

Supported & Specialist Housing Needs Assessment for BCP Council

April 2025

Prepared by PPL, in collaboration with BCP Council

1 Introduction

1.1 Purpose of this Needs Assessment

- 1.1.1 This report presents the findings of a refreshed Supported & Specialist Housing Needs Assessment for BCP Council, focusing on the accommodation needs of key population groups. It builds on previous assessments, including the 2022 Campbell Tickell study, updating demand projections and strategic priorities based on the latest demographic, policy; and service data.
- 1.1.2 The assessment aims to support evidence-based decision-making for the commissioning, development, and provision of supported and specialist housing within Bournemouth, Christchurch, and Poole (BCP). It underpins the development of a new Supported and Specialist Housing strategy by providing:
- A comprehensive understanding of current and projected demand for supported and specialist housing.
 - An analysis of supply gaps and challenges in meeting identified needs.
 - Recommendations for service development and investment in accommodation solutions.
 - Best practice examples and benchmarking from other local areas.

1.2 Scope of the Assessment

- 1.2.1 The needs assessment covers six key cohorts:
- Adults with severe and enduring mental illness **(P.3)**
 - Adults with Learning Disabilities and/ or Autistic People **(P.19)**
 - Older People (65+) **(P.39)**
 - Working Age Adults with Physical Disabilities, Long-Term Conditions and/ or Sensory Impairments (18-64) **(P.67)**
 - Young People (18-24) **(P.88)**
 - Single households experiencing homelessness (25+) **(P.103)**
- 1.2.2 Each chapter of this report examines a specific cohort, outlining population trends and projections up to 2035, assessing the current accommodation supply and service provision; and identifying gaps in provision through demand modelling. The report also incorporates insights from professionals and individuals with lived experience to ensure a comprehensive understanding of housing with support needs. Finally, it provides strategic recommendations to guide future planning and service development.

Table 2

Projected	2024	2025	2030	2035
18-64 year olds in contact with adult mental health services	9,890	10,175	11,467	12,910
65+ year olds in contact with adult mental health services	3,910	4,039	5,011	6,193
Total	13,800	14,214	16,478	19,102

2.2.4 Assuming the proportion of this cohort receiving services from BCP Council remains constant, we can expect the number of service users with a mental health primary support reason to reach approximately 590 by 2035.

2.3 2022 Campbell Tickell (CT) Needs Assessment Findings

2.3.1 In June 2022, 411 people in BCP were receiving ASC services with mental health as their primary support reason. This has since increased to 427:

Table 3

	June 2022	January 2025
18-64 year olds receiving mental health care and support	218	234
65+ year olds receiving mental health care and support	193	193
Total	411³	427⁴

2.3.2 At the time of the 2022 needs assessment, the mental health cohort included 111 people living in supported living; and 24 in extra care housing or sheltered accommodation. The projections suggested by 2032 the number of supported living units commissioned would need to increase to 336.

2.3.3 This would mean the proportion of adults that receive mental health care and support in BCP and live in specialist accommodation would increase from 33% in 2022 to 69% in 2032.

2.3.4 The recommended “prevalence rate” by 2032 was:

- 21 units per 1,000 adults projected to be in contact with adult mental health services in NHS Dorset ICB
- 1.09 units per 1,000 adults projected to be living in BCP

2.4 Refreshing the 2022 needs assessment demand modelling

2.4.1 PPL recommend the following adjustments and additions to the assumptions used in the 2022 needs assessment:

2.4.2 Current Need

The assumptions below relate to how the current known cohort could be accommodated:

Table 4

Original assumption	2022 needs assessment annual value	Revised assumption	Estimated current unmet need
People with SMI placed in residential care who should be stepped down to supported living: 33% of 18-64 and 24% of 65+ in placement for <3 years	18	Assumption applied to current cohort only. Assumes 33% of 18-64 and 24% of	18

³ 2022 Needs Assessment, BCP case management systems

⁴ Jan 2025 BCP ASC case management data

		65+ currently in placements for <3 years can move.	
Total	18		18

2.4.3 New Demand

The assumptions below relate to how people entering the cohort will need to be accommodated on an annual basis over the next 10 years:

Table 5

Original assumption	2022 needs assessment value (annual demand)	Revised assumption	Revised estimated annual demand
Annual discharges for people with SMI moving out of the rehab pathway	5	Unchanged	5
People with SMI diverted from a residential care placement: 50% 18-64s, 30% 65+	9	Increased to 75% across cohort	20
Young people with SMI transitioning to adult services who need supported living	2	In the past 4 years, 75% of transitions have moved to supported living – assumption this trend continues	7
People with SMI leaving temporary or acute settings	10	Unchanged	10
Growth in MH population	1	Revised based on BCP population growth analysis above	5
Remaining new referrals to supported living	N/A	22 new referrals were accepted to supported housing in 2020/21, giving a baseline of 220 over 10 years. It is assumed that this would double count people leaving the rehab pathway, transitions and moves from TA/acute, so the remaining 48 referrals over 10 years should be accounted for	5
Total	27		52

2.4.4 Move On

The assumption below relates to how people will leave the cohort:

Table 6

Original assumption	2022 needs assessment annual value	Revised assumption	Revised estimated annual exits
Supported living relet rate	26 per year	Assumption extended to apply to future accommodation units as well (i.e. a percentage)	23% per annum. This equates to a 4-

			year average tenancy
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2.4.5 This updated assessment indicates that **by 2035 there will be a need for 217 supported living units for the mental health cohort, revised down from 360 in the 2022 needs assessment**. There will be 37% of clients with mental health needs by 2035 requiring care and support which is an increase of 10% when compared to 27% of clients with mental health needs requiring care and support in 2025.

2.4.6 The prevalence rates from the 2022 and 2025 needs assessments are compared below:

Table 7

	2022 CT needs assessment (to 2032)	PPL revised needs assessment (to 2035)
Additional units required	225	104
Total units required	360	217
Units per 1,000 adults projected to be in contact with adult mental health services in NHS Dorset ICB	21	11
Units per 1,000 adults projected to be living in BCP	1.07	0.64
% of projected mental health clients	67%	37%

2.5 Services and current provision

Local context and policy

- 2.5.1 The Council’s Adult Social Care Strategy 2025-28 'Supporting People to Live a Fulfilled Life' is due to be presented at Cabinet in April 2025.
- 2.5.2 The Council’s **Extra Care Housing Strategy (2022)** contains the following strategic statement: “Care and housing provided together can meet the needs of a range of people and groups, including older people but also some younger people with disabilities and people with mental health problems who can benefit from living in extra-care villages and enhance the communal aspect of living in such schemes. We will expect our extra-care housing schemes to accommodate people of all ages.”
- 2.5.3 There are multiple residential providers in BCP that accommodate people with serious mental illness. Some of these placements are funded under Section 117 or CHC placements.

Supply detail

- 2.5.4 Most people with severe mental illness who are eligible for social care are living in **supported accommodation/living**. Altogether **111** people are living in commissioned supported living, most of which has been spot purchased.
- 2.5.5 In relation to the existing provision, much of this is in the form of shared supported housing with 24/7 onsite support, where tenants have their own bedroom but share the communal facilities with other tenants. There are also examples of self-contained flats with onsite support. Leven House, provided by the council-owned Tricuro, has recently been repurposed to provide step-down beds for those discharged from inpatient units and other restrictive settings.
- 2.5.6 The table below summarises mental health supported living accommodation providers and schemes in BCP. These details may change and are correct as of March 2025:

Table 8

Provider	CQC Registered (Provider)	Service/ Scheme	Description	24/7 on site support	Commissioning arrangement	Units*
Service A	N	13 houses		Y	Spot purchased	63
Service B	Y	Service B	Self-contained apartments, complex mental health needs	Y	Spot purchased	13
Service C	N	Several houses			Spot purchased	38
Service D	N	Several houses	All shared houses with communal spaces	Y	Spot purchased	18
Service E	Y	Service E	Shared, specification under review	Y	Block contract	21
Service F	Y	Service F	7 double-bedroom flats and 1 studio		Spot purchased	15
Service G	N	Service G	Large house, some rooms en-suite	Y	Spot purchased	18

*Capacity – some units may be filled with clients from other local authorities, private paying clients, and some may be vacant etc.

Quality and voids

- 2.5.7 Whilst 3 of the providers have CQC registration, none of the specific services have CQC registration or inspections. Information collected from the BCPASC Service Improvement Team shows complaints/medication errors in a couple of providers since January 2024, but these are limited, and no repeated concerns being raised.
- 2.5.8 The management of the one block contract (Leven House) has recently moved from Housing to ASC and no voids analysis or contracts management data is available.

2.6 Additional Analysis and Benchmarking

- 2.6.1 A 2022 needs assessment carried out for West Wales Care Partnership (WWCP) took a high-level approach of estimating demand for supported living for the mental health cohort based on projecting population growth and assuming a 50-75% shift from residential care to supported living or community settings. For WWCP as a whole, this projects a need for 0.97 units per 1,000 adults in the region by 2040, corresponding to 30% of expected mental health clients.
- 2.6.2 Cornwall Council's Supported and Specialist Housing Strategy for 2023-2050 concluded that by 2040 they would need 0.60 units for working age adults per 1,000 adults. By 2035 we expect working age adults to be 50% of the mental health cohort, so this could be scaled up to 1.2 units per 1,000 adults for a like for like comparison. This is much higher than the recommendation made for BCP from the assumptions above and was primarily based on having a high waiting list (c. 100 working age adults) for supported living within this cohort at the time Cornwall were developing the strategy.
- 2.6.3 The revisions suggested to the 2022 needs assessment methodology for BCP result in a projection of need with a lower prevalence rate than those seen in needs assessments published by other local authorities and is a downward revision, though still a significant increase on 2022 accommodation availability.

