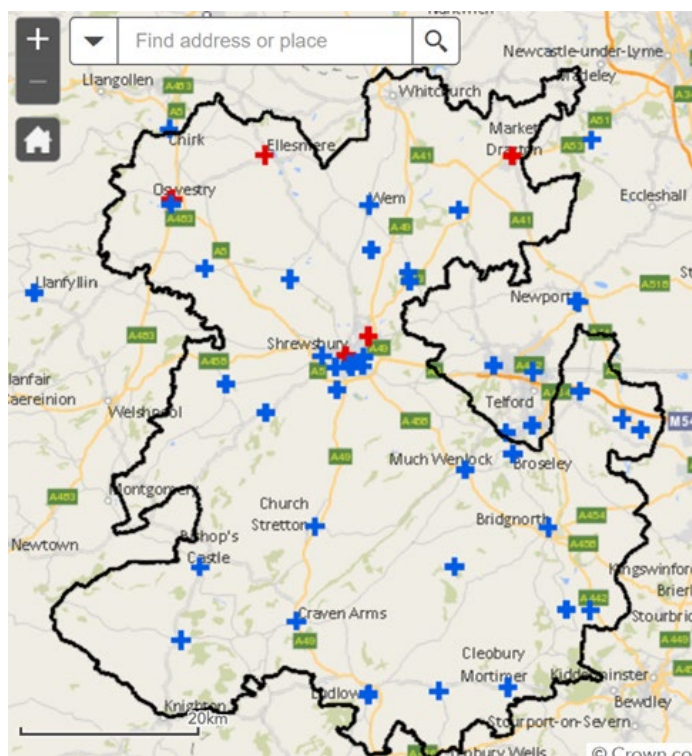
Source: NHS SALT (2020/21), LeDeR (KCL and UoB), Shropshire Council (2023/24)

- 2.14 Factors directly influencing the estimated growth in this population include:
- Improved healthcare: Improved healthcare may lead to increased life expectancy for people with learning disabilities and Autistic people.
  - Transition to eligibility for adult social care: As children with learning disabilities or Autistic young people become 18, some will become eligible for adult social care services. An increase in the number of young people becoming eligible for adult social care services contributes to the growth of the adult population.
  - Increased diagnosis: There may be an increase in the diagnosis of learning disabilities and autism spectrum conditions in particular, which may contribute to the rise in the population eligible for support from the Council.
- 2.15 With reference to figures specifically relating to autism, Council officers have confirmed the following:
- In September 2024, the number of people waiting for autism assessments reached 1,122
  - Neurodiversity assessments for children & young people (CYP) have seen a 1,600% increase, which includes autism.

- Within CYP & Adults, autism assessment pathways referrals are increasing, placing greater demands on assessment services where capacity cannot keep up with demand.

2.16 Using GP surgeries as a key source of referrals and an indicator of need, the image below confirms locality hotspots around the county, noting any GP surgery with over 40 referrals (in red):

Figure 10. locality hotspots around Shropshire, noting any GP surgery with over 40 referrals



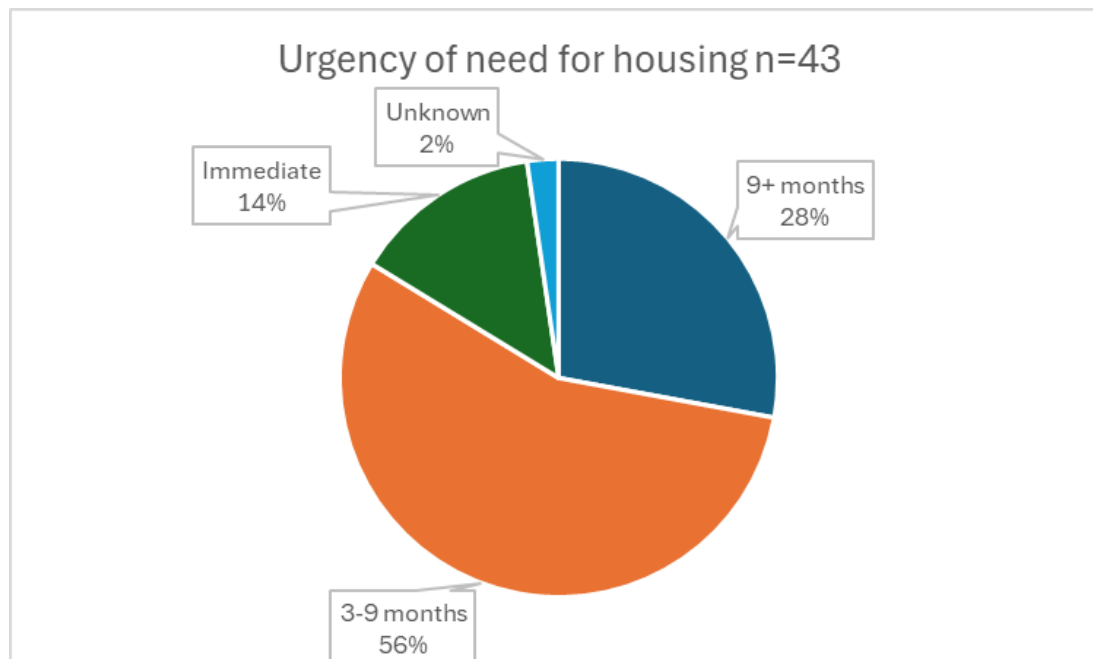
Source: Shropshire Council

2.17 Additional information outlining the needs of 43 individuals currently being supported by the Council to find alternative accommodation confirms the following:

- Over half (56%) require a solution within 3-9 months, with 14% needing alternative housing immediately. 28% need this confirmed in over 9 months' time.
- In terms of the current circumstances, the largest group (15 people) are moving from their family home, followed by 11 people on a waiting list and currently planning their future options, with 5 experiencing a care/placement breakdown, 5 people out of county and 3 people experiencing a parent/carer breakdown.
- Over two thirds of people (68%) are requesting to share with others whilst 16% require single occupancy accommodation.
- 61% of people do not need level access accommodation but this information is not known for 23% of this group.

2.18 Locations of housing vary across the county, with Shrewsbury (11 people) the most specifically favoured area followed by Oswestry (7 people). However, this data is not known for 10 people on the list.

Figure 11. Housing needs of individuals currently being supported by the Council to find alternative accommodation



Source: Shropshire Council

### Current supply of supported housing for people with a learning disability/Autistic people

2.19 From the projected 18+ accommodation status of people with learning disabilities SALT 2021/22 data, it indicates that:

- There are 48% of people with learning disabilities and/or Autistic people either living with family and friends or in mainstream housing.
- 39% of the population of people with learning disabilities and/or Autistic people are living in supported housing
- 9% are living in care home settings and 5% are living in Shared Lives settings.

Table 31. Housing/supported accommodation status of baseline 18+ population in Shropshire (2024/25)

Type of accommodation/housing provision	Number of people accommodated	Percentage of people accommodated
For the population of adults with learning disabilities/Autistic people <sup>45</sup> , the accommodation/housing provision and types:	<b>787</b> adults with learning disabilities/autistic people	
Residential/nursing care	73	9%
Shared Lives (adult placement)	37	5%
Supported housing (supported living)	305*	39%
Living with family / friends / informal carers	296	38%
Mainstream housing	76	10%

Source: SALT 2021/22 & Shropshire (2023/24)

\* Does not include the 7 units that will replace the decommissioned Kempsfield LD residential Home by 2026/27

2.20 In terms of commissioned supported housing (supported living) for people with learning people and/or Autism, there are 178 properties in total with 305 current occupants and 17 void units (total of 312 units). 5 (3%) of these properties are located out of county housing 5 occupants.

2.21 In relation to specific locations, the table below shows the supported housing provision for people with learning disabilities and/or autistic people confirming how the majority of supported housing is in Shrewsbury (51%) with Oswestry having second greatest prevalence of supported housing (11%). The localities with the fewest units of provision include Broseley, Ellesmere, Irlam, Llanegryn, Prees, St Martins and Weston Rhyn, each with just unit of provision each.

Table 32. Supported housing provision for people with learning disabilities and/or autistic people

Location	Units of supported housing	% of total units by location
Albrighton	3	1%
Bridgnorth	12	4%
Broseley	1	0%
Church Stretton	2	1%
Ellesmere	1	0%
Gobowen	22	7%
Irlam	1	0%
Llanegryn	1	0%
Ludlow	5	2%
Market Drayton	14	4%

<sup>45</sup> It is possible that some Autistic people may be living in supported housing that is part of a mental health 'housing pathway'

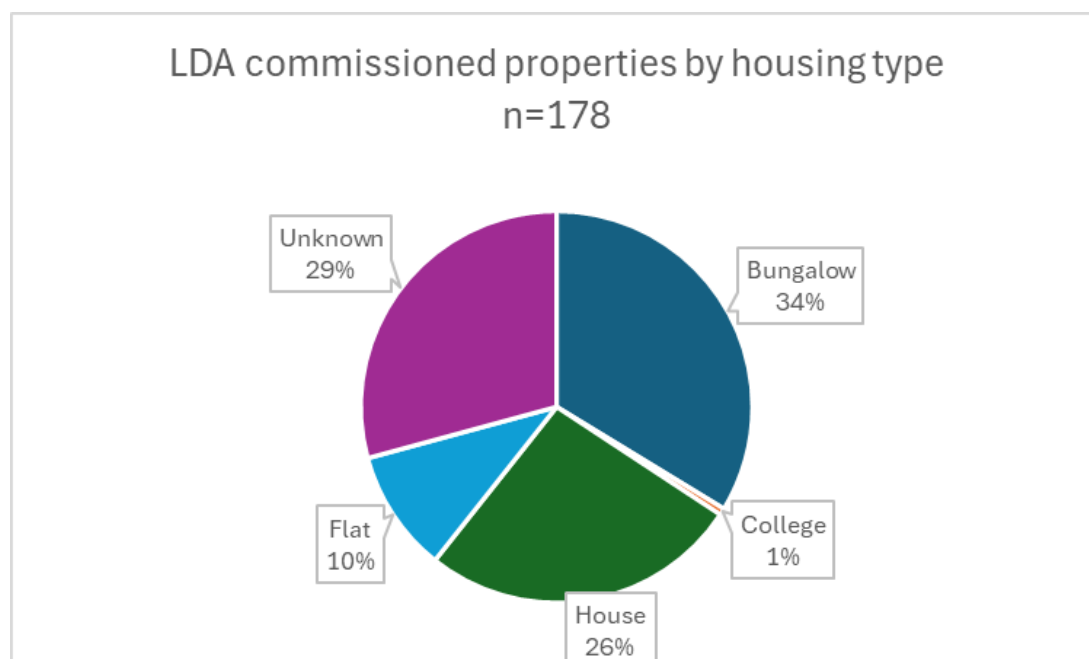
Location	Units of supported housing	% of total units by location
Minsterley	11	4%
Much Wenlock	4	1%
Oswestry	35	11%
Pontesbury	3	1%
Prees	1	0%
Shifnal	4	1%
Shrewsbury*	170	51%
St Martins	1	0%
Wem	7	2%
Weston Rhyn	1	0%
Whitchurch	18	6%
Out of county	5	2%
<b>Total</b>	<b>322</b>	<b>100%</b>

Source: Shropshire Council

\* includes the 10 new units at what was previously York House residential care home but not the 7 new units due in 2026/27 following the closure of Kempsfield residential care home

2.22 The 178 properties currently in use provide a range of different housing types with the most common being bungalow (34%), followed by house (26%) and flat (10%). However, housing type was unknown for nearly a third of properties.

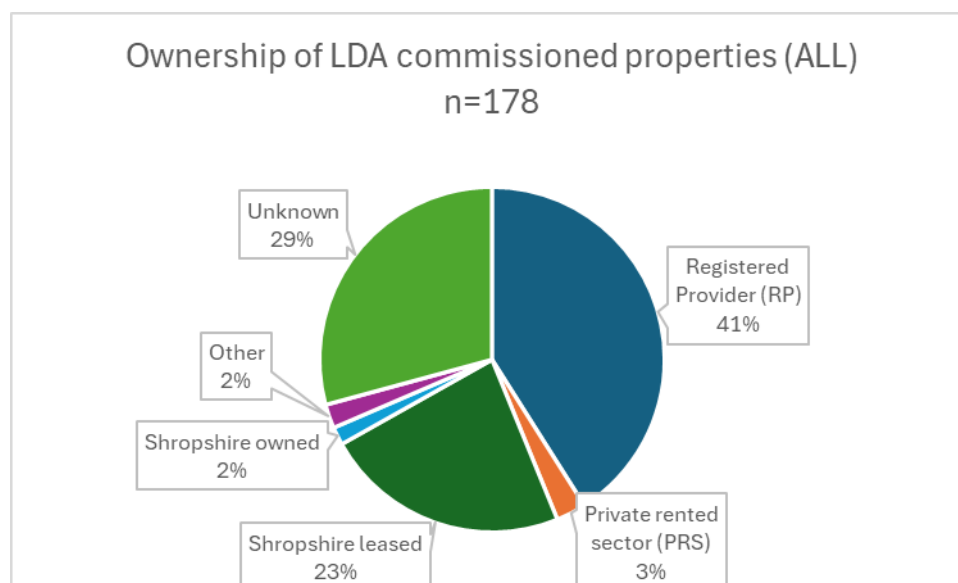
Figure 12. LDA commissioned properties in Shropshire by type of housing



Source: Shropshire Council

2.23 Ownership of the 178 properties is a mix of Registered Provider (41%), leased by Shropshire Council (23%) and private landlords (3%), owned by the Council (2%) or other providers (2%). The ownership of 29% of properties was not known.

Figure 13. Proportion of Ownership of LDA commissioned properties



Source: Shropshire Council

2.24 There are a range of agreements in place between the Council and the housing, care and support providers in relation to how the services are commissioned and housing responsibility undertaken and paid for. The most common relationships in place are:

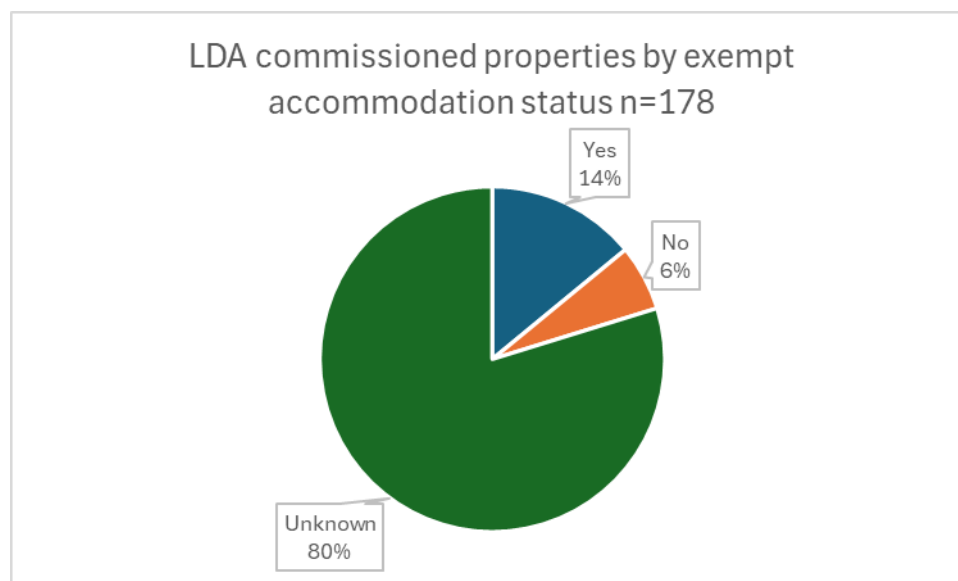
- 41% - Commissioned FCA where the Council have been involved in the commissioning of the property and care via the approved FCA (Flexible Contract Arrangement) list/framework
- 31% - Spot purchase of an accredited provider where the Council are not involved in the property, purely the commissioning of the care with an approved FCA provider.

2.25 The Council also has a range of agreements in place to inform how individuals are placed within the portfolio and which organisation is responsible for covering income loss through any empty units (void risk). The current arrangements provide for the following:

- Nomination rights into 64% of the properties, leaving a third of properties without a formal process for the Council to place individuals
- Void risk for 53% of the properties, with providers absorbing the financial liability on 44% of properties where suitable referrals are not made in a timely manner (3% unknown).

2.26 With reference to how housing costs are calculated and charged for, 14% of accommodation was classed as 'exempt accommodation', meaning the provider/landlord is able to cover some of the higher costs associated with this type of housing provision through housing benefit. However, the position with 80% of the accommodation was not known to the Council.

Figure 14. Proportion of exempt accommodation status of LDA commissioned properties



Source: Shropshire Council

### The mix and range of supported accommodation needed to meet people's needs: Evidence from people with learning disabilities/autistic people and supporting organisations

2.27 Evidence from engagement that the Housing LIN has undertaken throughout the UK with people with learning disabilities and Autistic people and voluntary organisations that support them has identified the following key messages.

- There is a need for an increased range of good quality supported accommodation for people with a learning disability and/or autistic people.
- People with a learning disability and/or Autistic people don't want to live in a care home; care homes are not seen as aspirational or places that enable independence.
- The majority of people are seeking self-contained accommodation that enables them to live as independently as possible. For some people this may be a general needs property with an appropriate package of care/support, not necessarily supported housing.
- People are seeking to live close to amenities, shops, good public transport, GP surgeries etc, and areas with a low incidence of anti-social behaviour and crime.
- Some people would prefer to live in shared accommodation; this tends to be younger people where living with friends may be a preference and reflects the housing preferences/experiences of other young people their age living without a disability.

- People are seeking support navigating the housing 'system' as choice-based lettings system are often not easy to use for people with learning disabilities and some Autistic people, and accessing supported accommodation. Information needs to be 'learning disability and autism friendly', for example, through the use of easy-read tenancy agreements.

*Evidence from local stakeholders*

2.28 As part of the qualitative section of the needs assessment, we spoke with a range of local stakeholders to gain insight and context of current housing provision and the changing needs of this group across the county. The key themes from feedback included:

*Changing needs and trends:*

Increasing complexity of needs:

- 2.29 Rising demand for support: There is a significant increase in individuals with autism and ADHD requiring higher levels of support, particularly those with complex needs. New referrals for learning disabilities and autism are generally more complex than in the past.
- 2.30 Solo provision: There is a growing need for single-occupancy or self-contained housing due to triggers that occur when individuals with autism or learning disabilities live with others. Many require personalised care to accommodate sensory and behavioural needs.

Shifts in housing preferences:

- 2.31 Demand for self-contained housing: There is a trend toward preferring self-contained flats for independent living, especially among younger people transitioning out of their family homes. However, while independence is desired, there is also recognition of the need for a mix of shared and transitional housing options.
- 2.32 Potential to grow supported housing providers: There is scope to grow the number of specialist housing providers in Shropshire due to a gap in the availability of appropriate accommodation that can cater to the growing demand for supported housing for people with a learning disability and/or autistic people.

Family dynamics and ageing carers:

- 2.33 Older parents as caregivers: Many adults with learning disabilities and autism continue to live with their parents due to the lack of supported living options. This situation is unsustainable as parents age, leading to concerns about who will care for these individuals when their parents are no longer able to.
- 2.34 Pressure on families: The lack of supported housing options is causing tension within families, particularly when young people with disabilities wish to move out like their siblings but are unable to due to inadequate accommodations and support.

Increased awareness and diagnosis:

- 2.35 Growing autism and ADHD diagnoses: There has been a dramatic increase in diagnoses of autism, ADHD, and other neurodiverse conditions, partly due to greater awareness among the public. For example, there has been a 767% increase in autism assessment requests in the region.
- 2.36 Impact of COVID-19: The pandemic may have contributed to delays in development in children, sometimes leading to misinterpretations as autism until they are properly assessed.

Unmet needs in transitional support:

- 2.37 Challenges in transition: Both young and older individuals with learning disabilities and autism face difficulties transitioning to supported housing later in life, especially when they move after years of living with their parents.
- 2.38 Life course approach: There is a need for a life course approach that includes opportunities for different types of housing as needs evolve, preventing people from getting "stuck" in one type of accommodation.

Systemic and service gaps:

- 2.39 Inconsistencies in data and service provision: The current systems for recording autism data and linking it to housing needs are inconsistent across the county. There is also a lack of integration between health, social care, and housing services, which impacts the delivery of appropriate care and support.
- 2.40 Challenges in care provision models: The existing care models, such as the core and cluster approach, offer flexibility but are challenging to resource, especially in remote areas where recruitment of care staff is difficult.

Evolving demographics and expectations:

- 2.41 Changing population needs: While the needs of people with learning disabilities and autism are growing, they are increasing at a smaller rate compared to the ageing population in the area. However, there is a shift in the profile of these needs, with younger people seeking more independent living arrangements and personalised support.
- 2.42 Drive for independence: There is a noticeable push toward greater independence and person-centred living for people with learning disabilities and autism. The expectation for supported living is becoming the norm rather than an exception.

*Effectiveness of the current supported housing:*

Rural challenges and accessibility:

- 2.43 Shropshire's rural nature makes access to supported housing and services difficult, especially in remote areas like the south and north of the county. While county hubs offer some support, transport remains a significant barrier.

- 2.44 There is a need for more diverse and localised housing options to ensure that individuals can stay connected to their communities, networks, and family roots rather than relocating to central areas like Shrewsbury for amenities.

Compatibility issues in shared housing:

- 2.45 Shared housing arrangements often face compatibility challenges, leading to tenancy breakdowns and voids. A number of individuals with learning disabilities and autism require more personalised living environments that shared housing does not always provide.
- 2.46 There is a gap in housing options between general needs housing and high-end specialist housing. The lack of transitional or group support options means that people are often placed in either unsuitable shared arrangements or overly restrictive high-support settings.

Design and adaptation of housing:

- 2.47 Current housing stock lacks the necessary physical adaptations, such as walk-in showers, wide doorways, and accessible features, that are essential for individuals with both physical and learning disabilities. This gap in accessible housing limits options for people who require such modifications.
- 2.48 Some properties owned by providers require significant upgrades to meet the needs of residents, raising questions about whether it is more cost-effective to decommission them.

Long-term and flexible housing options:

- 2.49 There is a need for more "home for life" housing options that provide long-term stability, including individual units with their own kitchens, bathrooms, and living spaces. Current provisions are often limited to temporary or transitional supported living or residential care homes for older people.
- 2.50 Small self-contained developments with communal areas are ideal but may not be sufficiently future proofed to adapt to changing needs and tenant compatibility over time.

Provider and agency challenges:

- 2.51 Providers face difficulties in rural areas due to distance, which limits their ability to efficiently deliver care and support. This often results in over-care or gaps in service because care staff cannot easily be reassigned to other clients.
- 2.52 Voids and vacancy issues are prevalent in shared housing settings, with mismatched tenants being a common challenge. Some providers do not bear the financial risks associated with voids, leading to less motivation to fill them quickly.

Efforts to improve supported housing:

- 2.53 There are ongoing efforts to develop more flexible housing models, such as small clusters of homes and individual units that offer both privacy and communal spaces. Examples include new developments like "My Place" developed by Bromford Housing

Association in Shrewsbury with 14 self-contained flats and onsite staff office space and support.

- 2.54 Matching allocations panels and strategies to improve tenant compatibility are in place but need to be more consistent across all groups to ensure individuals are placed in the most suitable living arrangements to reduce tenancy breakdowns. For example, Telford and Wrekin Council operates an in house referrals and allocations system for access to all supported housing.

Stigma and independence for autistic people:

- 2.55 There is a need to create housing environments that support the independence of individuals with autism while also addressing any co-occurring conditions they may have. Current models sometimes lead to stigmatisation or over-reliance on high levels of support when lighter-touch or more independent living options could be suitable.

*Current use of residential / nursing care:*

Shift from residential care to supported living:

- 2.56 Many providers are transitioning from traditional residential care models to supported living; however, this shift often lacks significant changes to building design, staffing, or support approaches. Without proper adaptations, individuals continue to receive care in a way that limits their autonomy and does not promote independence.
- 2.57 Despite the shift to supported living, some facilities still operate with a residential care mindset, where individuals are not empowered to develop skills for more independent living.

Challenges with provider competency and staff shortages:

- 2.58 There are concerns about the competence of some care providers, especially when managing challenging behaviour. The lack of skills and empathy among staff can result in individuals being labelled as "challenging" rather than being understood and supported.
- 2.59 Recruitment difficulties and limited career progression in the sector have led to a shortage of skilled staff, with many moving to the NHS for better pay and conditions. This shortage reduces the quality of care and limits the capacity of services.

Issues with residential care for older adults:

- 2.60 There is a growing need for specialised residential care for the aging population with learning disabilities, particularly those who develop dementia or other age-related conditions. Current residential and nursing care homes are not well-suited to meet these needs meaning older people may remain in supported living longer than ideal as well as blocking these units for others.

Quality and Oversight of Residential Care:

- 2.61 There are questions about whether commissioners have overlooked the quality of registered residential care services in favour of expanding supported living options.

Some believe the focus has shifted too much, resulting in reduced oversight and support for traditional care homes in meeting changing needs.

- 2.62 Concerns were raised about the prescriptive nature of some residential care settings, like Shrewsbury Crisis House, where rigid rules limit flexibility and responsiveness to residents' needs outside regular hours.

*Supporting hospital discharge:*

- 2.63 Need for diverse housing options: There is a lack of appropriate housing options available for individuals transitioning out of hospital settings. The range of supported housing must be expanded to effectively meet the varied needs of individuals, especially those with learning disabilities.
- 2.64 Importance of care and support packages: Alongside housing, comprehensive care and support packages are essential for successful hospital discharges. These packages must be tailored to individual needs to ensure a smooth transition back into the community.
- 2.65 Impact of social work and local networks: The involvement of social workers is crucial in the long-term discharge process, as they help identify the needs of individuals. However, out-of-area placements can disrupt continuity of care by moving individuals away from local social workers and support networks, complicating their reintegration into the community.
- 2.66 Challenges for older adults with learning disabilities: Many older individuals with learning disabilities are not adequately supported by existing housing options, leading to extended stays in residential or nursing care (sometimes lasting between 6 to 24 months). This situation highlights a gap in the ability of supported housing to facilitate timely discharges and reintegration into home environments with a temporary "step down" model within extra care housing potentially being a solution for this, to assess needs before an individual returns home with a revised care/support package.

*Move on opportunities:*

- 2.67 Need for clear pathways: There is a critical need for defined pathways from supported living arrangements to group residential care settings specifically designed for older individuals with learning disabilities. This clarity is essential for facilitating appropriate transitions as individuals age and their needs change.
- 2.68 Challenges in previous housing models: Past initiatives, such as converting former council homes into group housing for individuals with learning disabilities, seemed to be unsuccessful. Issues arose due to inadequate staffing, poor care models, and a lack of engaging activities, leading to residents spending excessive time without meaningful engagement.
- 2.69 Potential of Extra Care Housing: Extra care housing that includes units for individuals with learning disabilities shows promise, especially with configurations like two-bedroom flats that allow family members or carers to live alongside residents. This setup can provide additional support and enhance community connections.

- 2.70 Uncertainty about self-contained living: There is uncertainty regarding how many individuals currently living in supported arrangements would be suitable or willing to move into self-contained housing. A review of tenant needs is underway in Shrewsbury, but there is a concern that many individuals expect to stay in their current settings for life rather than explore options for more independent living.
- 2.71 Shifting perspectives on move-on: Move-on opportunities are typically only considered when issues arise, rather than as a proactive approach to meet changing needs, aspirations, and circumstances. Encouraging individuals to move for better support, community connections, and new beginnings could foster a more hopeful and adaptable outlook on housing options.

*Other models of support and themes:*

- 2.72 Community integration and transport issues: Transport challenges hinder access to services, making county hubs valuable for supporting individuals in the community. These hubs can provide practical assistance, such as prescription pickups, and serve as a central point for temporary respite and support.
- 2.73 KeyRing model: This model represents an opportunity to build upon existing community services for individuals with learning disabilities. By integrating council property nominations with this model, it is possible to utilise local assets and networks to enhance support for individuals in the community.
- 2.74 Shared Lives service:
- While the Shared Lives service is effective, moving on from placements can be a challenge. Proactive planning for transitions is necessary to ensure individuals can progress rather than only addressing issues when they arise. Conversations about potential moves are often avoided, which hinders planning.
  - To enhance the Shared Lives model, consideration should be given to how accommodation can better support shared living arrangements. Empowering carers with nomination rights and access to larger houses could facilitate more effective shared living opportunities.
  - Finding suitable carers for the Shared Lives service can be difficult, particularly for clients with learning disabilities and autism. Many individuals have higher clinical needs than anticipated, raising concerns about the training and resources available for carers, as well as the low compensation that may not adequately incentivise participation.
  - Efforts are underway to expand the Shared Lives service to include a broader range of individuals, moving beyond just those with learning disabilities to include people with mental health needs.
- 2.75 Floating support needs: Standard floating support services are currently available, but there is a demand for more dedicated tenancy floating support to better assist individuals with diverse needs around learning disabilities/autism in their living situations.

- 2.76 Inter-generational co-location: A successful example of inter-generational co-location involved a nursery and an independent living scheme for older adults. This model illustrates the potential benefits of combining different demographics to create supportive environments.
- 2.77 Technology and telecare solutions: Technology solutions, such as telecare, are being offered by various registered providers. However, there is a need for a review and transformation of these services to better leverage technology and enhance support for individuals.