- 2.6.4 As of the 2023 supported housing review, the median funding provided for commissioned support services for people with mental health problems was an average of £408 per week or £21,216 per year per unit of provision. Average service charges for longer-term working age provision for people with mental health problems were £78 per week.
- 2.6.5 Further evidence that a downward revision in projected need is appropriate is to consider the overall mix of accommodation projected. As the original method did not analyse in detail the rate of people leaving settings such as residential care, we cannot use it to calculate those corresponding numbers, but we can use similar assumptions to approximate the mix of accommodation we would expect for this cohort. The analysis for accommodation types other than supported living is less comprehensive and should be taken as indicative rather instructive. The table below shows what the accommodation mix may look like in 2035:

Table 9

Accommodation Type	2025 Count	2025 %	Projected 2035 Count	2035 %
Residential & Nursing	140	33%	48	8%
Living with Family/Friends	2	0%	3	0%
Shared Lives	2	0%	3	0%
Supported Accommodation	113	26%	217	37%
Extra Care/Sheltered	15	4%	21	4%
Other Community	155	36%	302	51%

- 2.6.6 This assumes that all accommodation types are the same proportion of the total in 2035 as in 2025, except for:
- Supported accommodation, which is calculated from the assumptions set out above
 - Residential, for which we have extrapolated the 2022-2025 trend (+12 residents per year) and deducted the number of people totalled in the assumptions above
 - Other Community, which has increased by the remainder required to make up the total number projected to be receiving services by 2035. This models a further step down from supported accommodation as people progress through a housing pathway approach (see below)

2.7 Best Practice

- 2.7.1 The evidence from national good practice and from engagement with people with mental health needs and other stakeholders is that the majority of people with mental health needs who live in, or may need to live in, supported housing are **seeking self-contained accommodation**. This type of accommodation is likely to be more effective in supporting people's recovery, alongside other forms of support.
- 2.7.2 Contemporary good practice indicates that a **range of supported housing services and accommodation types are needed** as part of a **housing pathway approach** for people with serious mental health needs (who are in contact with/supported by specialist mental health services).
- 2.7.3 In relation to recent trends in provision of supported housing for people with mental health needs, 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.
- 2.7.4 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.

- 2.7.5 A Dorset HealthCare site at Pepperell House, Shaftesbury, provides accommodation for up to eight people ready to leave local mental health inpatient care and reintegrate with the community. It allows patients to continue their recovery within a community setting, building up the skills they need to regain their confidence and independence. Over a period of 4-12 weeks, people will be supported to self-manage their mental health, helping them to lead a fulfilled life and reduce the chances of being re-admitted to hospital in the future. The step-down service is run by BCHA, who provide 24/7 support at the site. Staff work closely with Dorset HealthCare's community mental health teams, as well as other partners such as GPs and social care workers.
- 2.7.6 It was noted in the Supported Housing Review (2023) that often females in secure pathways can experience delayed discharge due to a lack of appropriate or single sex accommodation suitable to meet their needs. A lack of supported accommodation for people leaving hospital with mental health issues was also raised as a priority (see above). This can lead to pressure on wider support services as many families develop their own needs due to the challenges of caring for a loved one with mental ill health.
- 2.7.7 In some areas, commissioners are beginning to place obligations under contracts for providers to deliver in-reach support to inpatient sites, for mental health patients. Delivery models for supported housing are shifting towards **more person-centred approaches** when commissioning services for clients, including for those with mental health issues. The "traditional model" for commissioned mental health housing support services is increasingly regarded as unrealistic for people with severe mental illness.
- 2.7.8 The model for "transitional" supported housing is usually based on recovery and the expectation that people will move on after a given period. Many clients have longer-term and/or fluctuating needs which require long-term support. Such clients do not always require high level support, but do need help with things like correspondence and bills, interaction with medical support services and maintaining medication routines, maintaining the accommodation and assistance with any issues with neighbours
- 2.7.9 One example within the Supported Housing Review (2023) highlighted an Integrated Care System which had entered into a **tripartite partnership** with a registered landlord and a support provider to create a person-centred pathway for mental health patients leaving hospital. The success of this model was illustrated by the fact that not one person had needed an in-patient stay since they moved into the accommodation, and the arrangement had been running for about three years.
- 2.7.10 Evidence in the review's case studies also emerged of some Foundation Health Trusts that were exploring the potential of commissioning new supported housing models. These models combined **clinical teams working alongside a housing provider** and a support provider to deliver care in the community as an alternative to inpatient mental health rehabilitation. Other creative approaches were also being piloted in some areas. In one County Council, the Integrated Care System was running a **Trusted Assessor pilot** designed to relieve the pressure on social work resources and overcome the barrier of a lack of social workers to do Section 9 Assessments under the Care Act. These assessments are needed for someone to start on the supported accommodation pathway. It is often the case that providers are unwilling or unable to provide support until a full assessment has been undertaken due to the high risk nature of some patients. Having a Trusted Assessor regularly visiting the wards meant conversations could be had earlier and assessments were more informal as they were undertaken by somebody with whom patients were familiar.
- 2.7.11 **Growing involvement of the health sector in the commissioning of supported accommodation** services is clearly evident in some areas. Often this in relation to clients with mental health needs.
- 2.7.12 **(Example) Salvesson House, Hackney, London:** A cluster 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.
- 2.7.13 **(Example) The Carpenter House scheme in Gloucester** was brought forward by Rooftop Housing in partnership with Gloucestershire County Council and completed in 2019. The scheme delivered 14 self-

contained apartments with staff facilities for people with mental health support needs. This scheme has a sustainable design in an urban area close to local amenities and public transport. It has been delivered using Modern Methods of Construction (MMC) and there are wheelchair accessible units.

2.8 Professional and Lived Experience Voices

- 2.8.1 Multiple forums have been used to engage professionals and people with lived experience. The following is a summary of feedback from engagement in 2025 and previous engagement for the 2022 needs assessment:
- 2.8.2 Stakeholder feedback suggests that the existing supported housing pathway does not sufficiently meet the needs of some people with SMI and multiple complex needs, including those with substance use challenges and those who are difficult to engage. Many clients with SMI experience social isolation, self-neglect, and physical health issues, and often live in inappropriate housing, such as high-density accommodation blocks, which increases their risk of exploitation and cuckooing.
- 2.8.3 There is a widely recognised gap in specialist 24/7 supported accommodation with clinical input for people with high intensity needs, particularly for those transitioning from rehabilitation pathways. Stakeholders believe this provision should be jointly commissioned by health and social care, as there is currently little integration between these sectors in supported accommodation pathways.
- 2.8.4 A lack of appropriate supported accommodation results in many people being placed in residential care homes, even when this is not the most suitable option. This contributes to delays in hospital discharge and limited step-down options, as well as pressures on homecare services. Practitioners report that generally residential care providers do not actively support individuals to move towards greater independence, leading to long-term placements rather than transitional support. There is an unmet demand for move-on accommodation that provides a structured recovery pathway.
- 2.8.5 While most stakeholders agree that people should move on from residential care to supported or mainstream housing, they also recognise that the expectation that people with SMI should frequently move can place additional pressures on vulnerable people who would benefit from settling in a place they can call home. There is a need for long-term housing solutions that adapt to changing needs, rather than assuming that individuals will always progress toward full independence.
- 2.8.6 Commissioners and practitioners highlight that the current market does not support a step-down approach for adults aged 18-64. A lack of specialist supported accommodation with appropriate length time-limited stays (e.g., 2-5 years) means that practitioners often have no choice but to place individuals in residential care, and a combination of a lack of move-on options and lack of capacity for review teams to find alternatives often means people remain in residential for the long term. Stakeholders argue that funding currently directed towards long-term care home placements could be better utilised for high-quality supported accommodation that enables progression toward independent living.
- 2.8.7 Stakeholders also noted:
- Some existing supported housing properties require remodelling or re-provision, particularly to increase the availability of self-contained units
 - The need for mental health expertise in Extra Care Housing, as staff often lack the necessary training
 - A systemic assumption that people with SMI require single-person accommodation, which restricts relationships and intimate partnerships due to tenancy agreements prohibiting overnight guests
 - The importance of housing options that support ageing with SMI, recognising that physical health needs increase over time
- 2.8.8 The key findings from a 2025 survey of Adult Social Care Officers are:

- Strong mental health providers exist, but overall provider standards are inconsistent, particularly in mental health-specific support
- Finding suitable placements and resilient staff is challenging, especially for those with behaviours of distress
- Provision is often provider-led rather than needs-led, allowing providers to cherry-pick clients
- There is a need for both dual-diagnosis accommodation and SMI-only accommodation
- Existing provision is not adaptable or future-proofed
- One view that Extra Care Housing breaches the Equality Act 2010 by not seeing MH needs as substantial
- There is insufficient MH commissioning representation on housing panels, leading to a lack of advocacy for people with SMI
- Many "specialist" MH and neurodivergence providers lack the expected expertise and do not support independence, causing people to become stuck in services.
- There is no structured step-down provision from supported accommodation.
- Core and cluster housing with tiered support could improve throughput and move-on options.
- There is a need for specialist MH Extra Care Housing and for existing Extra Care schemes to be accessible to people with SMI.
- More independent housing-related support is required to prevent crisis admissions.

2.8.9 Findings from Housing LIN’s engagement across the UK align with BCP stakeholders’ feedback:

- Most people with MH needs do not want to live in residential care
- More step-down accommodation is needed to support hospital discharge and independent recovery, typically with 24/7 onsite support
- Many people prefer and are able to live in mainstream housing with support, and where supported housing is necessary, self-contained units are often preferred
- Demand is highest for small-scale supported housing schemes in well-connected locations with access to public transport, shops, and support services
- Where people successfully live independently, they may need ongoing or occasional tenancy support from a housing support service
- 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, requiring better navigational support

2.9 Updated Gap Analysis

2.9.1 There is a net need for **104 additional supported housing units** for people with mental health support needs by 2035, as illustrated below:

Table 10

Mental Health Support Accommodation	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Total	113	131	18	217	104

2.9.2 A mix of models is required by commissioners and practitioners to match people’s ambitions. This would include self-contained supported accommodation that is specially developed for mental health on the same site with 24/7 staff, as well as independent accommodation with floating support. Specifically, the target provision for the 217 units needed by 2035 would cover:

- **‘Step down’ provision from in-patient services (alternative to bedded care)** ~ specialist ‘cluster’ 24/7 schemes to step down BCP inpatients discharged from inpatient and care home settings. This would be short-medium term supported accommodation to transition to the community and plan for move on to greater

independence. This provision could help to reduce delayed transfers of care, reduce risk of overprovision due to lack of assessment opportunities in the community; and could encourage greater access to general needs housing

- **Longer/ permanent - small clusters.** Small scale developments, six- twelve self-contained 1-bedroom, 2-person homes. Some small indoor communal areas within wider scheme, and staff/office spaces. Could incorporate locally based hub and spoke model of services. Floating support or 24/7 access to support across site. Individuals could require an additional 1-2-1 package of support.
- **Longer/ permanent - high stability housing.** Small to medium scale development, with around ten to fifteen residents in one scheme. Controlled access. Preference would be self-contained 1-bedroom, 2-person homes. But could also be 1-bedroom, 1-person studio or, co-living style studios with en-suite. Communal kitchens for use by residents, indoor communal areas, and staff/office spaces (including staff sleeping space). 24/7 support required. Additional support required per individual. Positive risk management.