### Drawing on supported housing good practice

- 2.78 Contemporary good practice in relation to supported housing for people with learning disabilities and/or Autistic people indicates that a range of supported housing services and accommodation types are needed to support people as part of a *housing pathway* approach referred to above.
- 2.79 New supported housing developments have tended to be 'clusters' of flats and there has been a reduction in the use of 'shared housing' models of supported housing.
- 2.80 There has been development of new supported housing by both 'mainstream' and 'specialist' (i.e. providers that solely develop supported housing) housing associations particularly in relation to developing small-scale 'clusters' of flats with modest communal space typically of between 8-10 1-bed flats in the same building often with 24/7 support.
- 2.81 There are a range of examples of contemporary supported housing practice that can be drawn on as approaches that can support people with a range of housing and care/support needs.
- 2.82 In relation to people with very complex support needs, an example of a bespoke supported housing scheme has been developed by Choice Support<sup>46</sup>, which has 6 self-contained units with staff facilities, designed for people with complex needs related to 'challenging behaviours', e.g. including features such as curved (and removable) internal walls, soft impact finishes to floors and walls.
- 2.83 An example of new build accommodation for people with learning disabilities is Anvil Court<sup>47</sup> a scheme in Hampshire developed, financed and owned by Hampshire County Council. It is a block of 10 1-bed flats with an additional 3 wheelchair adapted bungalows. This supported housing scheme has 24/7 care on site and is aimed at people with learning disabilities with a range of care needs.
- 2.84 In relation to people with very complex support needs an example of a bespoke supported housing scheme has been developed by Choice Support<sup>48</sup>. This is an

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<sup>46</sup> <https://www.choicesupport.org.uk/stories/transforming-care-mayman-lane>

<sup>47</sup> <https://documents.hants.gov.uk/adultservices/Extra-Care-Younger-adults-Brochure-2020.pdf>

<sup>48</sup> <https://www.choicesupport.org.uk/stories/transforming-care-mayman-lane>

example of a supported housing scheme, including 6 self-contained units with staff facilities, designed for people with complex needs related to 'challenging behaviours', e.g. including features such as curved (and removable) internal walls, soft impact finishes to floors and walls.

- 2.85 Enham Trust's Bradbury Place in Andover<sup>49</sup>, Hampshire is an example of a co-designed project for people with learning disability and/or physical disabilities. The success of the project was largely influenced by the Enham Trust client design panel. It provides 8 one- and two-bedroom wheelchair accessible apartments, within 500 metres of the town centre.
- 2.86 Thirteen's Acorn House<sup>50</sup>, in Thornaby provides a flexible and adaptable design which engages with outside space and nature. It is designed to wheelchair standards and is care ready and adaptable. It provides support including Telecare and assistive technology. It has active spaces and circulation areas with a lift to the upper floor and uses natural light wherever possible.
- 2.87 An example of contemporary supported living scheme for people with learning disabilities and age-related needs is Tolvean House in Cornwall, developed by Advance Housing. This includes a small new build block of flats with design features specifically suited to people with learning disabilities living with dementia and refurbishment of an existing building to provide housing for people with lower-level support needs.
- 2.88 A key part of a housing pathway approach is enabling people with learning disabilities and/or Autistic people to move in to and remain living in mainstream housing, with provision of housing related support as necessary to help people to maintain their tenancies.
- 2.89 The most recent guidance from the Care Quality Commission in relation to supported living for people with learning disabilities/Autistic people, *Right Support, Right Care, Right Culture*<sup>51</sup> emphasises:
- 2.90 The need for a separation between the organisations providing housing and care, i.e. that tenants have security of tenure and a choice of care provider (and that their security of tenure is not compromised by their choice of care provider).
- 2.91 The need to avoid 'institutional' and 'congregate' forms of accommodation.
- 2.92 The use of tenancy agreements that maximise security of tenure (rather than the use of license agreements).

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<sup>49</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/Housing\\_LIN\\_case\\_studies/HLIN\\_CaseStudy\\_142\\_BradburyPlace.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_142_BradburyPlace.pdf)

<sup>50</sup> <https://www.housinglin.org.uk/Topics/ECHScheme/search/Acorn-House/>

<sup>51</sup>[https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture\\_v5\\_0.pdf](https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture_v5_0.pdf)

## The characteristics of aspirational homes for people with a learning disability and/or autistic people: Stakeholder perspectives

- 2.93 Stakeholders made up of Council staff, registered providers, housing providers and the voluntary sector were also able to provide feedback with regards how supported housing and related provision might be remodelled and repurposed to provide better outcomes. Key themes included:
- 2.94 Individualised housing needs: Emphasise the importance of having an "own front door" concept, ideally through models like extra care housing. It's essential to recognise that housing needs can change over time, so flexibility in housing options is vital.
- 2.95 Community building through shared housing: Shared housing can offer choices and foster community connections, potentially enhancing mental health and tenancy sustainability. However, considerations regarding noise and neighbour interactions in shared living arrangements must be addressed.
- 2.96 Housing strategy enhancements: There is a need for improved housing specifications, such as mini extra care housing with secure gardens and reduced staff numbers, allowing tenants to have a space to relax. Use of technology (e.g., underfloor heating, soundproofing) should be integrated into housing design to minimise anxiety and disruptions.
- 2.97 Locality considerations: Families prefer housing in smaller towns to enhance accessibility and support networks. Careful planning using heatmaps to visualise care and support availability can help optimise location choices and minimise transportation needs.
- 2.98 Breaking the service cycle: Propose alternatives to traditional pathways, like allowing young individuals to transition from residential college to single living situations. Consider creating multiple-occupancy housing to help individuals develop social networks and prepare for independent living, incorporating ensuite rooms, especially for individuals requiring greater privacy.
- 2.99 Home ownership opportunities: The Home Ownership for Learning Disabilities (HOLD) scheme presents an opportunity for families to maintain close ties with their loved ones while providing them with assets that could aid future care funding. Addressing the financial challenges associated with care package contributions is critical to making this viable.
- 2.100 Intergenerational living: Consider implementing intergenerational living arrangements that support both young and older individuals, potentially fostering community ties and mutual support.
- 2.101 Adaptation of existing services: Repurpose existing schemes, such as the Connexus Foyer for young care leavers, into specialist learning disability housing, while ensuring that other capacity for young people remains in the locality.

- 2.102 Future-proof housing: Design housing solutions that consider current and future needs, including bariatric accommodations and accessibility for individuals with mobility issues. This includes ensuring that care packages are regularly reviewed and adjusted to promote independence.
- 2.103 Addressing ageing populations: Focus on the ageing autistic population living with elderly parents. Develop strategies to assess their independent living skills and create a support system that prepares them for eventual transitions when parental support is no longer available.
- 2.104 Collaborative planning and data utilisation: Enhance collaboration between health and council teams to identify the needs of autistic individuals and their families. Utilise data from autism assessments and social prescribing to inform housing and support services.
- 2.105 Innovative models like KeyRing: Explore the KeyRing housing and support model as a viable option for integrating individuals into their local communities.
- 2.106 Shared Living for Young People: While shared living can work for young people with autism, those with high sensory needs may require more tailored solutions to avoid potential conflicts and ensure comfort.
- 2.107 Other potential solutions identified by stakeholders included:
- Prevention and integration strategies: Emphasise the importance of a prevention strategy through the Voluntary and Community Sector (VCS) in Shropshire. There's a need for better integration between health systems and the VCS to enhance support for individuals.
  - Investment in community support: Investing in the VCS is crucial to empower communities. By providing skills, advocacy, and support for tenancies, the VCS can help individuals become active citizens and navigate independent living.
  - Empowerment and advocacy: The VCS has established networks and trust with individuals and families, allowing them to guide people on their journeys rather than simply providing services. Empowering individuals to contribute to service development ensures their voices are heard.
  - Navigation of support pathways: Current pathways are described as difficult to navigate and overly bureaucratic, often leading to frequent emergency department visits. Simplifying these pathways is essential for smoother transitions to community living.
  - Hub and spoke model: A proposed hub-and-spoke model suggests establishing homes around a central scheme that supports individuals in living independently, encouraging self-advocacy and providing a single point of contact for assistance.
- 2.108 Communication and co-ordination challenges:
- 2.109 There's a lack of clarity regarding the allocation models, and communication from Integrated Care Boards (ICBs) should be improved. Individuals often face delays, leading to frustration and uncertainty about their housing options.

- Monthly referral meetings involving social workers and housing providers help facilitate better communication and coordination in addressing housing needs.
- A unified strategy that aligns funding, operations, and teams is necessary to prioritise effective implementation and address existing gaps in services.

2.110 Data monitoring and analysis:

- The collection of data regarding the percentage of supported housing for individuals with learning disabilities and autism is essential for matching referrals and placements. Monitoring occupancy and void rates can highlight areas for improvement.
- Most placements in supported housing are long-term, but there is insufficient data on individuals' aspirations and the lengths of their stays. Monitoring these aspects can inform the demand for more independent living opportunities.

2.111 Improving accommodation planning:

- A planning list is currently being refined to better outline individuals' accommodation needs, including types of housing, locations, accessibility, and required care packages.
- Urgent short-term accommodation options are needed to ensure individuals' safety while assessing their needs for more tailored medium- to long-term placements.

2.112 Workforce challenges: Recruitment and retention issues are prevalent, with staff receiving low wages, making it difficult to maintain a stable workforce.

2.113 Transport and Accessibility: High transport costs hinder caregivers from helping clients access community networks and build confidence. There is a need for drivers who can assist clients in getting out into the community.

## Estimated need for supported accommodation by 2039

2.114 The estimate of need for supported housing and accommodation for people with learning disabilities and/or Autistic people is based on the following approach.

2.115 Projections in relation to population growth and supported housing and accommodation need are based on the following assumptions and considerations, drawing on the evidence from a range of stakeholders:

- There is an estimated 787 people aged 18+ years with learning disabilities and/or Autistic people living in Shropshire who are eligible for adult social care support from the Council (2024/2025), based on the NHS Short- and Long-term Support (SALT) data, projected forward from 2022/23.
- The population of people with learning disabilities in Shropshire (SALT) changes in line with the average number of deaths per year amongst the population with

learning disabilities/Autistic people and the number of 17-year-olds transitioning to eligibility for adult social care with the Council.

- On this basis the population people with learning disabilities/Autistic people is projected to increase from 787 in 2024/25 to c.881 people by 2029/30, to 974 by 2034/35 and to 1,067 people by 2039/40.
- The need for residential care is expected to decrease from c.15% of the population living in care homes in 2024 to c.10% by 2039.
- The percentage of the population living in supported housing is expected to increase due to the increasing overall population, the anticipated reduction in the need for residential care and from people no longer able to live with older and ageing carers.
- Need for mainstream housing with a care/support package is expected to increase due to the increase in the overall population of adults with a learning disability.
- Living with family / informal carers: based on similar projects it is assumed that the percentage of people living with family carers, particularly older carers, will decrease by c.5% by 2039.
- Growth has been assumed for Shared Lives over the period to 2039 based on the business case which recommends expanding Shared Lives and widening the people who have access to it.

2.116 Engagement with people with learning disabilities and Autistic people by the Housing LIN indicates that:

- There is a need for supported housing that is predominantly self-contained and supports independent living.
- There is a need for some supported housing with significant support on site that enables people to 'step down' (i.e. move from) from hospital/care home settings.
- There is very little desire to live in residential care settings.
- There is a requirement for access to mainstream housing with support as required.

2.117 Additional supported housing requirements to meet projected housing need and changes in the types of accommodation/supported housing required are based on applying the assumptions above. This is adjusted for identified population change over the period to 2039.

2.118 The estimated need for accommodation/supported housing for people with learning disabilities and/or Autistic people is shown Table 33. This shows the number of additional homes required to meet estimated unmet by 2029, 2034, and 2039.

Table 33. Estimated need for supported housing and accommodation for people with learning disabilities and/or Autistic people to 2039 .

	<b>Current provision and population (2024)</b>	<b>Existing supply of housing &amp; accomm. types (%)</b>	<b>Adult pop. 2029 and estimated need for housing &amp; accomm.</b>	<b>Estimated need for housing &amp; accomm. types (%)</b>	<b>Adult pop. 2034 and estimated need for housing &amp; accomm.</b>	<b>Estimated need for housing &amp; accomm. types (%)</b>	<b>Adult pop. 2039 and estimated need for housing &amp; accomm.</b>	<b>Estimated need for housing &amp; accomm. types (%)</b>
<b>Population</b>	<b>787</b>		<b>881</b>		<b>974</b>		<b>1,067</b>	
<b>Housing &amp; accommodation types</b>								
Residential/nursing care	73	9%	84	10%	95	10%	107	10.0%
Shared Lives (adult placement)	37	5%	44	5%	51	5%	59	5.5%
Supported housing	305	39%	348	39%	392	40%	437	41.0%
Living with family / friends	296	38%	312	35%	323	33%	331	31.0%
Mainstream housing	76	10%	93	11%	112	12%	133	12.5%
<b>Totals</b>	<b>787</b>	<b>100%</b>	<b>881</b>	<b>100%</b>	<b>974</b>	<b>100%</b>	<b>1,067</b>	<b>100%</b>
<b>Net supported housing and accommodation requirements</b>			<b>49</b>		<b>101</b>		<b>154</b>	
<b>Net need: Shared Lives</b>			7		14		22	
<b>Net need: Supported housing</b>			43		87		132	

Source: NHS SALT data 2020/21, LeDeR (2021) and Shropshire Council.

2.119 In summary, it is estimated that:

- an additional c.45 units of supported housing and c.5 shared lives places are needed by 2029;
- an additional c.85 units of supported housing and c.15 shared lives places are needed by 2034;
- an additional c.135 units of supported housing and c.20 shared lives places are needed by 2039;

2.120 The evidence from stakeholders suggests that a 'pathway' of a wider mix of housing and supported housing options are required. This could include the following options.

2.121 Supported housing for people with complex support needs (including forensic related needs). This is typically a small block of flats (c.5-6 units) with 'low stimulus' design features with 24/7 support, which can provide 'step down' accommodation for people being discharged from inpatient settings or care homes (as an alternative to 'bedded care) and/or in relation to avoidance of admission to inpatient beds.

2.122 For some individuals with complex support needs, they may require bespoke individualised properties with 'low stimulus' design features with potential for 24/7 support. It is assumed that this will be only where individuals are assessed as not being suited to any other form of supported housing where there is shared support.

2.123 Additional 'clusters' of self-contained supported housing of c.8-10 units, that provide medium term supported housing (for example for up to 2-3 years), both for people with moderate support needs who don't need or who no longer need 24/7 supported housing but who need a supportive environment before moving to independent housing.

2.124 Consideration of development of Shared Lives places for people with learning disabilities; c.15 places by 2034 and c.20 places by 2039. *(figures tbc with council based on their in house business case.)*

2.125 This evidence reviewed in relation to future need suggests that there is a requirement to:

- Review the needs of people currently in care home placements to assess their suitability for a move to a supported housing alternative (and the specification of the supported housing alternative/s).
- Review the purpose and suitability of existing shared supported housing to assess their future use as supported housing and the potential for tenants to move on to other housing options (this is currently happening).

2.126 There is a need for people with learning disabilities/Autistic people to have better access to mainstream general needs housing (with and without appropriate adaptations) and to be supported with floating support to enable people to live within the community. This could include developing community support networks as a

model of support as this would enable people to live in mainstream accommodation as well as providing support to access community life.

- 2.127 The need amongst people aged 65+ with learning disabilities/Autistic people for supported accommodation may be met through the development of the proposed housing pathway above. However, some older people with learning disabilities/Autistic people will benefit from access to age designated supported accommodation, such as sheltered/retirement housing and extra care housing.
- 2.128 These mix of housing types would be linked/matched to a range of support options for people with learning disabilities and Autistic people including 'improve and enable' for different age cohorts and 'support and protect' for people with complex needs and forensic related needs.

### Disaggregation of supported housing by the former districts

2.129 To disaggregate the estimates of need by former districts, the following method has been applied:

- Population projections from the ONS census<sup>52</sup> have been used to estimate populations across the 18+ population, working age adults and older people aged 65+, by ward.
- The percentage composition of each former district's population aged 18+ has been applied to the estimated demand.
- The percentage composition of each former district is shown in the below table (Table 34)

Table 34. The percentage composition of each former districts population aged 18+ in relation to Shropshire's 18+ population.

Former districts	Percentage of former districts 18+ population
Bridgnorth	19%
North Shropshire	20%
Oswestry	13%
Shrewsbury and Atcham	34%
South Shropshire	15%
<b>Shropshire</b>	<b>100%</b>

Source: ONS 2001

<sup>52</sup> [Number of usual residents in households and communal establishments - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Table 35. Estimated need projected to 2034 for need for supported housing for people with learning disabilities and/or autistic people shown by Shropshire's former districts.

Former district	2029		2034		2039	
	Shared Lives	Supported housing	Shared Lives	Supported housing	Shared Lives	Supported housing
Bridgnorth	1	8	3	16	4	25
North Shropshire	1	9	3	17	4	27
Oswestry	1	6	2	11	3	17
Shrewsbury and Atcham	2	14	5	29	7	44
South Shropshire	1	6	2	13	3	19
<b>Shropshire</b>	<b>7</b>	<b>43</b>	<b>14</b>	<b>87</b>	<b>22</b>	<b>132</b>

Source: ONS 2021, 2018 sub national population projection and Housing LIN

### 3. Assessment of need for supported housing for adults with mental health needs

- 3.01 The intention of this assessment is to identify the need for accommodation and supported housing for working-age people with mental health needs who are eligible for a package of care from Shropshire and/or support/care from NHS specialist mental health services.
- 3.02 The assessment of need for supported accommodation for people with mental health needs draws on a range of evidence, including:
- Demographic context: current population and projected population of people with mental health needs.
  - Current provision of supported housing and accommodation.
  - Local policy context.
  - Local commissioner perspectives and intelligence.
  - Evidence from people with mental health needs.

#### Baseline population and projections

- 3.03 The following data sources have been reviewed to provide an estimate of the number of working age adults with serious mental health needs in Shropshire. To project forward the adult population with mental health related needs, following data sources have been used:
- Persons on the mental health registers from NHS England
  - ONS 2018-based Subnational Population Projections
  - Mental Health QOF Prevalence trends, to project trends of people with severe mental health needs.
- 3.04 The NHS England data on the number of persons on the mental health registers are used as the baseline population for adults with mental health needs. The register includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses to avoid a generic phrase that is open to variations in interpretation. This data is anticipated to provide a representative estimate of the population aged 18+ with mental health needs.
- 3.05 In 2024, there were a reported 1,586 people recorded on NHS England's mental health register. The majority of these were located in North Shropshire PCN (see Table 36).

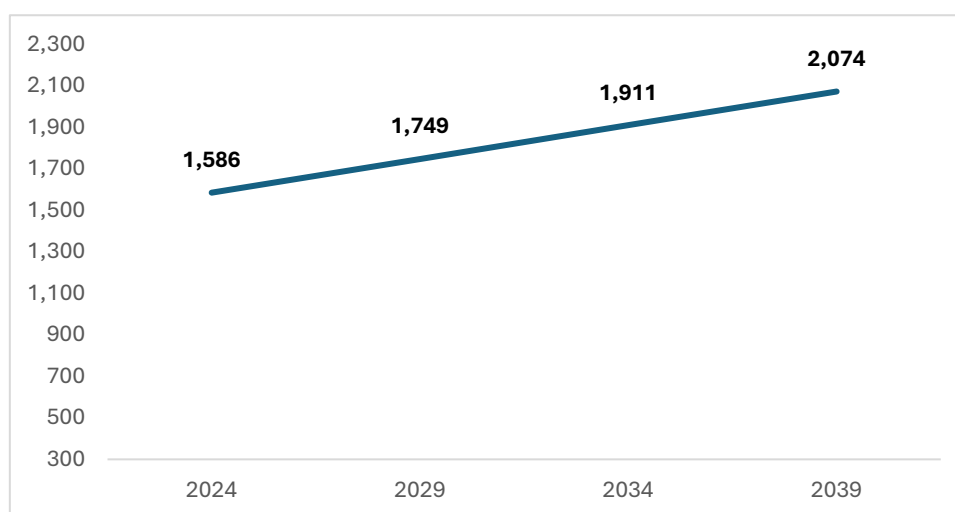
Table 36. Number of persons on the mental health register in Shropshire by area in 2024

Area	No. of persons on mental health register	Percentage breakdown by area
SW Shropshire PCN	372	23%
North Shropshire PCN	694	44%
SE Shropshire PCN	363	23%
Shropshire Rural Alliance	157	10%
<b>Shropshire total</b>	<b>1,586</b>	<b>100%</b>

Source: NHS England

- 3.06 In relation to trends in the population with mental health needs (persons on the mental health register), based on the Quality Outcomes Framework mental health percentage, which estimates the trends in population change for people with serious mental health conditions, this shows a 1.84% change in this cohort annually (from data covering 2013 to 2022 for all ages).
- 3.07 This has been calibrated against ONS data projections to provide a potentially more accurate estimate of the projected population change for people with mental health needs that are living in the wider community in Shropshire. The anticipated trend in the overall is projected to be an increase of 2.26% in this population per annum to 2039.
- 3.08 An average of the projected trends in the ONS all age population projections and Mental Health QOF Prevalence trends (all ages) suggest a projected increase of 2.05% per annum in the overall population of people with mental health needs (persons on the mental health register), equating to an increase of 10% to 2029, 20.5% to 2034 and 30.7% to 2039.

Figure 15. Estimated projected increase in the number of persons on the mental health register to 2039.



Source: NHS England, QOF and WAA population

- 3.09 Data provided from the Council related to people approaching them for housing assistance confirms that full housing duty cases (where people have been accepted as

homeless and priority need) with a mental health issue more than doubled (204% increase) from 117 in 2021 to 356 in 2023. The number of cases on 'Shropshire Homepoint' increased 31% from 2,127 to 2,780 during this same period (these cases do not have a specific diagnosis but may have note mental ill health on their application).

### Current supply of supported housing for people with a mental health need

- 3.10 The majority of people with mental health needs aged 18-64 are living in mainstream housing. A small proportion of people with mental health needs are living in supported housing and in residential/nursing care. This is shown in Table 37 below.
- 3.11 The housing/accommodation status of people with a mental health need living in supported housing, residential/nursing care, inpatient/NHS setting has been derived from data from the council on existing supply.
- 3.12 To estimate the number of people living in mainstream housing or living with family/friends/carers, the Housing LIN has used a percentage split based on experience from working with other councils which indicates that of those living in 'ordinary' housing, 76% are living in mainstream housing and 24% are living with family/friends/carers.

Table 37. Housing/accommodation status of adult 18-64 years population with mental health needs in Shropshire (2024)

Accommodation/housing provision	Number of people accommodated	Percentage of people accommodated
For the population of people with mental health needs, the supported accommodation/housing provision and types:	<b>1,586</b> adults with mental health needs (NHS England)	
Residential/nursing care	21	1%
Supported housing <sup>53</sup>	77	5%
Mainstream housing (owner occupied/rented)*	1,113	70%
Living with family/friends/carers	352	22%
Inpatient/NHS setting	11	0.7%
Homeless/rough sleeper	2	0.1%
Criminal justice setting	10	0.6%

Source: NHS England and Shropshire Council

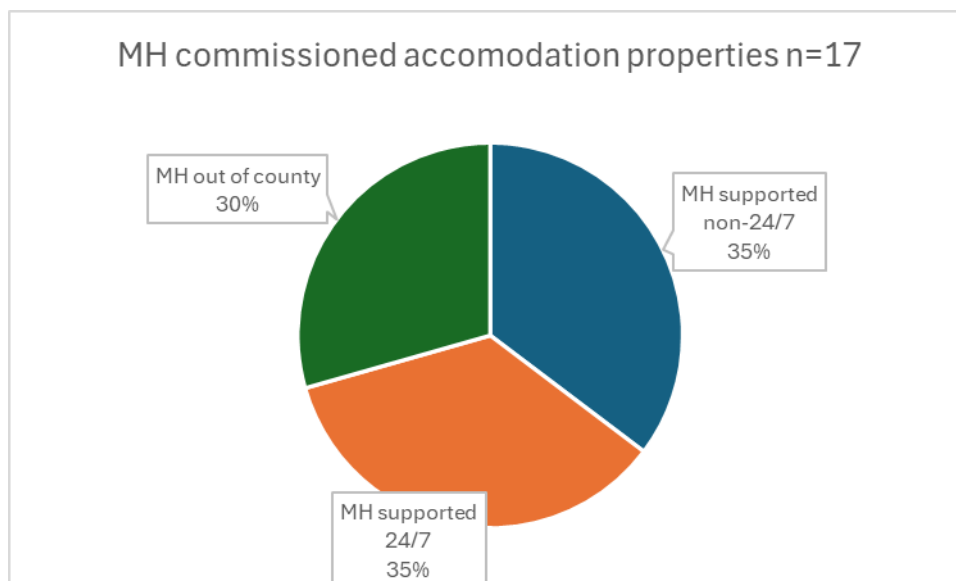
- 3.13 There are currently a total of 90 individuals provided with mental health specific supported accommodation commissioned by Shropshire across 17 properties, 77 are

<sup>53</sup> Source: Shropshire Council – total of commissioned supported accommodation (not including 15 new units at My Place service due to open in 2025 or the 10 new units at Birchwood due to open in 2026/27)

accommodated in Shropshire and 13 current live out of area across 6 properties. this has been taken account in the total supply. It is noted some of these individuals are also living with a diagnosis of autism within these properties. There is an additional 10 units of supported accommodation for people with mental health needs planned for 2026/27 (Birchwood),

- 3.14 The 77 units of supported housing provides 39 units of accommodation with 24/7 onsite staffing cover, with 38 units and without 24/7 onsite staffing.

Figure 16. Proportion of mental health specific commissioned accommodation properties



Source: Shropshire Council

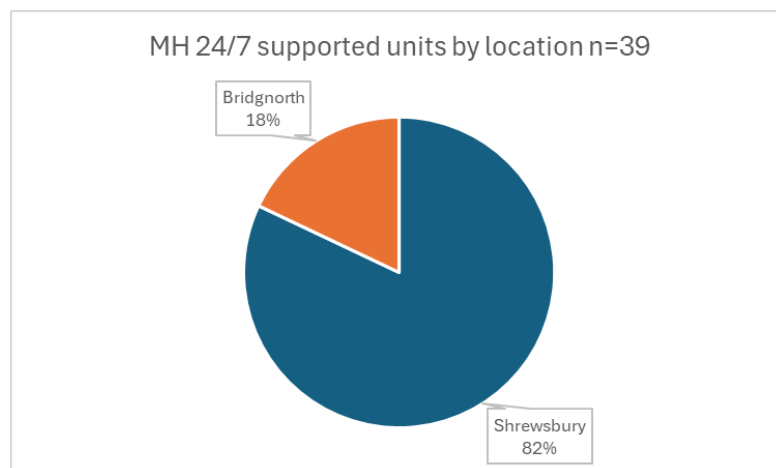
Table 38. Units of supported housing

Supported accommodation type	Units of supported housing	% of total units by location
MH non-24/7 supported	38	42%
MH 24/7 supported	39	42%
Out of county ( <i>inc Birmingham, Telford, Stafford, Barrow-in-Furness</i> )	13	14%
<b>Total</b>	<b>90</b>	<b>100%</b>

Source: Shropshire council

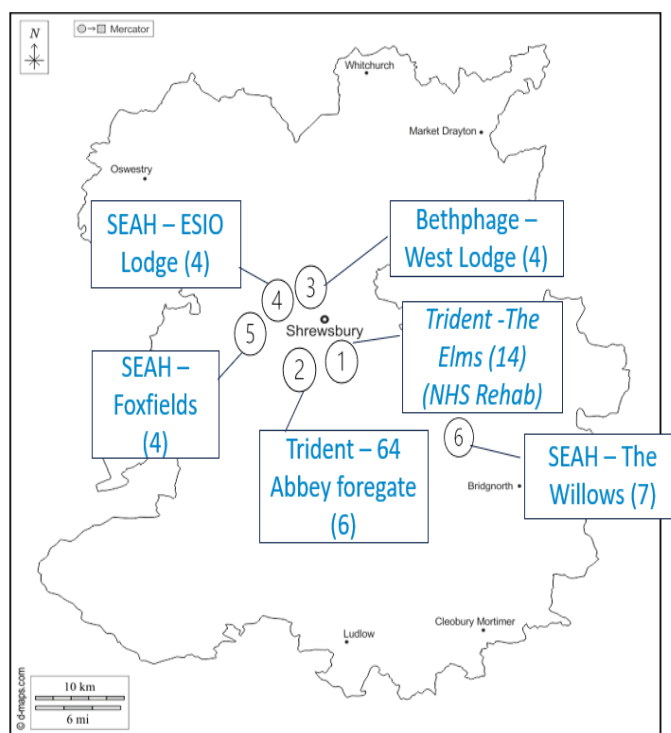
- 3.15 Of the provision within the county footprint with onsite 24/7 staffing cover, 82% of units are located in Shrewsbury (made up of The Elms NHS Rehab, 64 Abbey foregate, West Lodge, ESIO Lodge and Foxfields), with the remainder (18%) in Bridgnorth (c/o The Willows).

Figure 17. Proportion of 24/7 supported accommodation by location.