2.9.3 There should also be bespoke shared/ cluster schemes targeted at the transitions cohort in particular, as part of the wider development of housing pathways. An equivalent offer exists for the LD cohort already.

2.9.4 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 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. Shared Lives may be an option for some people with mental health needs; the intended length of stay is likely to vary depending on a person's needs. The above analysis is predicated on 302 individuals living in "other community" arrangements by 2035, compared to 155 currently. It is likely many of these will require some form of floating support. This should be reviewed in the context of the current Mental Health Floating Support Service provided by BCHA.

2.9.5 **Of the 217 units projected to be required by 2035, we anticipate around 70-75 of these will be required by over 65s.** This has been estimated by considering how each of the assumptions set out above predicts demand from over 65s compared to working age adults, and therefore what proportion of the increase can be attributed to over 65s. The result of this is an assumption that 62% of new demand for supported accommodation in this cohort will be from over 65s. This would mean 43 units in addition to the 26 recorded as being occupied by over 65s in this cohort currently.

Transitions

2.9.6 In total, we have forecast an average of 9 transitions into this cohort each year for the next 10 years. This is based on a baseline of 5 transitions per year between 2020/21 and 2023/24, estimated by looking at the current cohort and how many turned 18 in each year. We have then analysed the rate of growth in relevant EHCPs by looking at and extrapolating the trend in 15-year-olds with relevant EHCPs and applied this rate of increase to the transitions baseline. For this cohort, the increase is projected to be 45% over 5 years.

2.9.7 As set out in Table 5, we have then assumed that the proportion of the 9 transitions each year requiring supported living will equal the proportion of transitions between 2020/21 and 2023/24 that required supported living. This works out at 7 transitions per year on average.

3 Learning Disabilities & Autism

3.1 Introduction

3.1.1 This chapter relates to adults over the age of 18 who have a Learning Disability and/or are autistic and have assessed care and support needs under the Care Act 2014. This may include residents living with family or carers, residents in care homes, residents discharged from an inpatient setting, and young people transitioning to adult services.

- 3.1.2 A Learning Disability is defined as “a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”.⁵
- 3.1.3 Autism is “a lifelong developmental disability that affects how people perceive, communicate and interact with others”⁶, recognising that not all autistic people see themselves as disabled. Autistic people may experience challenges with social communication and social interaction, and restricted and repetitive patterns of behaviour, activities or interests since early childhood, to the extent that these limit and impair everyday functioning⁷.
- 3.1.4 While autistic spectrum conditions are not the same as a Learning Disability, approximately 20-30% of people with a Learning Disability also have autism⁸.
- 3.1.5 Some common challenges for this cohort relating to housing include:
- Shortage of suitable supported housing causing the longest waits for housing placements for people with Learning Disabilities
 - Over reliance on residential care which does not promote independent living and is expensive
 - Lack of suitable accommodation options within the BCP area creating an over-reliance on ‘out of area’ placements, often at greater cost

3.2 Population

- 3.2.1 Autism has not typically been considered a ‘primary support reason’ within Adult Social Care, and autistic adults have normally been grouped within the adults with learning disabilities cohort.
- 3.2.2 Autism is not recorded as a primary support reason in BCP. Analysis of certain flags within the ASC data allows for identification of those who are autistic within the other cohorts looked at in this needs assessment. The current cohort affiliations are shown below, as of January 2025:

Table 11

Cohort	Autistic adults	Total number of adults	Proportion of cohort who are autistic
Learning disabilities	199	966	21%
Physical disabilities, long term conditions and sensory support	26	2,788	1%
Mental health	25	427	6%
Total	250	4,166	6%

- 3.2.3 The learning disability and autistic adults cohorts will be considered in parallel for this needs assessment for the practicalities of comparison with previous needs assessments in BCP, and to allow comparison with other local authorities and best practice.

⁵ [Learning disability – applying All Our Health](http://www.gov.uk) (www.gov.uk)

⁶ [The national strategy for autistic children, young people, and adults: 2021 to 2026](http://www.gov.uk) (www.gov.uk)

⁷ [What is autism](http://www.nas.org.uk) (National Autistic Society)

⁸ [Autism and Mental Health – Autistica](http://www.nhs.uk)

- 3.2.4 The 51 autistic adults affiliated with the other cohorts above are included in the analysis for the respective cohorts; and the implications for commissioning for autistic adults will be summarised at the end of this chapter from paragraph 2.9.12
- 3.2.5 The POPPI and PANSI population projections for BCP show the total number of adults with learning disabilities and autistic adults increasing by 4% between 2025 and 2035. This is the net result of a slight decrease for working age adults and a 19-20% increase in over 65s.

Table 12

Cohort	2025	2035	Change
18-64 year olds with learning disabilities	5,692	5,629	-1%
65+ year olds with learning disabilities	1,924	2,302	+20%
Total adults with learning disabilities	7,616	7,931	+4%
18-64 year old autistic adults	2,370	2,343	-1%
65+ year olds autistic adults	867	1,036	+19%
Total autistic adults	3,237	3,379	+4%

- 3.2.6 Assuming the same proportion of the total cohort are receiving services from the council in 2035, the number receiving services is therefore projected to be:

Table 12

	2022	2025	2035
Adults with learning disabilities and/or autistic adults	952	966	1,006
<i>Of whom</i> are autistic adults	133	199	208
<i>Percentage</i>	14%	21%	

- 3.2.7 From 2022 to 2025, the proportion of adults with learning disabilities as their primary support reason who are also autistic, has increased sharply. This suggests a change in recording practice or analysis of case management data to better clarify the distinctions and overlaps between these cohorts.

3.3 2022 Campbell Tickell Needs Assessment Findings

- 3.3.1 In June 2022, 952 people in BCP were receiving ASC services with learning disabilities as their primary support reason. This has since increased slightly to 966:

Table 13

	June 2022	January 2025
18-64 year olds receiving LD care and support	833	849
65+ year olds receiving LD care and support	119	117
Total	952	966

- 3.3.2 At the time of the 2022 needs assessment, the learning disabilities and/or autism cohort included 340 people in supported accommodation and 18 people in extra care/sheltered housing. The projections suggested by 2032 the number of supported accommodation units commissioned would need to increase to 648.
- 3.3.3 This would correspond to the proportion of all adults receiving learning disability and/or autism support from BCP living in supported accommodation rising from 36% in 2022, to 65% by 2032.
- 3.3.4 The prevalence recommended by 2032 was therefore 1.9 units of supported accommodation for the LD and/or autism cohort per 1,000 adults projected to be living in BCP.

3.4 Refreshing the 2022 needs assessment demand modelling

Demand

3.4.1 PPL recommend the following adjustments and additions to the assumptions used in the 2022 needs assessment.

3.4.2 Current Need

These assumptions relate to how the current known cohort could be better accommodated:

Table 14

Original assumption	2022 needs assessment value	Revised assumption	Revised <u>current</u> unmet need
LD and/or autism cohort in residential care: About 30% of those who have been in a placement for 3 years or less + others with less complex needs with potential to move	8 (applied annually)	50% already in residential	90
LD and/or autism cohort living with their families: 15% aged 18-49 living with their families	34	One off rather than annualised	34
LD and/or autism cohort living with older carers: 10% of those aged 50+ living with elderly carers	3	75% of current cohort	21
Total			145

3.4.3 New Demand

These assumptions relate to how people entering the cohort will need to be accommodated each year, over the next 10 years:

Table 15

Original assumption	2022 needs assessment <u>annual</u> value	Revised assumption	Revised <u>annual</u> demand
Those discharged from transforming care⁹	2	Unchanged	2
LD and/or autism cohort diverted from residential care: About 50% of those aged 18+	2	Unchanged	2
LD and/or autism cohort transitioning to adult	15	Historically, 40% transitioning with LD have	12

⁹ Transforming Care Partnership (TCP) cohort comprises those people currently accommodated in an inpatient setting or who may become an inpatient in the future.

services: 40% of those with LD and 20% complex autism transitioning to adults		gone to supported living or residential – we’ve projected this proportion will move to supporting living going forward. For autism this has been 30% and we’ve projected 15% will go to supported living.	
LD and/or autism cohort living in temporary or acute settings: 30% of those in temporary or acute settings	5	Included in ‘additional baseline demand’ below	-
Additional demand not factored in above: 30% of the average new entrants to the cohort in 22/23 and 23/24 that are not covered by the above assumptions	-	New	9
Total			25

3.4.4 Move On

These assumptions relate to how people will leave the cohort each year, for the next 10 years:

Table 16

Original assumption	2022 needs assessment annual value	Revised assumption	Estimated annual exits
Supported accommodation relet rate	7%	Average age for this cohort in supported accommodation is currently 41. Assume life expectancy of ~66 and typical client needing supported accommodation within BCP for that time	4% Which is an average tenancy of 25 years

3.4.5 This updated assessment indicates that by 2035 there will be a need for 581 total supported accommodation units for the learning disabilities and autism cohorts, or alternatives such as mainstream accommodation with floating support and extra care, revised down from 648 in the 2022 needs assessment. This would correspond to 58% of those in the LD and autism cohorts residing in supported accommodation, up from 43% in 2025.

3.4.6 This equates to 1.7 units of supported accommodation for this cohort per 1,000 adults in BCP by 2035.

3.4.7 If the proportion of autistic adults remains constant, between 90 and 104 units will be required for autistic adults within this cohort by 2035. The upper range is what would be required if 50% of the projected autistic adults are accommodated in supported accommodation. The actual proportion who are autistic may be higher as this is a developing area in terms of data and case management.

3.5 Services and current provision

Local context and policy

3.5.1 An updated Adult Social Care strategy for 2025 to 2028 is due to be signed off by the Council’s cabinet in April 2025 – perhaps most succinctly captured by the ambition to support residents to live “a gloriously ordinary

life”¹⁰, where all residents, irrespective of need, should have the right support to be able to do all the fulfilling and mundane things which make up an ordinary life in the community.