Source: Shropshire council

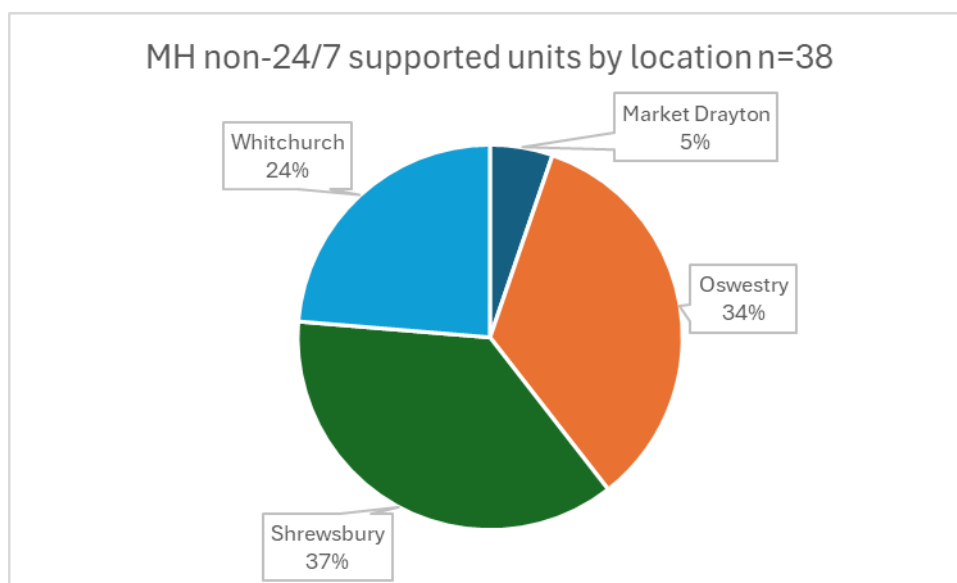
Figure 18. 24/7 supported accommodation by location



Source: Shropshire council

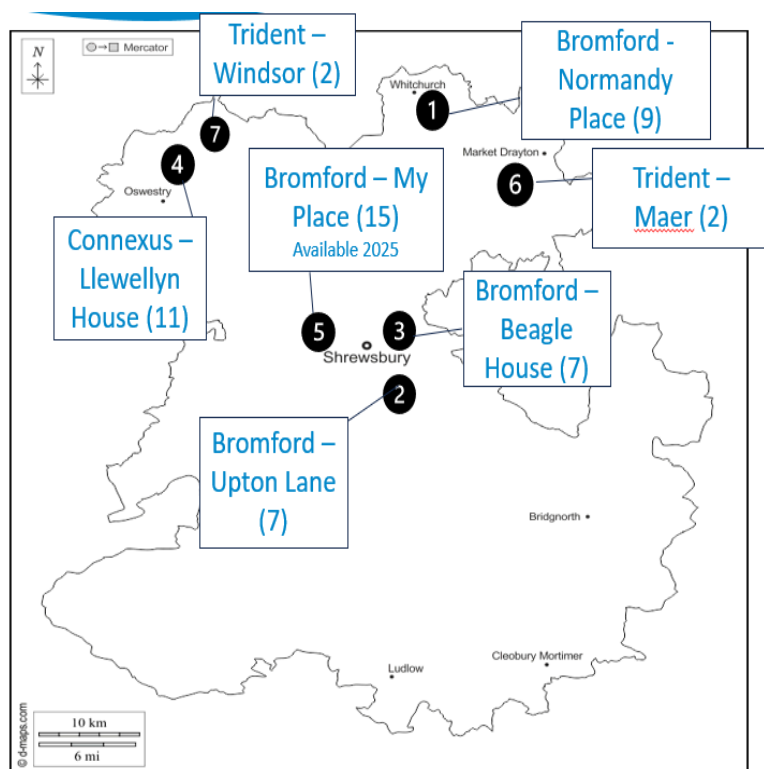
3.16 With reference to the non-24/7 onsite provision, the largest provision is in Shrewsbury (37%) followed by Oswestry (34%), Whitchurch (24%) and then Market Drayton (5%). A new development of 15 self-contained units at My Place in Shrewsbury (owned by Bromford) is underway and should be ready for occupancy in 2025.

Figure 19. Proportion of non 24/7 supported accommodation by location



Source: Shropshire Council

Figure 20. Non 24/7 supported accommodation by location



Source: Shropshire Council

- 3.17 Within the current 39 units of 24/7 supported accommodation, 18 are provided through a single room with shared facilities, 15 via self-contained flats and 6 bedsits. All of the current non-24/7 supported accommodation and out of county provision is made up of self-contained flats.
- 3.18 There seems to be little formal agreement between the Council and providers in terms of who is placed in each property with no nomination rights for the local authority into

either the non-24/7 accommodation or provision out of county. The Council does have input however into agreeing the nominations for half of the 24/7 onsite staffed properties. There are currently 6 known voids in the portfolio (5 in Oswestry within the non-24/7 staffed units and 1 in Shrewsbury within the 24/7 accommodation).

3.19 Whilst recognising the number changes frequently, there are currently 32 people on the waiting list to be allocated space within this provision, made up of individuals in the following circumstances:

- In county – not in appropriate setting: 10
- In hospital: 11
- Out of area residential: 6
- Step down required from Rehab: 5

### The mix and range of supported accommodation needed to meet people's needs: Evidence from people with mental health needs

3.20 Evidence from engagement that the Housing LIN has undertaken throughout the UK with people with mental health needs and voluntary organisations that support them has identified the following 'key messages':

- There is a need for an increase in supported housing for people with a mental health need, particularly accommodation that supports people with complex mental health needs. This housing to be within Shropshire in order to reduce the number of people having to move out of area.
- There is no desire amongst the majority of people with mental health needs to live in residential/nursing care settings.
- There is a need for more 'step-down' accommodation that supports people to transition from acute hospital settings to supported housing, with a number typically functioning with 24/7 onsite support. This type of supported housing can also be used as a housing option that a person could move to temporarily (for example where they may be living in general needs housing) to avoid a move to an inpatient setting or care home setting.
- In many cases, people with mental health needs would prefer and are able to live in mainstream housing with support.
- If supported housing is needed, self-contained accommodation is typically preferred over shared accommodation (although it is recognised that some people may prefer and benefit from living in shared housing settings, for example, some younger people).
- The majority of people who need supported accommodation are seeking small-scale supported housing schemes.

- People are seeking to live in locations with good access to public transport, shops, amenities and support services.
- Where people with mental health needs are living successfully independently in the community, they may need ongoing or occasional support from a housing support service in order to maintain a tenancy.
- Some people with mental health needs report that the process for finding mainstream housing, both in the private rented sector or through choice-based lettings for access to social housing, is often very challenging which can cause anxiety and stress. Often people need support with this process of finding and securing access to mainstream housing.

### Drawing on supported housing good practice

- 3.21 Contemporary good practice<sup>54</sup> in relation to supported housing for people with mental health needs indicates that a range of supported housing services and accommodation types are needed to support people as part of a *housing pathway* approach, i.e. where there are a range of housing options, including supported housing as 'step down'/admission avoidance accommodation; supported housing with 24/7 support for people with complex support needs; supported housing for people with lower support needs (not requiring 24/7 support); Shared Lives; and independent housing with access to support.
- 3.22 In relation to recent trends in provision of supported housing for people with mental health needs, new supported housing developments have tended to be small blocks of flats and there has been a reduction in the use of 'shared housing' models of supported housing.
- 3.23 There has been some development of supported housing that offers a 'step-down' model to enable people to be discharged in a timely and successful way from acute mental health hospital beds into a good quality housing offer with support available. These supported housing models are as likely to be funded by NHS commissioners (to cover care/support costs and rent) as by local authorities.
- 3.24 An example of a supported housing 'step down' resource is Riverside Housing's scheme at Tile House in London<sup>55</sup>. Tile House provides 15 high quality, self-contained supported housing units. Some of these supported housing units offer 'step down' accommodation from acute settings; other units are available for a period of up to two years. The care and support arrangements are delivered through a partnership with Camden and Islington NHS Foundation Trust. The scheme is designed to deliver an integrated approach to supported housing and recovery for people with complex mental health needs.

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<sup>54</sup> Specialist and Supported Housing Strategy: Contemporary Practice Guide

<sup>55</sup> <https://www.candi.nhs.uk/our-services/tile-house-0> See supported housing good practice guide

- 3.25 Salveson House, in London Borough of Hackney<sup>56</sup>, is a block of 18 new build self-contained flats for people with severe mental health needs operated by One Housing. It provides supported housing with 24/7 staffing as part of a wider mental health accommodation pathway in Hackney. Tenants live here for up to 3 years before moving on to independent housing.
- 3.26 A key part of a housing pathway approach is enabling people with mental health needs to move into and remain living in mainstream housing, with provision of housing related and other support as necessary to help people to maintain their tenancies.

### Evidence from local stakeholders

- 3.27 As part of the qualitative section of the needs assessment, we spoke with a range of stakeholders to gain insight and context of current housing provision and the changing needs of this group across the county. The key themes included:

#### *Changing needs and trends:*

- 3.28 Discharge challenges: Individuals discharged from hospitals often face a lack of suitable and affordable housing, leading some to temporary accommodations such as unsupported B&Bs. This situation compromises their ability to maintain tenancies.
- 3.29 Ongoing support deficiencies: There is insufficient ongoing support to help individuals sustain their housing situations, which increases the risk of readmission to mental health facilities.
- 3.30 Reactive planning: The current approach to housing and support is reactive rather than proactive. Opportunities for supported housing arise piecemeal, and there is a lack of coordinated forward planning.
- 3.31 Growing mental health needs: There is an increasing prevalence of mental health issues, including a rise in neurodiversity diagnoses, which contributes to a heightened demand for supported housing. There is an increase in the complexity of needs among individuals experiencing mental health issues, many of whom may lack formal diagnoses. This complexity complicates their paths to suitable housing options.
- 3.32 Lack of rehabilitation services: The area lacks dedicated mental health rehabilitation services, leading to a “revolving door” scenario where individuals frequently return to inpatient care without adequate support for transition.
- 3.33 Waiting lists: A significant number of individuals (32) are currently on a waiting list for mental health-supported housing, indicating a critical gap in available services.
- 3.34 Accessibility issues: Most available supported housing options are centralised, particularly 24/7 facilities, which necessitate relocation to urban areas like Shrewsbury. This centralisation can hinder access for those in rural or remote locations.

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<sup>56</sup> <https://www.e-architect.com/london/supporting-housing-hackney>

- 3.35 Sensory-friendly environments: There is a lack of supported housing that accommodates sensory needs. Many self-contained homes do not offer sensory-friendly shared areas, which can lead to feelings of isolation for individuals sensitive to noise and light.
- 3.36 Impact of homelessness: Rising mental health needs are observed among individuals experiencing homelessness, many of whom are at risk of developing Serious Mental Illness (SMI) due to inadequate housing options.
- 3.37 Referrals and acceptance rates: There has been a decline in the acceptance of referrals due to an increase in higher needs among applicants, reflecting the growing demand for more intensive support services.

*Effectiveness of the current supported housing:*

- 3.38 Rigid care packages: Many current supported housing models are built around a fixed number of care hours, which makes it challenging to adjust care packages according to the evolving needs of individuals. This rigidity can lead to inadequate support or unnecessary resource expenditure.
- 3.39 Need for rural housing: There is a recognised need for more supported housing options in rural areas to help individuals stay connected to their families and social networks. Current housing strategies often focus on larger schemes, which may not be feasible or effective in these settings.
- 3.40 Affordability and staffing challenges: Housing in areas like Ludlow and Bridgnorth is expensive, complicating efforts to recruit and retain adequate staff to provide necessary support. The high cost of living in Shrewsbury further exacerbates this issue.
- 3.41 Collaborative solutions: There is a call for stronger collaboration between housing providers to address issues such as voids (empty units). Working together to develop innovative solutions could improve the overall effectiveness of supported housing options.
- 3.42 Provider initiatives: Some providers are taking proactive steps by purchasing houses to create supported living environments, but the effectiveness of these initiatives remains contingent upon the surrounding housing market and support infrastructure.

*Supporting hospital discharge:*

- 3.43 Inappropriate accommodation: Many individuals are being discharged to unsuitable living conditions, such as out-of-area placements, parents' homes, or care homes, which do not adequately support their recovery needs. There is a lack of appropriate step-down options available.
- 3.44 Lack of step-down facilities: Current supported housing models fail to provide effective step-down options for those leaving hospitals. Facilities like Bradley Lodge, intended for short-term stays, have become long-term residential schemes without facilitating necessary transitions.
- 3.45 Discharge delays: The discharge process is often prolonged due to inadequate therapy and support resources, leading to extended stays in facilities that were meant to be

temporary. Factors such as winter pressures exacerbate this issue, as individuals may remain in care longer than the intended three-week timeframe.

- 3.46 Capacity issues: The Elms facility, which is designed to assist with hospital discharges, is currently operating at full capacity, limiting its ability to serve new discharges effectively. This highlights the need for increased capacity in supported housing to meet the demand.
- 3.47 Collaborative involvement: Successful hospital discharges require co-ordinated input from local authorities, NHS, and housing providers to ensure that individuals are placed appropriately and receive the necessary care and support upon discharge.
- 3.48 Nominations and referrals: Some housing providers, such as Bromford, are receiving high-level nominations but are reportedly declining many of them, which can create additional barriers to effective discharge and support.

*Move on opportunities:*

- 3.49 Lack of move-on options: The absence of structured move-on pathways results in individuals staying in supported housing for extended periods, leading to an institutional mindset and hindering their ability to transition to more independent living arrangements.
- 3.50 Waiting lists: Supported living options, such as those offered by SEAH, have waiting lists. Once individuals are settled and require less support, they still face challenges in moving on due to a lack of available and affordable housing options.
- 3.51 Informal move-on pathways: While there are some informal pathways for individuals to transition to more independent living, they lack the structure and support needed for successful movement out of supported housing.
- 3.52 Challenges with the private rented sector: This sector is often unwilling to accept clients with mental health needs, further limiting available housing options for those ready to move on.
- 3.53 Need for integrated referral processes: There is a need for a more cohesive referral process that is connected with Council oversight. This would help manage the flow of individuals through different housing pathways and improve opportunities for move-on housing.

*Other models of support:*

- 3.54 Floating support: These services were effective in addressing various issues related to mental health and substance use, helping individuals maintain their tenancies with the assistance of skilled staff. However, funding for these services was reduced while the expectations placed on providers remained unchanged. As a result, many providers chose to discontinue their floating support services.
- 3.55 Stakeholders were also able to provide feedback with regards how supported housing and related provision might be remodelled and repurposed to provide better outcomes. Key themes included:

- 3.56 There is a growing need for shared accommodation specifically designed for young people with mental health needs, as it facilitates their transition into adulthood and offers lower rental costs compared to self-contained units.
- 3.57 Currently, there is a lack of comprehensive oversight regarding overall pathways and needs, with efforts to address this still in progress. Provider meetings related to mental health exist, but it is unclear how effectively these providers participate and contribute to shaping the processes.

### Estimated need for supported housing and accommodation by 2039

- 3.58 The estimated need for supported housing and accommodation for people with mental health needs is based on evidence in relation to:
- Projections in relation to population growth.
  - Good practice in the provision of supported and specialist housing for people with mental health needs.
  - The insights and experiences of local commissioners and their partners (based on evidence from local stakeholders consulted and our experience of undertaking assessments with similar authorities, needs to be validated with commissioners)
  - The Housing LIN's experience of the commissioning and provision of supported housing and other housing/accommodation options as part of a housing 'pathway' for people with serious mental health needs.
- 3.59 It is also based on research by the Housing LIN with people with mental health needs both nationally and locally which indicates that:
- There is a need for supported housing that supports recovery and independent living.
  - There is a need for supported housing with significant support on site that enables people to 'step down' from acute/hospital settings.
  - There is no desire to live in residential care settings.
  - There is a requirement for access to mainstream housing with support as necessary.
- 3.60 Assumptions have been made about the need for different types of accommodation and supported housing, drawing on the evidence set out above and in the preceding sections.
- 3.61 The following assumptions have been used to estimate supported housing and accommodation need for people with mental health needs:
- The population growth of the working age population with mental health needs is assumed to be 2.05% per year (see 3.08).
  - Residential and nursing care use is assumed to decrease to be used by no more than c.1% of this population cohort by 2039.