- 3.5.2 To deliver this, the Council wishes to work in partnership with providers to develop a greater variety of services and ways to access those services. A new Learning Disabilities, Mental Health, and Neurodivergence framework will support this endeavour by drawing in and formalising relationships with diverse providers, including specialists.
- 3.5.3 This is in parallel to wider strategic work to develop a Learning Disabilities strategy. Early thinking has placed an emphasis on the need to support residents to stay in their communities and prolong independence.
- 3.5.4 A transforming care panel discusses people with LD and/ or Autistic people who have been sectioned under the mental health act in hospitals. The aim is to coordinate care and reduce risk of delayed discharge.
- 3.5.5 BCP Council manages allocations to supported living and housing related support properties through its Learning Disabilities and autism Housing Allocations Panel(HAP). There are 133 separate available properties available to HAP for allocations, with altogether 559 separate units.
- 3.5.6 At the time of writing (Feb 2025), 112 residents with a primary support reason of Learning Disabilities or autism are waiting for accommodation through HAP.
- 3.5.7 The Panel will allocate accommodation according to the following support hour bandings:
 - 14 hours or more per week
 - Less than 14 hours per week
- 3.5.8 In efforts to move away from more structured/ restricted accommodation types for people with Learning Disabilities and. or Autistic People, BCP have sought open dialogue with Providers of residential care schemes with six units or fewer, exploring the deregistration of their provision to instead provide supported living.

Supply details

- 3.5.9 There is a large volume of shared accommodation that has been developed historically in BCP, with varying levels of onsite support, where tenants have a bedroom but share the communal facilities with other tenants. There are often voids, as matching people in shared housing can be difficult and people tend to prefer access to their own bathrooms/ensuite.
- 3.5.10 See below for a summary of the LD and autism supported living providers and schemes in BCP:

Table 17

Accommodation Type	With 24/7 ‘sleep in’ support	Without 24/7 support
<i>Bedrooms in shared accommodation, with en-suite facilities</i>	18	18
<i>Bedrooms in shared accommodation, without en-suite facilities</i>	161	117
<i>Self-contained flats</i>	44	60

- 3.5.11 There are 112 clients with a primary support reason of LD or autism currently waiting for a supported living or Housing Related Support accommodation

¹⁰ After Tricia Nicholl - [What is a Gloriously Ordinary Life — Gloriously Ordinary Lives](#)

3.5.12 As of January 2025, there are currently 133 separate properties available to the Housing Allocation Panel. Within these, 416 units are occupied, 26 units are voids trying to be filled; and 14 units are unavailable.

Table 18

Provider	CQC registered service	Provision description	Units
Service A	Y	One shared accommodation (4 bedrooms) with sleep in support	4
Service B	Y	One shared accommodation (6 bedrooms plus annex for 1 person) with sleep in support	7
Service C	Y	Two mixed schemes with 6 self-contained flats and sleep in support	12
Service D	Y	Mixed provision with the majority shared accommodation of 1-4 bedrooms with sleep in support; four schemes of self-contained flats (6-9 flats), with and without sleep in support; one crisis flat available (which also provides flats with and without sleep in support)	67
Service E	Y	Three shared accommodation schemes of 6-8 bedrooms, two with sleep in support	20
Service F	Y	One scheme with a mixture of self-contained flats and shared accommodation, with sleep in support	6
Service G	Y	Mixture of shared and self-contained flats with sleep in support	29
Service H	Y	Two schemes of shared accommodation with sleep in support, one with two co-located self-contained flats	7
Service I	Y	Majority of provision is small, shared accommodation (1-2 bedrooms) with sleep in support; some shared accommodation and self-contained flats without sleep in support. One emergency self-contained flat available	52
Service J	Y	All small, shared accommodation (1-2 bedrooms) with sleep in support	34
Service K	Y	All small, shared accommodation (1 bedroom) with sleep in support	3
Service L	Y	Small shared accommodation without sleep in support, and one medium scheme of 13 self-contained flats, 2 with sleep in support	21
Service M	Y	One shared accommodation (8 bedrooms) with sleep in support	8
Service N	N	Majority shared accommodation without sleep in support, plus four self-contained flats, 3 co-located with shared schemes	50
Service O	Y	One one-bedroom shared accommodation with sleep in	5
Service P	Y	Mixture of shared accommodation schemes (4-6 bedrooms) with and without sleep in support	15
Service Q	Y	Three shared accommodation schemes with 6-8 beds each and sleep in support	22
Service R	Y	Mixed provision of shared accommodation (majority sleep in) and self-contained flats, including two schemes of 7-8 flats	45
Service S	N	Majority shared accommodation without sleep in support; one scheme of nine self-contained flats without sleep in support	25
Service T	Y	Three schemes of shared accommodation with 3 bedrooms and sleep in support, one annex without sleep in support	10

Quality and voids

3.5.13 As of March 2025, there are 26 units listed against this cohort that are void. This is 4.7% of the total stock.

3.5.14 A Supported Living KPI framework is in place which brings together quarterly monitoring, case studies and an annual client questionnaire. This will be updated to align to the new framework when in place.

- 3.5.15 Quality alerts seen by this report are addressed by Council Contracts and Commissioning, safeguarding, or other relevant departments as required by the alert. Since January 2024, these related to incidents such as medication errors or behavioural concerns.
- 3.5.16 Several schemes are not registered with the CQC, reflecting a national challenge linked to delays within the CQC process. Interim oversight will therefore need to be maintained through Contract Monitoring.

3.6 Additional Analysis and Benchmarking

- 3.6.1 Cornwall Council’s Supported and Specialist Housing Strategy for 2023-2050 concluded that by 2040 they would need 1.5 units for this cohort per 1,000 adults.¹¹ Similarly, the West Wales Care Partnership assessment recommends 1.8 units of supported housing for this working age adult cohort per 1,000 adults by 2040.¹² The rate recommended from this analysis falls between these two values.
- 3.6.2 Harrow’s assessment of housing need for people with learning disabilities and/ or autistic people aims to have 35% of their ASC eligible LD/autism cohort accommodated in supported housing by 2032.¹³ BCP are already ahead of this rate at 43%, with evidence that further supported accommodation is needed.
- 3.6.3 The 2023 supported housing review found the median funding for commissioned support services for people with a learning disability and autistic people is an average of £919 per week or £47,788 per year per unit of provision. The large range in estimates of funding required reflects the wide variation in average funding per unit reported by local authorities for supported housing for people with learning disabilities and autistic people
- 3.6.4 Further evidence that this projection is appropriate is to consider the projected accommodation mix for the whole cohort. The analysis for accommodation types other than specialist housing is less comprehensive and should be taken as indicative rather than instructive. The table below shows what the accommodation mix may look like in 2035:

Table 19

Accommodation Type	2025 Count	% of total	Projected 2035 Count	% of total
Residential & Nursing	181	19%	78	8%
Living with Family/Friends	221	23%	175	17%
Shared Lives	108	11%	112	11%
Supported Accommodation	416	43%	581	58%
Extra Care/Sheltered	16	2%	17	2%
Other Community	24	2%	43	4%

- 3.6.5 This assumes that all accommodation types are the same proportion of the total number in 2035 as in 2025 except for:
- Supported accommodation, which is calculated from the assumptions set out in the detailed analysis
 - Residential and living with family and friends, which are reduced in line with the assumptions set out above
 - Other community, which is set to balance the total to match the population projections above

3.7 Best Practice

- 3.7.1 Contemporary good practice indicates that a range of supported housing services and accommodation types are needed to support people as part of a housing pathway approach, however, there is broad movement away from

¹¹ <https://www.providers.cornwall.gov.uk/Page/35530>

¹² https://www.wwcp.org.uk/wp-content/uploads/2019/02/WWCP_LD_Housing_Assessment_HousingLIN.pdf

¹³ https://www.harrow.gov.uk/downloads/file/32786/EBH04_Harrow_LIN_Housing_Needs_Assessment_2023.pdf

the use of shared accommodation toward self-contained housing with support. This is to address the following points of evidence from national research and engagement¹⁴:

- There can be compatibility issues with people living together in shared housing which has consequences for resident wellbeing
- Autistic people with complex needs typically do not want to share accommodation with other people
- Young people prefer not to share accommodation with older people and prefer to live with their peers, where they choose to live in shared accommodation
- There can be high voids in shared accommodation due to difficulties with matching people to ensure compatibility, and because there is less demand for this model of supported accommodation
- Clustered self-contained accommodation can include some communal areas to reduce loneliness and isolation
- Self-contained supported accommodation future proofs a development, as it can be used for other needs or can convert to a general needs housing letting should demand reduce.

3.7.2 The Care Quality Commission emphasises the following points of best practice in relation to accommodation for people with Learning Disabilities or autistic people¹⁵:

- The need for a separation between the organisations providing the housing and the 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).
- The use of tenancy agreements that maximise security of tenure (rather than the use of license agreements).
- The need to avoid ‘institutional’ and ‘congregate’ forms of accommodation.

3.7.3 There are a range of examples of different accommodation types from national best practice which exemplify the latter point, against ‘institutional’ or restrictive accommodation. These can be drawn upon to develop a diverse offer for people with Learning Disabilities and/ or autistic people:

- **‘Cluster’ style accommodation.** ‘Clusters’ resemble small-scale accommodation, typically with between 6-10 flats on the same development, with modest communal space, and with local authorities/ NHS funding the 24/7 care costs.
- **Hub and spoke accommodation,** where the ‘hub’ provides higher levels of support to central accommodation, while the ‘spoke’ would involve dispersed accommodation receiving lower levels of support from the hub.
- **Extra Care:** examples of successful schemes around the country have shown that people with Learning Disabilities can benefit from living in Extra Care housing, in thoughtfully planned and mixed communities. Most recently multi-generational schemes have shown to improve the wellbeing and independence of all scheme residents.

3.7.4 Local Authorities support people with Learning Disabilities and autism of different levels of need, and must have specialist available accommodation suitable for those who may display behaviours of distress. This must adhere to specific design requirements and standards which ensure the safety of residents and carers (such as robust furniture, private gardens, wet-rooms, and anti-ligature fixtures and fittings). Thoughtfully designed spaces can have a significant impact on the outcomes and wellbeing of residents; and there are contemporary examples of schemes which have used physical design features to create capable environments for people with Learning Disabilities and autism. For instance, features such as curved or removable internal walls, or soft impact finishes to floors and walls.

¹⁴ [Developing a housing with support pipeline for people with a learning disability and autistic people](#) – ADASS, LGA

¹⁵ [Right support right care right culture](#)

- 3.7.5 *An example of new build accommodation for people with learning disabilities is **Anvil Court, 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.*
- 3.7.6 *There has also been **development of new supported housing by mainstream housing associations** particularly in relation to developing small-scale ‘clusters’ of flats with modest communal space of between 6-10 1-bed flats in the same building, typically a ‘micro’ version of extra care housing, with local authorities funding the 24/7 care costs. Examples of new build clusters for people with learning disabilities include a **scheme in Kidderminster developed by Community Housing Group**. It is a block of 10 flats with communal space. This supported housing scheme has 24/7 care on site and is aimed at people with learning disabilities with a range of care needs. <https://www.sanctuary-supported-living.co.uk/hazel-court>*
- 3.7.7 *In relation to **people with complex needs who need to move from NHS inpatient settings**, or who may be at risk of placement in such settings, an example of a bespoke supported housing scheme has been developed by MCCCH. This is an example of a supported housing scheme, including 5 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. <http://www.mcch.org.uk/our-services/housing-services/index.aspx>*

3.8 Professional and Lived Experience Voices

- 3.8.1 National engagement conducted by Housing LIN produced the following key findings on the provision of accommodation for people with learning disabilities and/ or autistic people:
- 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 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 may want areas with lower crime rates.
 - Some people would prefer to live in shared accommodation; this tends to be younger people where living with friends may be a preference and resembles the housing preference/experience of other young people their age living without a disability.
 - People are seeking support navigating the housing ‘system’
- 3.8.2 These key messages align with what local people with learning disabilities and their family and carers shared through engagement conducted as part of this needs assessment in January – February 2025. This provided the following insights on what is important to residents with respect to their housing:

Choice

- Finding suitable matches for housemates in shared living (examples of either not stretching individuals or creating unpleasant living conditions)
- Having choice in who residents live with and different types of accommodation – for instance if the location is quiet or more in the community
- Should consider where residents may be vulnerable to hate crime etc
- Availability of more self-contained homes

Building standards

- Accessibility for both residents and their visitors. This should be fundamental to building design, but residents shared examples where this hasn't been the case
- All accommodation options adhering to basic standards such as REACH, tenancy tests etc.
- All accommodation should have en-suite facilities
- 'Homeliness' and comfort – available accommodation should feel like a home, not a 'unit'

Process

- Ensuring continuity if a move is required, including the provision of support for residents to maintain their friendships and activities
- Feeling settled and secure – residents shared examples of residents having been moved and left with the worry they can't stay in their new home long-term
- Managing expectations in terms of what is out there, and what is realistically available
- Clear support and pathways for young people transitioning to adult services which ensure support is available in preparation for independent living

Care & support

- Support planning which links in with finding the right housing for individuals. Residents shared a positive example of how the 'Path Planning' process found a resident accommodation which matched her preferences
- Improved strategic interaction between housing and day opportunities – residents shared that day opportunities often deliver good outcomes, but these are not factored into planning for housing and support in the round
- Availability of day opportunities delivered away from a resident's home to support interaction in the community
- Ensuring basic standards in care and support being delivered, and suitable carers being matched to residents

3.8.3 Operational staff were invited to contribute to this report by sharing their views on the strengths, challenges, and gaps within BCP's current provision. Their feedback highlighted the following key insights:

- Criteria for Extra Care means it is difficult for people with Learning Disabilities to access this type of provision. This is especially the case for young people who may not need specialist accommodation but still require support to live independently.
- Staff expressed an aspiration for pathways which better planned for and promoted the independence of residents
- Staff identified the following gaps in provision:
 - Supported housing for young people
 - Supported housing outside of Bournemouth town centre
 - Provision for those with mental health needs and a Learning Disability
 - Provision for those with Autism only
- Feedback relating specifically to provision for those with Autism included:
 - Staff expressed an aspiration to work with providers who are outcomes focused, and share a commitment to supporting and building independence.

- Practitioners should be represented on the Housing Allocations Panel to ensure allocations take full account of an individual’s needs and circumstances.
- There is a lack of:
 - Self-contained accommodation with access to low-level 24/7 support, and flexibility around 1:1 hours
 - Accommodation that takes into account sensory needs
 - Provision for older adults with Autism
 - Crisis/ emergency accommodation for those with Autism
 - Clear move on options and throughput

3.8.4 Engagement with local providers of supported living was conducted as part of this needs assessment during January – February 2025. Providers shared the following key insights on their experience of local demand and the local market:

- The BCP system is jammed, with little scope for residents to move on despite there being voids across the system. The move-in process is slow, and there is a need for leadership around moving residents around for a better overall configuration
- Providers stressed the need for a mixture of lots of different types of accommodation, including those with their ‘own front door’.
- Providers felt there is not enough funding to cover the costs of larger ‘own front door’ properties or adaptations
- There is currently no process to ensure adapted properties are reserved for people who need those adaptations after the original tenant has died/moved on, leading to wastage in the system
- There needs to be clear definitions between core hours and 1-1 hours for supported living
- Providers identified gaps in provision for the following cohorts:
 - Low-level accommodation to create throughput in the system
 - People with behaviours of distress
 - Supported accommodation for people with mobility issues
 - Higher-level needs accommodation for people coming out of hospital

Updated Gap Analysis

3.8.5 There is a net need for **165 additional supported housing units** for people with learning disabilities and/ or autistic adults by 2035. As illustrated below:

Table 20

Accommodation Type	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Total	416	561	145	581	165

3.8.6 A mix of models is required by commissioners and practitioners to match people’s ambitions, and “housing pathways” approach.

3.8.7 Specifically, the target provision for the 581 units needed by 2035 would cover:

- **‘Step down’ provision (alternative to bedded care) or for young people transitioning to adult services** ~ specialist ‘cluster’ 24/7 schemes to step down BCP inpatients discharged from inpatient and care home settings, or for young people transitioning to Adult services. This would be short-medium term supported accommodation to transition to the community and plan for move on to greater independence. This provision could help to reduce delayed transfers of care, reduce risk of overprovision due to lack of assessment opportunities in the community; and could encourage greater access to general needs housing.

- **Longer/ permanent - small clusters.** Small scale developments, optimum 6 self-contained 1-bedroom, 2-person homes. Some small indoor communal areas within wider scheme, and staff/office spaces. Ideally some fully wheelchair adapted whenever possible/ as required. On-site support, up to 24/7. Individual could require an additional 1-2-1 package of support e.g. personal care or to minimise risk.
- **Longer/ permanent - shared.** Shared house with 3- or 4- bedrooms, or well-designed apartment/ maisonette. Maximum 3 service users in one home. Ideally some fully wheelchair adapted whenever possible/ as required. Good quality communal spaces. En-suites preferred. Staff space including office, and in some cases sleeping rooms. Option for 24/7 support, shared care. Exact support requirements will reflect assessed needs.

- 3.8.8 Within the above, there needs to be adequate bespoke provision for those with complex needs, linking with the Transforming Care agenda and programme; and specifically relating to “challenging behaviours”.
- 3.8.9 A key part of a housing pathway approach is enabling people with learning disabilities and/or autistic people to move in to and remain in **mainstream housing**, with provision of housing related support as necessary to help people to maintain their tenancies. 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. **Shared Lives** and other community-based models may also be an option for some people. The above analysis is predicated on 43 individuals living in “other community” arrangements by 2035, compared to 24 currently. It is likely many of these will require some form of floating support. This number could be higher with a concerted and coordinated effort to develop more dynamic accommodation pathways (with an associated decrease in accommodation-based supported housing). This is also reliant on increased access to scarce general needs housing, hence the conservative estimate at this stage.
- 3.8.10 Of the 581 units projected to be required by 2035, we anticipate around 60 of these will be **required by over 65s**. This has been estimated by considering how each of the assumptions set out above predicts demand from over 65s compared to working age adults, and therefore what proportion of the increase can be attributed to over 65s. The result of this is an assumption that 20% of new demand for supported accommodation in this cohort will be from over 65s. This would mean 32 units in addition to the 28 recorded as being occupied by over 65s in this cohort as of January 2025.

Autistic adults within other cohorts

- 3.8.11 In addition to the analysis above, of the 38 supported living units projected for working age adults with physical disabilities/ long term conditions by 2035 (see relevant chapter); we expect between 9 and 12 would be for autistic adults within the cohort. This has assumed the same proportion of autism within the current cohort, and that the rate of those adults placed in supported living will range from between the current proportion (38%) and 50%.
- 3.8.12 Of the 217 supported living units projected for the mental health cohort by 2035 (see relevant chapter), we expect between 12 and 17 would be for autistic adults within the cohort. This has also assumed the same proportion of autism within the current cohort, and that the rate of those adults placed in supported living will range from between the current proportion (36%) and 50%.
- 3.8.13 In total across cohorts this means we are recommending the following number of units for autistic adults by 2035:
- 90 to 104 units for those with a learning disability
 - 9 to 12 units for those with physical disabilities or sensory support
 - 12 to 17 units for those with severe or enduring mental illness

Transitions

- 3.8.14 In total, we have forecast an average 33 transitions into this cohort each year for the next 10 years.
- 3.8.15 This is based on a baseline of 29 transitions per year between 2020/21 and 2023/24, estimated by looking at the current cohort and how many turned 18 in each year. We have then analysed the rate of growth in relevant EHCPs by looking at and extrapolating the trend in 15-year-olds with relevant EHCPs; and applied this rate of increase to the transitions baseline. For this cohort, this is projected to be an increase of 9% over 5 years.
- 3.8.16 As set out in the assumptions tables earlier in the chapter, we have then assumed that the proportion of the 33 transitions each year requiring supported living will equal the proportions between 2020/21 and 2023/24. This works out at 12 transitions per year on average.