## Specialist and Supported Housing Needs Assessment

- Growth in the working age population with mental health needs and any reduction in need for residential/nursing care, is likely to be reflected in increasing need for mainstream housing and supported housing.
  - It is assumed that any fall in inpatient numbers will be reflected in additional supported housing capacity designed to facilitate 'step down' and/or admission avoidance.
  - It is assumed that any fall in the number of homeless people, including rough sleepers, will be reflected in additional supported housing capacity.
  - It is assumed that any fall in the number of people in criminal justice settings will be reflected in additional supported housing capacity designed to support people with forensic related needs.
- 3.62 Changes in net housing and supported housing requirements to meet projected housing need and changes in the types of housing/supported housing required are based on applying the assumptions above to the projected population of people with mental health needs over time to 2039.
- 3.63 The estimated need for housing and supported housing for people mental health related needs is shown in the below table. This shows the number of homes/units currently available to meet need and the number of homes/units required to meet unmet need estimated to be required by 2029, 2034 and 2039.

Table 39. Shropshire: Estimated need for housing and supported accommodation for working age adults with mental health needs to 2039<sup>57</sup>

	<b>Current provision and pop. (2024)</b>	<b>Existing supply of accom. types (%)</b>	<b>Adult pop. and estimated housing need by 2029</b>	<b>Est. need for accom. types (%)</b>	<b>Adult pop. and estimated housing need by 2034</b>	<b>Est. need for accom. types (%)</b>	<b>Adult pop. and estimated housing need by 2039</b>	<b>Est. need for accom. types (%)</b>
<b>Population</b>	<b>1,586</b>		<b>1,749</b>		<b>1,911</b>		<b>2,074</b>	
<b>Housing &amp; accommodation types</b>								
Mainstream housing	1,113	70%	1,225	70%	1,337	70%	1,447	70%
Supported housing	77	5%	112	6%	152	8%	197	10%
Residential/nursing care	21	1%	18	1%	15	1%	10	1%
Living with family/informal carers	352	22%	375	21%	396	21%	415	20%
Inpatient/NHS setting	11	0.7%	8	0.5%	5	0.3%	1	0.1%
Homeless/rough sleeper	2	0.1%	2	0.1%	1	0.1%	1	0.1%
Criminal justice setting	10	0.6%	8	0.5%	5	0.3%	2	0.1%
<b>Totals</b>	<b>1,586</b>	<b>100%</b>	<b>1,749</b>	<b>100%</b>	<b>1,911</b>	<b>100%</b>	<b>2,074</b>	<b>100%</b>
<b>Net need: Total supported housing</b>			<b>35</b>		<b>75</b>		<b>120</b>	

Source: Housing LIN

N.B a proportion of the estimated need for 35 additional units by 2029 could potentially be met by the 15 new units at My Place service due to open in 2025 or the 10 new units at Birchwood due to open in 2026/27)

<sup>57</sup> The estimates may change if the population changes significantly over the period to 2039. It would be prudent for Shropshire adult social care commissioners to check this, for example, every 5 years.

3.64 In summary, it is estimated that:

- An additional c.35 units of supported housing are needed by 2029.
- An additional c.75 units of supported housing are needed by 2034.
- An additional c.120 units of supported housing are needed by 2039.

3.65 The estimated need for supported housing required over the next 5 years to 2029, shown in Table 39, could be met potentially by the following 'components' of the housing pathway:

- Supported housing for people with complex mental health needs. This is typically a small block of flats (c.5-6 units) with 24/7 support, which can provide 'step down' accommodation for people being discharged from inpatient settings (as an alternative to 'bedded care) and/or 'step up' in relation to avoidance of admission to inpatient beds. Suggested requirement c.5 units.
- Supported housing for people with complex mental health needs with dual diagnosis related needs. This is likely to be typically a small block of flats (c.5-6 units) with 24/7 support. Suggested requirement c.5 units.
- Supported housing for people with mental health needs with forensic related needs. This is likely to be typically a small group of flats (c.5-6 units) with significant support available (but not necessarily 24/7). Suggested requirement c.5 units.
- Additional groups of self-contained supported housing of c.8-10 units, that provide medium term supported housing (for example for up to 2-3 years), both for people who don't need or who no longer need 24/7 supported housing but who need a supportive environment before moving to independent housing (e.g. daytime support with night security). Suggested requirement c.15 units.
- This evidence reviewed in relation to future need suggests that there is a requirement to:
  - Continue to ensure reviews are carried out yearly of the needs of people currently in care home placements to assess their suitability for a move to a supported housing alternative (and the specification of the supported housing alternative/s).
  - Review the purpose and suitability of existing shared supported housing to assess their future use as supported housing both in terms of the buildings and the refocus to the more complex end of need. Identification of the potential for tenants to move on to other housing options to maintain flow.
- There is a need for people with serious mental health needs to have better access to mainstream general needs housing and to be supported with tailored floating support, domiciliary care and personal assistants to enable people to live within the community. This could include developing community support networks as a model of support as this would enable people to live in mainstream accommodation as well as providing support to access community life. In relation

to access to mainstream housing to rent and in relation to developing additional supported housing, the role of the Council is crucial in enabling access to these housing options.

- The need amongst people aged 65+ with mental health needs for supported accommodation may be met through the development of the proposed housing pathway above, for example where an older person may benefit from 'step down' supported housing from inpatient settings. Some older people with mental health needs will benefit from access to age designated supported accommodation, such as sheltered/retirement housing and extra care housing.

## 4. Assessment of need for supported housing: Young people (care leavers)

4.01 This section of the supported housing need assessment covers the need for supported housing that is designated for young people who are primarily care leavers for whom the Council has corporate parenting responsibilities.

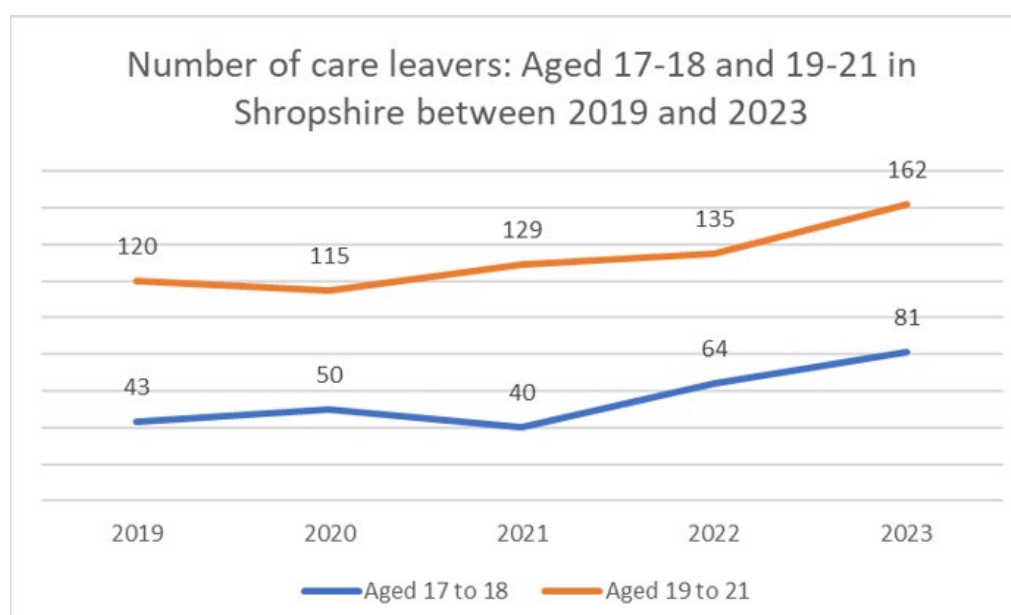
### Baseline population and projections

4.02 Data from the Department for Education/Shropshire Council<sup>58</sup> indicates that the number of care leavers in Shropshire was 243 people in 2023 (see Figure 21).

4.03 The method for projecting forward this group of young people population is based on DfE data<sup>59</sup> showing the trend of care leavers recorded in Shropshire from 2019 to 2023. It shows that the number of care leavers in Shropshire has grown from 163 in 2019 to 243 in 2023, an average increase of 16 additional care leavers per annum between 2019 and 2023

4.04 Evidence from commissioners suggests that overall, the population of care leavers is currently trending upwards.

Figure 21. Care leavers of ages 17-18 and 19-21 in Shropshire between 2019 and 2023



Source: Department for Education/Shropshire Council

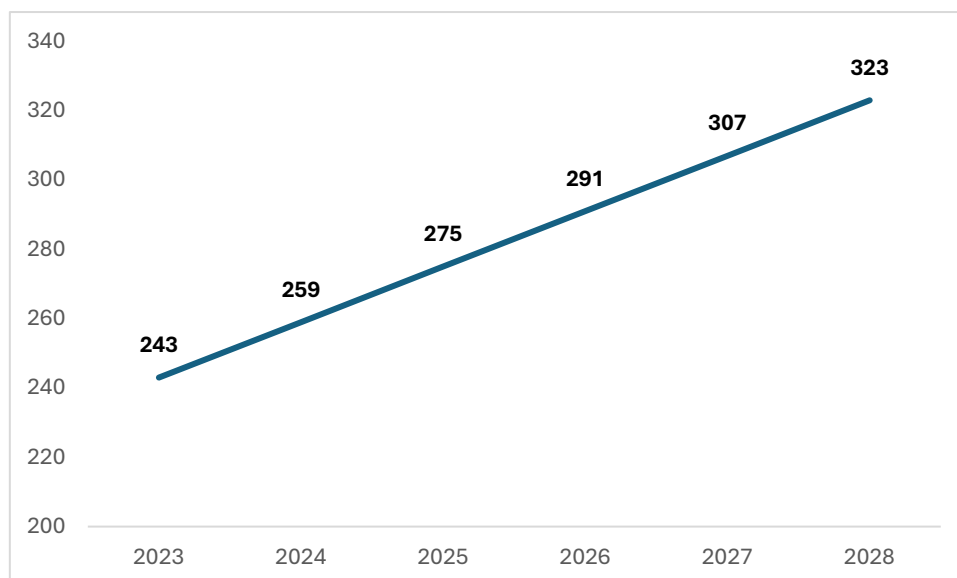
4.05 On the basis of this evidence, i.e. of the overall number of care leavers is increasing, it has been assumed that over the next 5 years the care leaver population will increase at an average annual growth of an additional 16 young persons per annum.

<sup>58</sup> [DfE: Children looked after in England including adoptions: Reporting year 2023](#)

<sup>59</sup> DfE: Children looked after in England including adoptions: Reporting year 2023.

4.06 Projected over the next five years, the number of care leavers in Shropshire is estimated to reach 323 by 2028, assuming the current annual growth rate continues. This projection suggests a likely increase in need for supported accommodation.

Figure 22. Projected number of care leavers in Shropshire over the next five years to 2028



Source: Department for Education/Shropshire Council/HLIN

### Current supply of supported housing for young people with a care leaving need

4.07 There are currently 80 commissioned units for care leavers with nearly half (48%) being provided through the supported lodgings scheme.

4.08 There are 29 units of accommodation in Ludlow, through the Foyer and Grain Loft schemes and 13 units located in New Century Court in Oswestry. Nominations into these services is via a panel system and support delivered onsite by a commissioned service provider (24/7 onsite staffing for the Foyer and New Century Court, with support provided during office hours for the Grain Loft).

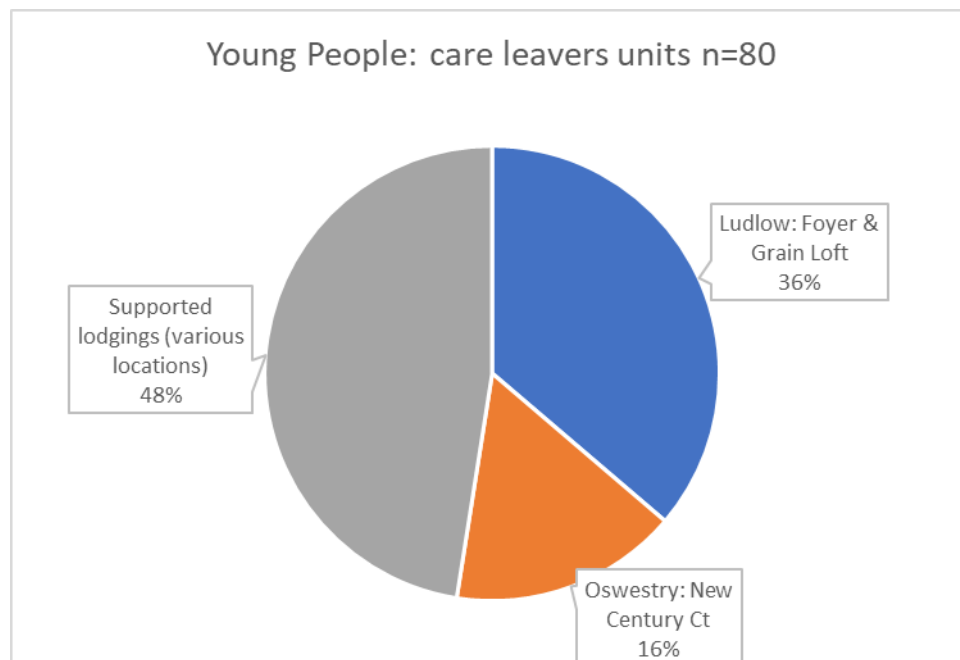
4.09 For the supported lodgings service, support and housing is provided by the live-in carer.