4 Older People (65+)

4.1 Introduction

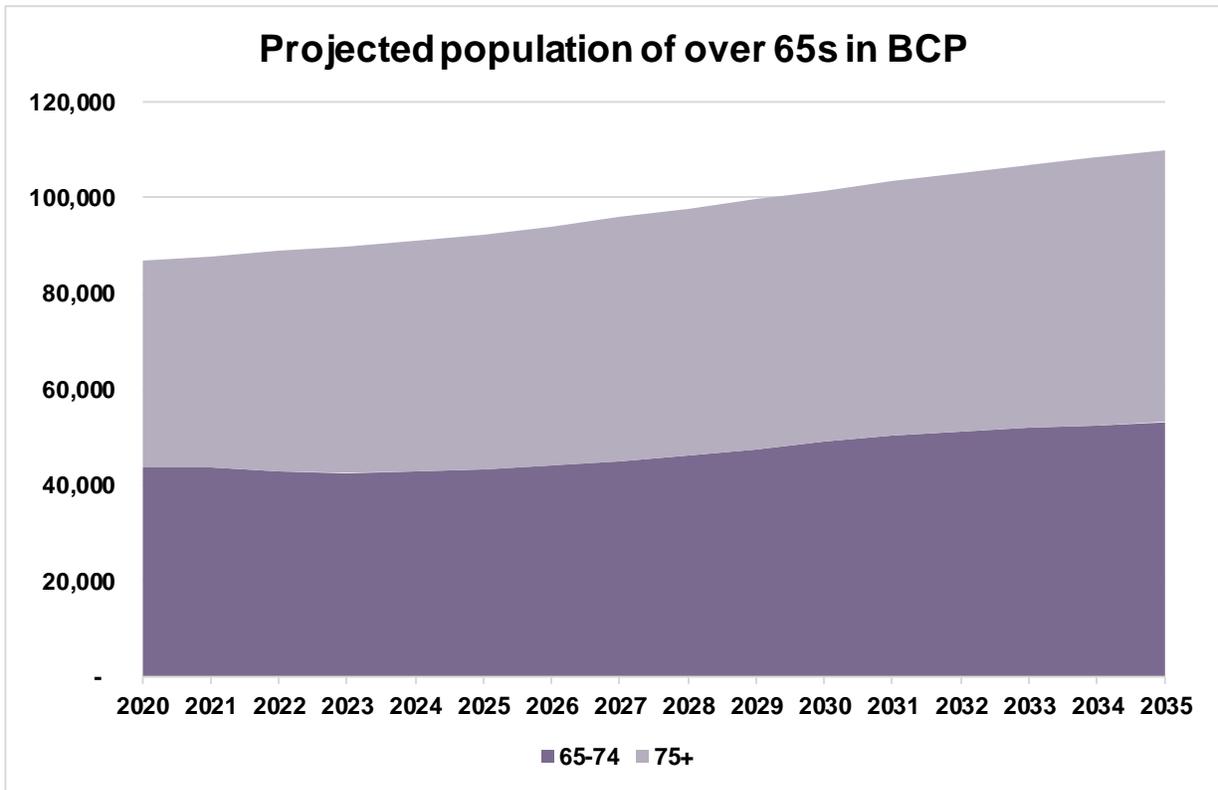
- 4.1.1 This chapter covers people over 65 years old who have Care Act eligible needs, and/or require specialist or adapted accommodation. This will include those with a limiting long-term illness or condition which significantly impacts day to day activities, such as a mobility impairment, a serious personal care disability, a serious visual impairment; or serious hearing loss.
- 4.1.2 This chapter does not include older people with Learning Disabilities, autistic people, or those with mental health needs – these are considered under the relevant chapters within this needs assessment.
- 4.1.3 Common Challenges¹⁶:
- Councils nationwide must increase their supply of suitable older people’s housing to meet rising demand, driven by an aging population and large amounts of existing stock not being fit for purpose
 - Private leasehold older people’s housing is unaffordable for the majority of English households aged 75 years and older
 - Many older people face accessibility problems in their homes, including level entrance access, and access to an entry-level bathroom.
 - Older people are often unaware of the housing options available to them as they age, and may require more care and support.

4.2 Population

- 4.2.1 The focus of this cohort is people over the age of 65 with a primary support reason in BCP case management systems of physical support, memory and cognition, or sensory support.
- 4.2.2 BCP’s population of over 65s is projected to grow by 19% between 2025 and 2035. This is the result of a 23% increase in 65-74 year olds, and a 15% increase in 75+ year olds.¹⁷

¹⁶ [Our Future Homes: Housing that promotes wellbeing and community for an ageing population - GOV.UK](#)

¹⁷ ONS 2020 SNPP, 2018-based



4.2.3 The population of over 65s as a whole is projected to grow at the same rate as the South West average, but in BCP this skews slightly younger, with a smaller increase in the 75+ population.¹⁸

Table 21

	BCP	South West
Change in 65-74 year old population by 2035	+23%	+23%
Change in 75+ population by 2035	+15%	+20%

4.2.4 The population growth means that an additional 8,000 over 65s are projected to be living in BCP with a long-term illness which limits their day-to-day activities by 2035:¹⁹

Table 22

	2025	2035	Change
Total population aged 65 and over with a limiting long-term illness, whose day-to-day activities are limited a little	24,095	28,280	+4,185
Total population aged 65 and over with a limiting long-term illness, whose day-to-day activities are limited a lot	19,191	23,048	+3,857
Total	43,286	51,328	+8,042

¹⁸ ONS 2020 SNPP, 2018-based

¹⁹ POPPI based on Census

- 4.2.5 In addition, by 2035 an additional 5,274 people over 65 are projected to need help with at least one activity of daily life or instrumental activity of daily living (doing routine housework or laundry, shopping for food, getting out of the house, doing paperwork or paying the bills). This represents a 19% increasing in those needing support, reaching nearly 33,000 people.²⁰
- 4.2.6 We will therefore assume that the number of older people receiving services from BCP aged 65+ will increase by 19% between 2025 and 2035.

Table 23

	2025	2035
Over 65s projected to be receiving services	2,304	2,742

4.3 2022 Campbell Tickell Needs Assessment Findings

- 4.3.1 The 2022 needs assessment looked at 18-64 year olds, and people over 65 with physical disabilities and long-term conditions. The accommodation status of those aged 65+ and receiving services is provided below. The data for this cohort in 2025 is too incomplete for a useful comparison, as 18% have no accommodation status recorded:

Table 24

Accommodation Types	2022	
	Units	Percentage
Residential Care	752	33%
Nursing Care	118	5%
Living with family/friends	16	1%
Shared lives	1	0%
Supported accommodation	11	0%
Extra care housing/sheltered	130	6%
Tenancy RP/LA/PRS	230	10%
Owner occupier/Shared Ownership	467	20%
Acute facility	18	1%
Temporary accommodation	36	2%
Community – not recorded/other	529	23%
Total	2,308	100%

- 4.3.2 This snapshot shows that a total of 141 over 65s were living in supported and specialist housing, 130 of these in extra care or sheltered accommodation; and the remaining 11 in supported accommodation. This was established from detailed analysis of postcodes to make up for data quality issues in 2022, which remain in 2025. The 2022 figures are therefore taken as the baseline for this cohort.
- 4.3.3 The 2022 assessment looked at extra care for all adults aged 18+, and noted 390 units of extra care accommodation in BCP at the time, with a significant number of voids. It was projected that a total of 885 additional units of extra care would be required by 2032, though this did not factor in existing voids or occupancy of units by those with no care and support needs. Though not specified, a recommended 1,048 units of extra care by 2032 can be inferred from the report.
- 4.3.4 It was projected that 86% of future demand would be for the 65+ cohort, giving the number of extra care units recommended for this cohort of 900 by 2032.

²⁰ POPPI based on Health Survey for England

4.3.5 This would represent the proportion of over 65s receiving services living in extra care rising from 6% of the cohort in 2022, to 34% in 2032.

4.3.6 The prevalence of extra care for over 65s by 2032 was therefore recommended to be 16.6 units of extra care housing per 1,000 over 65.

4.4 Refreshing the 2022 needs assessment demand modelling

4.4.1 PPL recommend the following adjustments and additions to the assumptions used in the 2022 needs assessment.

4.4.2 Current Need

These assumptions relate to how the current known cohort could be better accommodated.

Table 25

Original assumption	2022 needs assessment <u>annual value</u>	Revised assumption	Estimated current unmet need
Older people aged 65-70 currently in care homes: those with lower fees moving to extra care	4	Unchanged	40
Older people living in their own homes: 25% with the highest cost care packages moved to extra care	36	This originally assumed 25% of those receiving high-cost home care packages currently would move and annualises it, which we don't support as an assumption. Instead, research indicates 14% of older people have a preference for moving to sheltered, retirement or extra care housing to meet their future housing needs ²¹ . We therefore would project a current unmet need of 15% of those living in the community and receiving services	124
Total			164

4.4.3 New Demand

4.4.4 These assumptions relate to how people entering the cohort will need to be accommodated each year, over the next 10 years:

Table 26

Original assumption	2022 needs assessment <u>annual value</u>	Revised assumption	Revised <u>annual demand</u>
Older people with access and mobility needs diverted from new residential placements: 30% of new placements	15	Increased to 40%	20

²¹ https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HLIN Ipsos-Older-Peoples-Housing-Preferences_Report.pdf Question 23

Older people with personal care needs diverted from new residential placements: 20% of new placements	22	Increased to 30%	33
Older people with memory and cognition needs diverted from residential placements: 10% of new placements	7	Increased to 15%	11
Older people living in their own homes: 25% with the highest cost care packages moved to extra care	36	Assume each year 10% of those who would otherwise begin receiving community services; could be diverted into extra care. ²²	44
Cohort Growth Not explained	8	Assumes 19% growth of current population in extra care	2
Total			110

4.4.5 Move On

These assumptions relate to how people will leave the cohort:

Table 27

Original assumption	2022 needs assessment <u>annual</u> value	Revised assumption	Estimated <u>annual</u> exits
Extra care relet rate	7%	The relet rate has been maintained at 7%, but this assumption is applied more consistently throughout our calculations; including to future stock	7% Which is an average tenancy of 14 years

4.4.6 This updated assessment builds on the 2022 methodology, and indicates that **by 2035 there will be a need for 1,052 total extra care units for those aged 65+ receiving council funded care and support**; equivalent to 38% of over 65s projected to be receiving care and support.

4.4.7 The prevalence of extra care recommended for the older adult population by 2035 with these revised assumptions is:

- 9.6 per 1,000 over 65s
- 18.5 per 1,000 over 75s

4.4.8 In the South West, 42% of residential placements are partially or wholly local authority funded, with the other 58% self-funded. Assuming this rate would also apply to those moving to extra care, by 2035 the total need for extra care for over 65s within BCP could be 2,500 units; or a prevalence of 44.1 units per 1,000 over 75s.

4.5 Services and current provision

Local context and policy

4.5.1 The 2021 Adult Social Care strategy included priorities around “supporting people to live safe and independent lives” by “providing social care that focuses on people’s strengths and support from those around them, to

²² SALT data shows 440 people entered long term community care in BCP in 2023/24 as the next step following a request for support

encourage independence”. The strategy identified a key outcome of this as a reduced number of new admissions into care homes, where BCP was an outlier nationally; and in the South West.

- 4.5.2 The Council’s 2021-26 housing strategy sets out a priority to “Ensure there is an appropriate range and scale of housing options for the area’s older population which promotes independence and minimises the need for costly residential and nursing care”.
- 4.5.3 In 2022 the council published its Extra Care Strategy, setting out its intention to significantly expand its Extra Care housing provision as a key means of supporting residents to remain living as independently as possible, for as long as possible.
- 4.5.4 In 2025 BCP Council expects go out to tender to award contracts for care and support in Extra Care Housing in line with Procurement Regulation. Following the competitive tender, all ECH accommodation in Bournemouth, Christchurch and Poole will be delivered according to the same care and support model and contract specification, to include the provision of both care and background support.