Table 40. Supply of supported housing for young people with a care leaving need

Supported accommodation type	Units of supported housing	% of total units by location
Ludlow: Foyer & Grain Loft	29	36%
Oswestry: New Century Ct	13	16%
Supported lodgings (various locations across Shropshire and Telford)	38	48%
<b>Total</b>	<b>80</b>	<b>100%</b>

Source: Shropshire Council

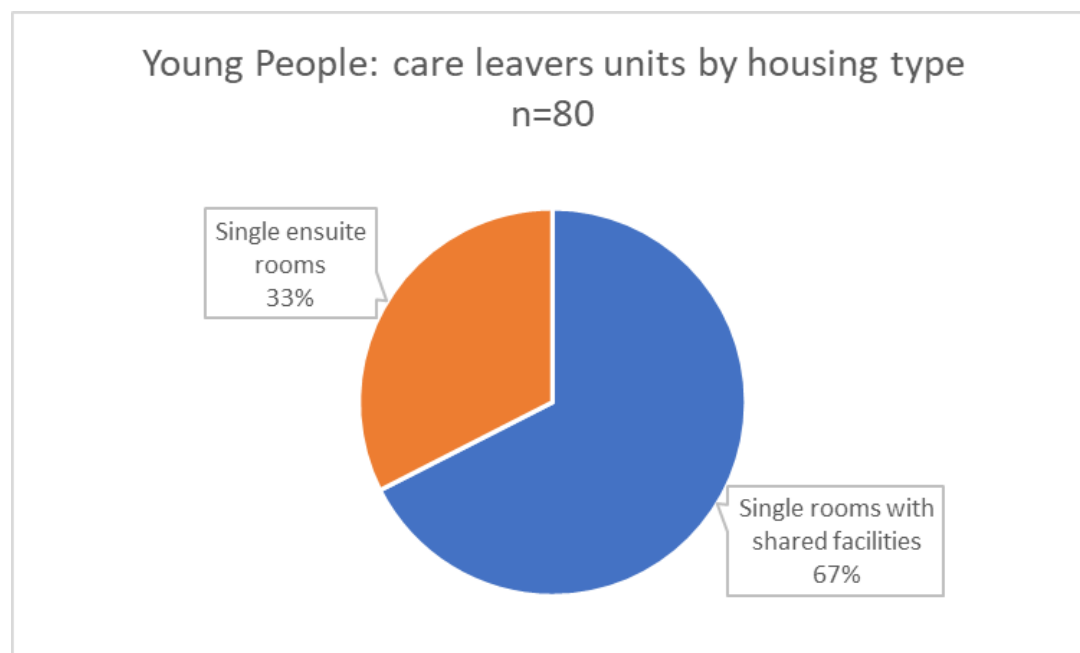
Figure 23. Proportion of Accommodation type for young people with a care leaving need



Source: Shropshire Council

- 4.10 There are currently 3 voids within this portfolio of accommodation - 2 in Grain Loft and 1 at new Century Court.
- 4.11 The majority of accommodation is provided through single rooms with shared facilities (67%) and the remaining third utilising ensuite rooms with shared facilities.

Figure 24. Proportion of housing type for young people with a care leaving need



Source: Shropshire Council

## The type of supported accommodation needed: Local context and commissioner insights

4.12 As part of the qualitative section of the needs assessment, we spoke with a range of stakeholders to gain insight and context of current housing provision and the changing needs of this group across the county. The key themes included:

### *Changes in needs and trends*

4.13 **Difficult transitions:** Young people transitioning from care to adulthood often struggle due to a reduction in support. They are accustomed to high levels of assistance, which diminishes when they enter adult services, leading to unmet expectations.

4.14 **Demand for supported housing:** A mapping project identified that 30 young care leavers aged 18 and older in Shrewsbury seeking supported housing close to amenities and networks. Additionally, 13 17-year-olds expressed interest in similar housing options if available.

4.15 **Provider influx:** There is an increase in external providers entering Shropshire to offer high-cost housing packages for care leavers. Once established, these individuals gain local connections, integrating into adult services within the area.

4.16 **Increase in younger referrals:** Feedback noted a rise in referrals for 16-17-year-olds, although the support system is primarily designed for those 18 and older. This raises concerns about the lack of a structured process for nominations and coordination with care leavers.

### *Effectiveness of the current supported housing:*

4.17 **Reduction in available schemes:** There is currently only one supported housing scheme (The Foyer) in Ludlow for young people who have left care, down from four schemes previously available. This limits options for these individuals.

4.18 **Location and accessibility issues:** Young people are often placed in areas without consideration for local amenities or transportation. Many community resources, such as mosques, require significant travel, sometimes to Birmingham, which can lead to tenancy failures.

4.19 **Ongoing support concerns:** There is anxiety about the level of ongoing support available to young people after they leave care. The transition from high support to more independent living is challenging.

4.20 **Affordability of housing:** There are questions about the model for setting rents, particularly in balancing affordable housing while pursuing education and/or employment. Young people face paying higher rents in general needs housing after leaving supported accommodations, which can deter them from moving out.

4.21 **Changes in tenancy agreements:** The previous system allowed for a transitional period of 6 months to 2 years on a license before entering a starter tenancy. The current model places young people directly into tenancies, raising concerns about their preparedness for independent living.

- 4.22 Supported Lodgings scheme: Children's Services have a supported board and lodgings scheme where care leavers live in shared houses with a carer. This scheme is always at capacity, indicating high demand for this type of support.
- 4.23 Future developments: There are plans to rebuild Weston Court into a 5-bed shared house with ensuite rooms and 24/7 onsite staff support, as well as additional housing with floating support. This development aims to provide affordable rents while allowing residents to work full time, addressing some of the current gaps in supported housing.

*Move on opportunities:*

- 4.24 Barriers to move-on readiness: Young people often face barriers in being deemed "tenancy ready," which hinders their ability to move on from supported housing. There is a requirement to confirm their readiness through application forms, which may not always be approved.
- 4.25 Limited availability of move-on properties: The scarcity of available move-on properties poses a significant challenge. Young people are often registered under Band 2, making it difficult to access suitable housing.
- 4.26 High demand for one-bedroom flats: The housing register reflects a high demand for one-bedroom flats, with 3,991 people wanting such accommodations across various bands. Band 1 alone has 245 people, indicating a competitive and limited housing market.
- 4.27 Long wait times for housing: Young people can experience extensive waiting times for suitable housing. For example, one individual in Shrewsbury waited around 12 months for a successful bid while living in temporary accommodation that limited their ability to develop essential life skills.
- 4.28 Impact on employment and skills development: The lack of available housing can impact young people's employment opportunities. For instance, one individual turned down a career progression opportunity due to the housing situation, demonstrating how housing insecurity can affect life choices and aspirations.
- 4.29 Temporary accommodation challenges: Living in temporary accommodation, such as hotels, limits young people's ability to learn essential life skills like cooking and laundry. This situation underscores the need for more supportive environments to facilitate the transition to independent living.

*Other models of support and themes:*

- 4.30 Floating support services: The Sustain floating support service is available to help young people transition into their own tenancies. Some registered providers (RPs) also have tenancy support workers who assist young people during this process.
- 4.31 Referral process changes: There has been a shift in the referral process for floating support. Previously, young people could be referred for support before moving into their own accommodation, allowing for preparation and relationship-building. Currently, referrals are made after the move, resulting in waiting lists for support.

- 4.32 Limited duration of support: When young people do receive support, it is often for a limited duration—typically just a few months after they have moved into their new tenancy. This short timeframe may not provide adequate assistance during the critical adjustment period.
- 4.33 Goodwill follow-up: Some supported lodgings carers provide follow-up support to young people who have moved on, often out of goodwill. This informal support can be valuable but is not a consistent or guaranteed resource for all young people.
- 4.34 Stakeholders were also able to provide feedback with regards how supported housing and related provision might be remodelled and repurposed to provide better outcomes. Key themes included:
  - 4.35 Need for innovative housing models: There is a call for a YMCA-type model that offers innovative housing solutions and provides a clear pathway for care leavers to transition to other accommodation. This approach would enhance support and increase housing options for young people.
  - 4.36 Challenges with current schemes: The existing schemes in Ludlow (Connexus) and Oswestry (STAR) are noted to be satisfactory; however, they lack sufficient pathways to general needs housing. High rents for working individuals also hinder employment opportunities, limiting young people's ability to progress in their careers.
  - 4.37 Potential for medium-term housing: There was an opportunity to acquire a 12-flat block in Shrewsbury, which could have served as medium-term accommodation for young people. This would provide a space for them to prepare for independent living, ultimately reducing reliance on supported housing and providing a more affordable alternative to hotel stays.
  - 4.38 Current temporary accommodation: Many care leavers are currently in temporary accommodation, such as hotels, which lack essential facilities for cooking and laundry. The proposed flats would offer a better living environment and be more cost-effective while young people bid for longer-term solutions through Homepoint.
  - 4.39 Joint protocol development: A joint protocol is being developed with housing services to clarify what care leavers can expect regarding housing, move-on support, and homelessness services from the council. This initiative aims to ensure better monitoring and support for care leavers.
  - 4.40 Utilisation of support funding: The “Staying Close” funding program offers resources to support young people as they transition out of supported housing. There is potential to leverage this funding for supported lodgings providers, allowing them to offer continued support (e.g., three hours per week) to help young people engage in their new living situations.

### Contemporary practice in supported housing for young people

- 4.41 Contemporary practice in relation to supported accommodation for young people provides examples that have provision of self-contained and shared accommodation

with shared communal spaces/facilities. Practice examples also tend to provide an enhanced, often trauma informed, support service and enable young people to access education and employment as well as providing access to health services and a range of advocacy services. Some examples are provided below.

- 4.42 The YMCA Western Gateway in West Bromwich was refurbished in 2017 and includes a café, coffee bar, five enterprise starter units, a fitness and well-being centre, learning centre, youth zone and chapel as well as 96 studio apartments and a range of office accommodation for social businesses. It provides support to young people to access education, training and employment.

Figure 25. YMCA Western Gateway in West Bromwich



Figure 26. Teresa House, Enfield



- 4.43 For 16–17-year-olds who are homeless, Teresa House is a supported housing scheme in Enfield, run by Christian Action Housing, that accommodates 13 young people for up to 6 months with 24/7 support. Each resident has their own bedroom in 2-3 bedroom flats. The accommodation has a communal lounge, leisure facilities and IT/learning suites. Whilst at the scheme the young person’s housing and support needs are continually assessed to enable them to move onto appropriate accommodation.
- 4.44 Court Foyer, in Romford, run by Swan Care and Support provides supported accommodation for single young people aged 16 to 25 who are in housing need and require support to acquire the skills to live independently. The scheme consists of 15 one-bedroom flats, of which one flat is adapted to meet disability needs. All the flats are fully furnished with access to a communal lounge. The scheme is staffed 24/7. Each resident has a dedicated support worker. Heather Court offers a range of support, including: advocacy on advice on welfare/housing benefits, budgeting and maximising income, independent living skills, health and wellbeing issues, motivation and confidence building, move on and resettlement services.

Figure 27. Heather Court Foyer, in Romford



- 4.45 Hope Rise in Bristol<sup>60</sup> is an innovative mixed community of young people (18-35) in a development of 11 ZED PODS (zero carbon, modular starter homes) that was delivered by Bristol City Council in partnership with Bristol Housing Festival, ZED PODS and the local YMCA. The project provides move-on accommodation for young people living in short-term emergency accommodation and enables people to learn to live independently but with the support of a community of neighbours. It comprises nine one-bedroom homes constructed of cross-laminated timber (CLT), bookended by two two-bedroom homes constructed of light-gauge steel.

Figure 28. Hope Rise in Bristol



<sup>60</sup> [https://www.zedpods.com/files/ugd/dfc637\\_d7debf059bf04eb391899127bbf4fdc1.pdf](https://www.zedpods.com/files/ugd/dfc637_d7debf059bf04eb391899127bbf4fdc1.pdf)

- 4.46 White's Row is operated by One Housing in Tower Hamlets. It provides supported housing for vulnerable young people aged 16 to 21 years who are homeless or at risk of becoming homeless. The service can accommodate up to 12 young people. Residents have their own room and share a kitchen and bathroom with a small number of other customers. There are also two 'crashpads' which can be used for up to 2 days as emergency accommodation for young people. There is communal space for residents to use on the ground floor along with a small, secure outside space at the rear of the building. All referrals come from London Borough of Tower Hamlets. The service is staffed 24/7 with a member of support staff 'sleeping in' overnight.

### Estimated future need for supported housing and move-on housing

- 4.47 To project the level of future need for supported housing for young people (specifically in relation to care leavers) in Shropshire, data from commissioners for supported housing has been used.
- 4.48 The estimates also are based on the contextual and qualitative evidence set out previously.
- 4.49 In relation to the need for move-on housing for young people leaving supported housing, the following assumptions have been made.
- 4.50 The majority of young people leaving supported housing will require move-on housing. Based on the Housing LIN's experience of undertaking similar supported housing need assessments it is assumed that c.70% of young people leaving supported housing will require move-on housing (other moves may be to, for example, other supported housing, supported lodgings, family home, etc).
- 4.51 The majority of young people needing move on housing require single person self-contained 1-bed accommodation.
- 4.52 The average length of stay in supported housing settings is 24 months.
- 4.53 There are currently no dedicated housing units seemingly made available for move on from supported housing for 18+.
- 4.54 The need for additional move-on housing for people leaving supported housing has been calculated in Table 41. This identifies a need for an **additional c.25 units of mainstream move-on housing per annum being required**. This is likely to require a review of move-on housing arrangements with existing housing partners.

Table 41. Estimate of need for move-on housing for young people leaving supported housing (2023/24).

<b>Baseline assumptions</b>	
Units of supported housing available	80 units
Average length of stay in supported housing	24 months
Percentage of young people leaving supported housing assumed to require move-on housing	70%
Number of young people requiring move-on housing	56 young people (56 x 70%) over 24-month period
Number of young people requiring move-on housing (per annum)	Estimated need is equivalent to 2 young people requiring move-on housing per month (56/24 months) Estimated need equivalent to 24 young people requiring move-on housing per annum (2 x 12 months)
<b>Estimated need for move on housing</b>	Overall need: 24 units of move-on housing required per annum

Source: Shropshire Council and HLIN

- 4.55 In relation to estimated need for supported housing the following assumptions have been made.
- 4.56 The population of care leavers is assumed to be increasing by 16 young persons per year for the next 5 years to 2028 (paragraph 4.05).
- 4.57 The average length of stay in supported housing settings is 24 months.
- 4.58 Based on the Housing LIN's experience of undertaking similar supported housing need assessments it is assumed that c.70% of young people waiting for access to supported housing will require this type of accommodation (other moves may be to, for example, mainstream housing, supported lodgings, return to family home, etc). This suggests that the unmet need for supported housing due to current capacity limitations is 11 young people (i.e. 16 additional young people per annum x 70% = 11 people).
- 4.59 There are assumed to be 3 voids in 80 supported housing. This might be due to the service being unable to accommodate young people with high support needs as well as the effectiveness of identifying new residents in a timely way through existing referral and allocations protocols.
- 4.60 Based on the current average length of stay (throughput) in supported housing remaining at 24 months, this suggests that to meet demand for supported housing, there is a need for an additional 8 units of supported housing per annum to 2028 (to satisfy need that is currently unmet; based on 16 additional young people per annum x 70% = 11 young people, and the number of voids in existing supported housing services, i.e. 3 units; 11 units required - 3 voids = 8 additional units are required per annum to accommodate young people). This is equivalent to an additional 32 units of supported housing required for care leavers by 2028/29.

- 4.61 It is assumed that as part of the overall need for c.30 additional units of supported housing, there is a need for a minimum of c.20 additional units of supported housing with 24/7 support available to meet the needs of young people with higher/complex support needs with the Council taking a view as to the type of staff cover and support model needed across the remaining c.10 units depending on the level of the residents' needs, other services in the locality and the strategy to keeping rents/service charges as low as possible in some properties to make the housing costs affordable and encourage young people into work.
- 4.62 Based on discussions with stakeholders, it is assumed that this identified additional need could be met by:
- The provision of an additional foyer service in Shrewsbury (c.20 units); based on commissioner experience/views that there is a supported housing capacity 'gap' for young people in Shrewsbury.
  - With a further c.10 units required in locations prioritised by the Council based on further data analysis from Children's Services teams. We understand there is work underway in Shrewsbury to potentially develop Weston Court (a 5 bed shared house) and 3 separate houses each comprising 2 bedrooms (11 units in total) so recommend the Council incorporate the additional 1 unit into this work to achieve the 12 units required.
- 4.63 However, it is important to note that need for short term supported housing is affected by the level of move-on or 'throughput'. For example, if the average length of stay in young people's supported housing was reduced from 24 months to 18 months, the estimated additional further supported housing capacity required would decrease from c.30 units (as set out above) to c.25 units.