Supply detail

- 4.5.5 This chapter considers the following types of older people’s housing and accommodation:
- **Extra Care:** housing with care, typically offering self-contained dwellings with agreements that cover the provision of care, support, domestic, social, community or other services. Extra Care more traditionally accommodates older people, however BCP operates inter-generational schemes; and intends to develop more schemes which support a mixed level of need.
 - **Age designated sheltered/ retirement housing (sometimes referred to as ‘care ready’ housing):** typically self-contained accommodation, usually offering warden/ housing officer support, access to support via telecare alarm systems, and communal facilities.
 - Mainstream housing which is accessible and adaptable (including fully wheelchair adapted), and therefore able to support people as they age (for instance bungalows).

Extra Care

- 4.5.6 The council classifies the 9 schemes listed below as Extra Care, totalling 356 units, and varying in size between 19 and 61 units. Three schemes support only older adults (at least 45+), while all others support mixed-age communities of those over 18. At time of writing, 53% of extra care residents were 65+, 36% were 45-64, and 11% were under 44.
- 4.5.7 Some schemes have a guideline mix of needs, set as 40%/30%/30% (high/medium/low). A balanced mix of needs is desirable across all locations, recognising that extra care housing is a good alternative to support people’s independence and prevent avoidable residential care placements.
- 4.5.8 During the period of available data (April 2023 to January 2025), 7.2% of units on average were void – in Shaftesbury Court voids were as high as 24.2%. This includes void flats that were not ready to let/in need of maintenance or repair by the landlord, as well as voids with and without applications pending.
- 4.5.9 Extra Care housing is defined in BCP Council’s ECH strategy, an ECH brochure and ECH factsheets, as self-contained accommodation with design features and support services to enable self-care and independent living. Extra care housing (for rent or sale) is becoming better known as a housing option that people might choose as an alternative to residential care. Extra care housing accommodation offers affordable housing. People who live in extra care housing have their own self-contained homes, with a lounge, kitchen, bedroom(s), and bathroom and have a legal right to occupy the property. There are care and support services available onsite, to provide both responsive and scheduled access to support. We recognise that background support and care are key components of ECH.

4.5.10 In the Bournemouth, Christchurch and Poole area there are currently 8 ECH locations with care and support as ECH, 5 of which ECH locations have 24/7 care and support on site, and a further 3 have care and support throughout part of all of the day and/or night. There is one ECH location without care and support at present, however there are plans to develop this in future.

Table 28

Scheme name	24/7 support	Age eligibility	Units	Current Occupancy	Current waiting list	Care hours per week (including background support)	Voids (Jan 2025)	Av. voids at any one time* (Apr 23-Jan 25)	No. declined (Feb 23-Jan 25)
Delphis Court	Y	18+	45	43	8	691 (168)	2	2.2 (4.9%)	12
Shaftesbury Court	Y	18-65 with physical or sensory disability	19	19	1	518 (168)	0	4.6 (24.2%)	2
Belmont Court	Y	18+	36	33	5	417 (168)	3	1.9 (5.3%)	7
Trinidad Village	Y	18+	54	49	13	705 (168)	5	2.5 (4.6%)	10
Brushett House	Y	18+	20	20	8	425 (168)	0	1.7 (8.5%)	4
Bure House	On call overnight	60+ (or 55+ with a disability)	44	40	0	Spot commissioned, 105 background	0	3.8 (9.5%)	7
Hibberd Court	No staff on site	60+	49	48	0	Data not available	1	1.4 (2.9%)	4
Kingsley House	6am-11pm	60+ (or 55+ with a disability/need)	61	53	3	491 (119)	8	5.3 (8.7)	11
Craigeith	10am-10pm	45+	32	32	5	283 (119)	0	2.2 (6.9%)	8
		Total	356	337	43		19	25.6 (7.2%)	65 (rate: 32.5 per year)

*Total number of voids recorded for each scheme – a proportion of which will have had applications assessed to move into said void

4.5.11 In 2024 there were 96 applications to extra care, including those not progressed or declined at panel – most of which were for 1-bed properties.

4.5.12 Between Feb 23 and Jan 25, 65 referrals to Extra Care were declined. Referrals to each scheme were declined between 2 and 12 times over the period of available data, the majority of which due to ECH not being the most appropriate way to meet a person's needs. In some cases, this included risks related to substance misuse, capacity and antisocial behaviour. On some occasions landlord policies related to pets resulted in an application being declined.

4.5.13 Where an application requires a specific ECH location, if there are no voids available the person will be added to a waiting list.

4.5.14 All applications are considered by a monthly multidisciplinary panel, including Adult Social Care, Housing, Brokerage and ASC Commissioning. Applications that are agreed are matched to suitable vacant properties and are referred to the landlord and care and support provider for final agreement.

Age designated sheltered/ retirement housing

4.5.15 Residents are eligible for sheltered housing provided by the council if they are over the age of 60 (age eligibility is 55+ for housing associations). The below table sets out details of category 2 sheltered housing available in Bournemouth and Poole. Category 2 describes housing for the less active elderly, with warden support and communal facilities. Category 1 sheltered housing is not considered in this report as they are not typically accessible; and are not deemed to have distinguishing features which mean they are suitable for older adults with physical disabilities/long-term conditions/sensory impairments.

Table 29

		Bournemouth	Poole
Flats		742 (includes 15 x 2 beds)	942 (includes 37 x 2 beds, and 8 x 3 beds)
Bungalows		6	161
Number of schemes		20	27
Schemes meeting accessibility criteria*		All 20 rated green	2 green, 25 amber
Accessible (level thresholds to all Ground Floor units and level/ramped access)		19 (2 with slope, one threshold requires checking)	10 schemes fully accessible. 117 units not fully accessible (+7 unable to be surveyed)
Schemes with . . .	Office	20	26
	Common room	20	25
	Guest room	14	8
	Laundry facilities	18	9
	Lift access to upper floors	19	14
	Kitchen (shared?)	20	25
	Mobility scooter store	19	12
	Door entry system	20	7 schemes without any system
	Summer house	9	Data not available
	Garden	20	Data not available
Conservatory	9	Data not available	
Total number of units		757	1103

*Schemes are RAG rated according to compliance with the following criteria (where green is fully compliant, amber fails on 1 or 2, and red fails on 3 or more):-

1. Meets current National Space Standards
2. Accessible to main building entrance.
 - 1.1 Level thresholds to ground floor
3. Communal Space
4. Office
5. Lift to upper floors
6. Wider Estates Conditions
7. Residents Survey to rate schemes

4.5.16 There is discrepancy in accessibility standards between sheltered accommodation schemes in Bournemouth and Poole. All 20 Bournemouth category 2 sheltered accommodation schemes meet accessibility standards including level access and lifts to upper floors, while just 2 out of 27 meet the same standards in Poole. 25 out of 27 are rated 'amber', meaning they fail 1 or 2 of the same standards (see above).

- 4.5.17 10% of sheltered accommodation units in Poole do not have level/ ramped access to ground floor levels and may not be suitable for residents with mobility needs. Among the least accessible schemes are Derek Orchard House, where over half of all units do not have level access, Selby Close with over 1/3 of units without level access; and all units at Waterloo House have a stepped approach to the front door. All units are compliant with floor area requirements set out by the 2015 Technical Housing Standards, with the exception of 30 of the 61 units at Selby Close which are over 10m² too small (this data was not available for sheltered accommodation schemes in Bournemouth).
- 4.5.18 Schemes which do not meet accessibility standards may be considered ‘hard-to-let’ and will contribute to a level of voids across the Council’s sheltered housing provision. It is the intention of the Council to improve the suitability of its sheltered housing provision by replacing or improving those schemes which are not accessible and prove ‘hard-to-let’. For instance, the Hillbourne development independent living accommodation will enable the Council to decommission schemes elsewhere which are not fit for purpose and will be ready by Spring 2026.
- 4.5.19 The Council also deliver services for residents through providers not formally commissioned. These include Alms-houses and affordable shared ownership provision.
- 4.5.20 There is an intention to align sheltered housing and independent senior living as two separate delivery models within BCP Homes, taking the best from both. There is a lot of investment and work needed to upgrade analogue to digital and develop approaches that compliment service delivery, improve health outcomes and promote independence.

Mainstream housing which is accessible and adaptable

- 4.5.21 This report shared a survey with the Council’s registered providers of social housing that let properties through Homechoice, to ascertain current available stock and future pipeline of developments with respect to accessible and adaptable accommodation. Four responses were received from Stonewater, Aster, Abri and BCP Homes.
- 4.5.22 The current supply reported through survey responses is below:

Table 30

Registered Provider	Total units	Units classified as M4(2) Category 2: Accessible and adaptable dwellings	Units classified as M4(3) Category 3: Wheelchair user dwellings (include both adaptable and accessible)	Units classified as retirement or sheltered housing	Units classified as Age Restricted General Market	Units with major adaptations for current tenants
Stonewater	1119	“Nearly all with potential to be adapted”	“Nearly all with potential to be adapted”	222	295	Data not available
Aster	544	0	9 supported units	71	18	0
Abri	746 social (124 non-social)	Data not available	Data not available	11 sheltered, 28 partnership living	Data not available	57

BCP Homes	Bournemouth	5602 including Leasehold and Shared Ownership; 5067 excluding Leasehold and Shared Ownership (20 Extra Care not yet subtracted)	1	2	912 Sheltered	Do not apply age restrictions beyond 18+	Data not available
	Poole	5133 including leasehold and shared ownership; 4523 excluding (89 Extra Care not yet subtracted)	10	4	1106 Sheltered	Do not apply age restrictions beyond 18+	Data not available
	Total		11	6	2350	313	57

4.5.23 The current pipeline reported through survey responses is below (this has not been disaggregated by age relevance):

Table 31

Registered Provider	Units in pipeline classified as M4(2) Category 2: Accessible and adaptable dwellings	Units in pipeline classified as M4(3) Category 3: Wheelchair user dwellings (include both adaptable and accessible)	Units in pipeline classified as retirement or sheltered housing	Units in pipeline classified as Age Restricted General Market
Stonewater	0	0	0	0
Aster	0	0	0	0 - Aster owns land with consent for 39 open market retirement units but Aster won't be delivering these
Abri	6, shared ownership	28, shared ownership	0	0
Total	6	28	0	(39)

Adaptations

4.5.24 Adaptations are managed through a workflow where Occupational Therapists will enter case information, including necessary adaptations, onto MOSAIC. An average of 44 cases per month were added to MOSAIC by OTs between August 2024 and January 2025. This information is extracted and entered into a separate case management system.