## 5. General housing-related services

5.01 During engagement meetings with stakeholders, we received wider feedback about the Council's general housing function, including the floating support service plus other generic themes which impact housing and supported housing options for the different cohorts covered in this assessment.

### *Floating support*

5.02 As part of its wider housing and homelessness offer, Shropshire Council provides a generic floating support service to residents of the county to help them sustain their homes and prevent homelessness.

5.03 The service, previously delivered by a group of housing and support providers is now operated by STAR homes, the Council ALMO.

5.04 Information received from the Council confirms the following:

- Between January and September 2024, there were 561 referrals into the service from across the county with the average length of support being around 63 days based on all case closures and staff managing a caseload between 2 and 17 people at any one time
- Referrals come for individuals with a variety of tenures including people living in social housing (general needs and older persons'), the private rented sector, homeowners, mobile homes/caravan parks, residential care and living with family/friends
- Reasons for referrals include in order of highest needs:
  - Setting up home & Tenancy
  - Finance and Budgeting
  - General Health and Well-being
  - Maintain the safety and security of the home
  - Accessing community services
- With typical activities including:
  - Preventing evictions from Section 21's, rent arrears, property condition
  - To support people with their property condition but not at risk of eviction
  - Helping customers find more suitable accommodation due to declining health, under occupying, over occupying and/or financial related issues
  - Maximising customers' financial situation, helping them apply for appropriate benefits, budgeting, debt advice and helping them clear debt
  - Help with paperwork, emails and making phone calls

## Specialist and Supported Housing Needs Assessment

- Help with tenancy setup their and provide advice and guidance in order for them to sustain it long term
- Supporting someone who is already homeless but was not awarded a duty – helping with person housing plan and search for accommodation.
- Since January 2024, 119 people have completed their support programme with 83 not completing this for a variety of reasons including non-engagement, unplanned hospital admissions and moves into temporary accommodation.

5.05 As part of stakeholder engagement, we also gained feedback into more universal housing issues for the different groups – these are summarised below:

### *Changing needs and trends:*

- 5.06 Increasing complexity of needs: There is a noticeable rise in individuals with complex mental health issues, learning disabilities, autism, and physical disabilities requiring housing support. This trend complicates the search for suitable housing options.
- 5.07 Need for specialist housing: A call for a specialised housing list is emphasised, which would include nominations from Shropshire for individuals with specific needs. This would facilitate better matching of individuals to appropriate housing solutions.
- 5.08 Challenges in finding suitable housing: The difficulty in finding appropriate housing for individuals with complex needs leads to placements in general needs accommodations. This situation places additional pressure on Registered Providers (RPs) to manage these cases without adequate support from health, care, and support agencies.
- 5.09 Reduced involvement of Registered Providers: Many Registered Providers are scaling back their supported living portfolios due to risks and costs associated with supporting complex cases. This reduction creates a gap in available support and further strains the Council's housing function.
- 5.10 Loss of other specialist supported living: The conversion of former supported living accommodations into temporary placements diminishes the availability of specialised housing. Temporary accommodation, although currently utilised, do not meet the needs of individuals requiring specific support.
- 5.11 Barriers to accessing Adult Social Care: Once individuals apply for housing and are accepted, they often face challenges in engaging with Adult Social Care services. A lack of a consistent pathway from housing to social care exacerbates the difficulty for individuals already identified as likely Care Act eligible clients.
- 5.12 Rehabilitation and support needs: The refurbishment of the RSI (Rough Sleeping Initiative) Team's accommodation highlights an ongoing effort to address homelessness, but there remains a significant gap in providing the specialised support required for individuals with complex needs.

### *Effectiveness of the current supported housing provision:*

- 5.13 Funding constraints: Providers are unable to invest in housing stock due to funding limitations, hindering the development of appropriate accommodations.

- 5.14 Backlogs and waiting lists: There is a significant backlog of approximately 20 weeks for nominations into council housing, leading to substantial voids in council stock and delaying access for those in need.
- 5.15 Lack of specialised support: The current temporary accommodation options are generic and do not focus on the specific needs of individuals with learning disabilities, autism, or mental health issues. The expertise in these areas within the Council's housing function is limited, which contributes to inadequate support for those transitioning out of hospital settings.
- 5.16 Disconnected services: There appears to be a lack of co-ordination between social care, supported housing and the Council's housing function. This disconnect results in individuals receiving generic responses rather than the specialised support they require.
- 5.17 Reduction in supported housing: Many large national and regional supported housing providers have exited the market, leading to a loss of stock that has not been replenished in the last decade. Existing accommodations have been repurposed for temporary housing rather than specialist support.
- 5.18 Strain on Council services: Council services, including social care, are under considerable strain, resulting in a reliance on generic responses that do not adequately address the needs of individuals requiring specialised support.
- 5.19 Temporary accommodation utilisation: The council has increasingly utilised B&Bs and other forms of temporary accommodation as a cost-effective solution, which, while addressing immediate needs, may not provide the long-term, specialised support required for vulnerable populations.

*Supporting hospital discharge:*

- 5.20 Disparity in support: There is a noticeable difference in the level of support and patience offered to individuals based on their specific issues. Those with substance use problems can receive less time and understanding compared to individuals with learning disabilities.
- 5.21 Improving co-ordination with hospitals: The Council's housing team is working on enhancing relationships with hospitals to better plan for patient discharges. However, challenges remain in ensuring a smooth transition.
- 5.22 Lack of adapted properties: There is a significant shortage of adapted properties to accommodate individuals with various needs upon discharge, which complicates the process and may lead to inadequate housing solutions.
- 5.23 Inadequate mental health discharge planning: While there is a nominated person to help co-ordinate housing for discharges, the systems and processes for mental health discharges are not as well developed, leading to gaps in support for this population.

*Move on opportunities:*

- 5.24 Lack of suitable options: There is a significant shortage of appropriate housing for individuals looking to move on, leading to a barrier in the transition process.
- 5.25 Affordability issues: Shropshire has high housing costs, compounded by challenges related to housing benefit and Universal Credit, making it difficult for individuals to afford suitable housing.
- 5.26 Temporary accommodation utilisation: STAR is providing and managing 250 units for temporary accommodation that are generally designed but not specifically tailored for individuals with learning disabilities, autism, or mental health issues (with support provided by external agencies).
- 5.27 Tenancy readiness: There is a focus on ensuring individuals are tenancy-ready before moving on, with a reluctance to support new housing developments without reassurance that residents can maintain tenancies. A consistent approach is needed to assess and confirm readiness for transition.

*Other models of support and themes:*

- 5.28 Complex needs and support gaps: Individuals with complex physical disabilities and mental health issues struggle to find suitable housing, often being referred to general needs accommodations without adequate support from health or care partnerships.
- 5.29 Need for floating support: There is a critical need for floating support services to assist a wider range of individuals with diverse needs, particularly for homeless prevention. However, these services lack mental health specialists, leading to difficulties in accessing appropriate support.
- 5.30 Limited availability of third-party services: Essential services, such as alcohol support, are not readily available, further complicating the support landscape for individuals in need.
- 5.31 Exploration of alternative models: STAR is open to supporting models like KeyRing, which could focus on repurposing existing stock to accommodate individuals with learning disabilities or older people, highlighting the need for supportive environments.
- 5.32 Limited capacity of Council services: The council's own floating support service has limited capacity and funding, with ongoing uncertainty about the outcomes and effectiveness of the support being provided.

## Universal characteristics of people living within the supported housing portfolio

- 5.33 Stakeholders from the Council, registered providers, housing/support providers along with the voluntary sector were also able to provide feedback with regards how supported housing and related provision might be remodelled and repurposed to provide better outcomes. Key themes included:

- 5.34 Mixed housing models: There is a need for a diverse range of housing options, including extra care for older people, residential care, and shared housing for younger individuals including for people leaving care, complemented by adequate support for managing tenancies and bills.
- 5.35 Key Worker Housing: STAR is open to the idea of key worker housing, which involves purchasing properties, transferring them to the council, and renting them under a Private Rental Sector (PRS) model. There is a proposal to provide 62 units by 2032 and be provided to keyworkers who meet agreed letting criteria.
- 5.36 Lack of clarity on housing needs: There is a significant gap in understanding the specific housing needs of the community. A clear direction and business case are necessary to inform future housing developments, including borrowing and site identification.
- 5.37 Roles and responsibilities: There is a need for progress current conversations about the roles and responsibilities of different stakeholders in delivering housing solutions, ensuring alignment on objectives and strategies.
- 5.38 Gaps in supported living: There is a notable lack of supported living options for individuals who fall between the thresholds of adult social care and general housing support. This gap highlights the necessity for more specialist housing and improved geographical distribution of these services.
- 5.39 Potential for development: Opportunities exist for the development of new units through the council's development company and STAR's involvement, particularly by utilising housing benefit (HB) to support these initiatives.
- 5.40 Transition of services: The transfer of small charities like SASH to the Council indicates a recognition of the complexity of individual needs and the importance of providing specialised support within the council's framework.

*Other potential solutions:*

- 5.41 In addition to this, observations were made by stakeholders as to further community-based solutions, including:
- 5.42 Long-term commissioning: There is a need for sustained and long-term commissioning of services, particularly in rural areas, to effectively address housing and support needs.
- 5.43 Lack of co-ordination: There is an unclear relationship between adult social care and housing options, similar to the disconnect observed between housing benefits and revenue departments. This highlights the need for better integration and consistency between these services to improve outcomes for individuals.

## 6. Housing for key workers

6.01 The Council recognises there is a challenge around the recruitment and retention of the public sector workforce, publishing a section focused on this in their Housing Strategy 2020-25 noting opportunities to include:

- “Reduce housing barriers to businesses in attracting and retaining employees
- Work more closely with key employers to better understand the housing needs of their employees
- Promote initiatives for key worker and essential worker housing
- Promote housing opportunities that encourage skilled employees to live and work in Shropshire.”

6.02 In its Social Care Market Position Statement, the Council also confirmed:

- There has been a recent reliance on the recruitment of internationally educated colleagues to fill vacancies.
- Approximately 2,800 posts will be reaching retirement age in the next 10 years.
- Turnover and vacancies remain “high”.
- with the Council stating: “We are keen to work with the market to develop additional incentives to attract people to work in the sector and welcome approaches from Care Providers with new and innovative ideas. We will continue to explore alternative methods of providing care and support outside of the traditional care market, including personal budgets and technology-based solutions.”

6.03 Feedback from stakeholders during the engagement meetings highlighted some key challenges around recruitment and retention of staff including:

- Affordability of housing versus income (high housing costs and low wages).
- Shropshire comprising of many rural and remote locations which can mean long travel time between clients receiving care and/or support.
- Team members moving to other sectors including the NHS where terms and conditions are more favourable.

6.04 The issue of the cost and location of housing and its impact on recruitment and retention is widely evidenced by:

- [Affordable housing and the impact on recruitment and retention of key workers | Article | News | UNISON National](#)
- [Savills | Key Worker Housing –summer 2024](#)

6.05 Shropshire Council has shared how there are proposals being explored to provide 62 units of private rented sector (PRS) accommodation for keyworkers by 2032. However, delivery of solutions is not something that is embedded as business as usual within the

council or health and social care workforce strategy more widely across the county or further afield. There are pockets of work taking place around the country, most notably within the NHS, to develop housing solutions for staff. These include:

- A Housing Hub service in Hampshire and the Isle of Wight locality which provides housing support for international recruits seeking more settled housing in the area through a team of housing officers (achieving c500 new tenancies in 2 years)<sup>61</sup>
- A new build housing scheme in Dorchester, providing self-contained apartments close to the main acute hospital, operated by Prime on behalf of Dorset NHS Foundation Trust.<sup>62</sup>

6.06 The Hampshire and Isle of Wight Integrated Care Board (ICB) also commissioned support to research and evidence housing need across its footprint with findings including:

- 29% of staff were experiencing financial stretch with their housing costs
- c.400 colleagues were experiencing insecure housing similar to homelessness
- 41% of staff were considering leaving their employer and/or the area with housing costs a factor in this.

6.07 In terms of good practice from elsewhere, the Housing LIN is not aware of specific practice and strategy across care/support providers or Extra Care Housing schemes that include a specific allocation of apartments for staff. In our experience ECH care providers have generally found it slightly less challenging to recruit staff to provide care in ECH compared to providing domiciliary care in the community.

6.08 A variety of housing schemes provided by MTVH, a housing provider in London and the southeast of England, offer a range of rooms, self-contained flats and houses to NHS staff working for the main Trusts in each area. More details of the schemes and criteria can be found at <https://www.mtvh.co.uk/find-a-home/keyworker-housing/>

6.09 The issue of rural housing supply has also been recognised by the National Housing Federation (NHF) in its blog in the summer of 2023<sup>63</sup> outlining the challenges of rising house prices and tourism resulting in longer waiting times for local people to access housing in these areas. The commentary goes on to support an increase in social housing provision in these localities

6.10 Actions which Shropshire Council might take to further this agenda could include:

- Demand modelling / gap analysis – to confirm what solutions might already be in place in the county and other public sectors also in need of housing options

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<sup>61</sup> [Housing Hub/NHS Rooms - People Portal](#)

<sup>62</sup> [Dorchester - Hyve](#)

<sup>63</sup> <https://www.housing.org.uk/news-and-blogs/blogs/kate-henderson/the-shortage-of-affordable-housing-in-rural-areas-is-hurting-communities-and-the-economy-rural-housing-week-2023/>

- Housing support and advice to staff – help with devising a personal housing plan, navigating the private rented sector, support to access tenancy and debt advice (eg: via Citizens Advice)
- Supporting the mobilisation of rent a room type schemes for staff to access, similar to those promoted by the NHS<sup>64</sup>
- Strategic revenue solutions – rent deposit and guarantor schemes provided by employers
- Strategic building solutions – using dormant/unused public land and assets to progress new build housing developments, utilising the critical mass of different public sector workforces including through the One Public Estate (OPE) programme. The use of modular housing as a temporary solution on unused sites would also provide an interim option, especially for new employees new to the area and seeking to settle in the medium term, an example of which is the product developed by Hugg Homes in Southampton to provide low-cost housing (<https://inlandhomes.co.uk/news/articles/inland-homes-first-hugg-homes-build>)
- A Memorandum of Understanding (MOU) between partners to deliver ring-fenced housing for staff with registered providers (RPs) and supported housing providers. The MOU would confirm roles and responsibilities around specific site opportunities to confirm ownership, costs, allocations criteria and management.

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<sup>64</sup><https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-accommodation/>