4.5.25 Since July 2024, the proportion of urgent/non-urgent, complex/simple adaptation referrals (all ages) were as follows:

Table 32

	Complex	Simple
Urgent	4%	7%
Non-urgent	61%	28%

- 4.5.26 The majority of cases are non-urgent and/or complex. Of those cases which are urgent, most require simple adaptations.
- 4.5.27 For Disabled Facilities Grant (DFG) applications, all cases where the resident is not receiving passported benefits will undergo a Provisional Financial Assessment (PFA), and some will require a Feasibility Visit (FV) to assess the feasibility of adaptation works to their accommodation. These can be lengthy to process and are complicated when powers of attorneys are in place. Once the necessary assessments are completed, they will be assigned to an Adaptations Officer who will oversee the completion of the required adaptations.

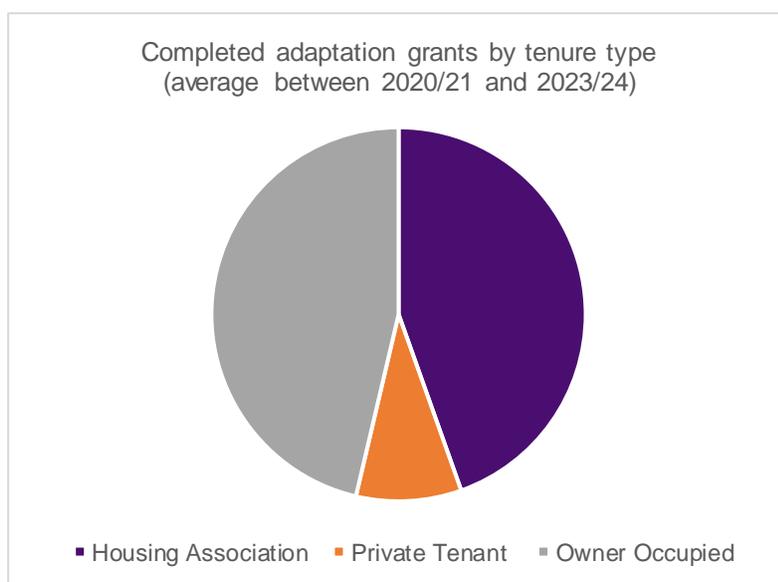
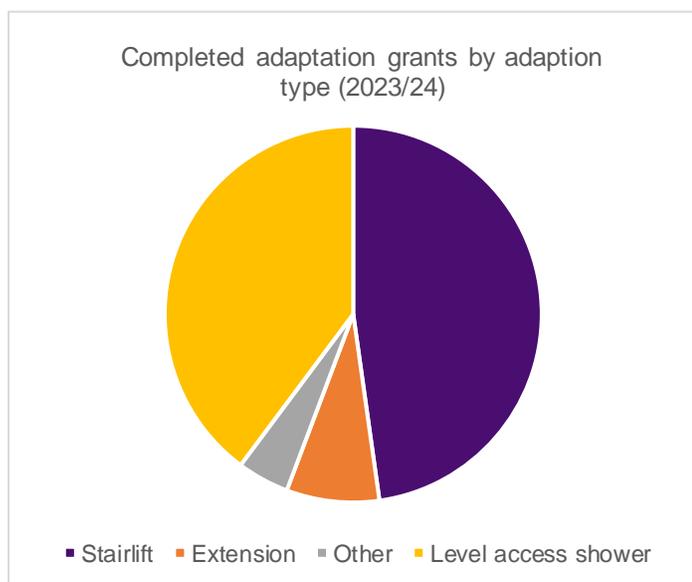
DFG

4.5.28 Table 33 below shows the number of completed DFG adaptation grants between 2020/21 and 2023/24. 60% of all grants were completed for over 65s over the four years of available data:

Table 33

	No DOB	Under 18	Working age adults (18-65)	65+
2020-21	2	5	32	69
2021-22	0	4	46	97
2022-23	0	8	73	105
2023-24	2	11	60	97
Average	1	7	5	92

4.5.29 The below charts show the distribution of DFG adaptation grants by adaptation type and tenure type across the four years of available data. Please note this shows distribution for all ages (age disaggregated data was not available):



4.5.30 The data in the table below shows the number and costs associated with each form of adaptation (all ages), and the time taken for the adaption request to be completed from initially being raised.

	Average WOs raised per year	Average total cost per year	Average cost per WO	Average days from raised to complete
All	463	£609,387	£1,364	48
Level Access Shower	82	£237,553	£3,078	64
Stairlifts	36	£62,308	£1,866	49
Ramps	17	£24,716	£1,398	68
Handrails	67	£24,955	£414	34
Bathrooms	25	£17,568	£742	39
Kitchen	20	£37,816	£2,401	71
Showers (other)	52	£22,814	£441	34

Housing register

4.5.31 The data in Table 34 below shows properties let via the Housing Register to residents aged over 65 years old for the calendar years 2022-24. Percentages show the percentage of the total in-scope cohort (over 65s), including those who did not require adapted/specialist housing:

Table 34

Calendar year	Sheltered/ Extra Care		Mobility level*		
	Sheltered	Extra Care	1	2	3
2022	104 (57%)	44 (24%)	1 (1%)	24 (13%)	48 (27%)
2023	100 (62%)	35 (22%)	4 (2%)	18 (11%)	37 (23%)
2024	83 (61%)	18 (13%)	3 (2%)	28 (21%)	33 (24%)

* Mobility levels are classified according to the following:-²³

Mobility 1

- Full wheelchair access
- Property will include ramped or level access in and out of the property
- Accessible kitchen and level access to bathroom

Mobility 2

- Partial wheelchair access
- Property will include ramped or level access
- Accessible bathroom facilities

Mobility 3

- Assisted access
- Property will include level access or shallow steps with handrail
- Accessible bathroom facilities

4.5.32 The data in Table 35 below shows the accommodation and mobility needs of people aged over 65 years old waiting for housing on the Housing Register, as of January 2025:

²³ Source: [Mobility needs - Solihull Community Housing](#)

Table 35

	Count	% total over 65s (n=259)
Sheltered/ Extra Care required		
Sheltered accommodation required	90	35%
Extra Care accommodation required	8	3%
Disability Living Allowance status		
Disability Living Allowance (mobility)	12	5%
Disability Living Allowance (care)	7	3%
Mobility needs		
Scooter	28	11%
Walking frame	38	15%
Walking sticks/crutches	88	34%
Wheelchair (inside and out)	12	5%
Wheelchair (outside only)	14	5%

4.5.33 **A total of 180 residents over 65 with a level of mobility need were waiting for housing via the Housing Register at the end of January 2025** – almost three times as many as the average number of residents who were let accommodation with mobility adaptations each year between 2022 and 2024.

Quality and voids

4.5.34 The average occupancy across all extra care flats in BCP was 95% in 2024 (excluding voids with applications pending). In February 2025, there were 13 voids within extra care which were available and ready to let, to which 25 nominations were received.

4.5.35 Aster, the provider for Delphis Court, Bure House, Hibberd Court, and Kingsley House, shared with this report the longest voids at time of writing in their schemes, and their associated losses:

Table 36

Scheme	Number of voids	Days spent void	Total loss
Kingsley House	4	248 days	£32,329.28
Bure House	2	321 days, and 467 days	£11,190.54 and £14,682.24

4.5.36 The total current void loss on all current empty units for Aster is £101, 644.71 (excluding void loss associated with infestations).

4.5.37 Council officers have provided the following reasons for the level of voids within extra care:

- Landlord nomination criteria or suitability of property including 55/60+ age criteria and/or shared flats
- Lack of awareness and/or visibility of services
- Sometimes lengthy application process requiring a home choice as well as ECH care and support application

4.5.38 The Council is developing a voids policy and process to prevent future losses, and ensure fairness in nomination rights.

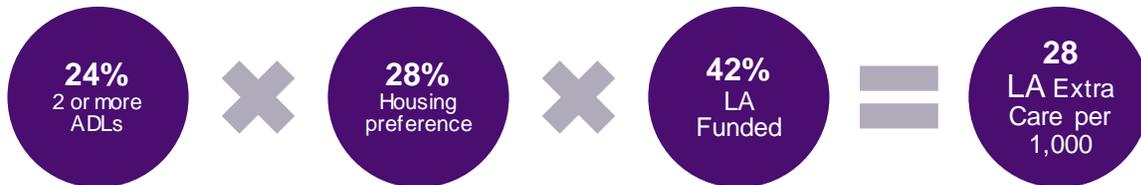
4.5.39 The performance of care and support providers in extra care housing is overseen by ASC commissioning team and the Contracts and Procurement team. Care and support providers submit monthly returns detailing the care and support and background support provided in the preceding month to ensure that contracts are being fully utilised and that the balance and mix of needs of current tenants is working well.

4.5.40 At least every 18 months, each care and support provider will receive a contract monitoring visit by the service improvement team, part of ASC Commissioning. The purpose of this visit is to ensure the provider is delivering

the contract and providing a good quality service to tenants receiving care and support in ECH. Tenants are contacted as part of this monitoring activity and any feedback about the service is included in the monitoring report.

4.6 Additional Analysis and Benchmarking (extra care)

- 4.6.1 Cornwall Council’s Supported and Specialist Housing Strategy for 2023-2050 concluded that by 2033 they would need 20 units per 1,000 over 75s. The same rate applied to BCP would mean 84 further units in addition to the above recommendation.
- 4.6.2 A 2022 report by DLP Consultants reviewed existing models for projecting housing need for older people. Their recommendations for prevalence of extra care by 2041 are 20 units of social extra care housing and 44 units of market extra care housing per 1,000 over 75s.²⁴
- 4.6.3 A need and preference-based calculation based on the number of older adults needing help with multiple domestic tasks with a primary preference for moving home, suggests a prevalence rate of up to 28 units per 1,000 over 75s being appropriate for LA funding:



This is based on:

- 24% of over 65s needing help with 2 or more activities of daily living or instrumental activities of daily living²⁵
 - 28% of older people having a positive main preference for moving to accommodation aimed at older people. This consists of 14% preferring a ‘different home that has been designed to be accessible to older people from the outset’ (10% preferring sheltered or retirement housing, and 4% preferring extra care accommodation). We have assumed that while these responses go beyond a preference for extra care at the time of asking, they show a willingness to move to more suitable accommodation; and that once they have developed their need for support and been more informed about extra care housing, they are likely to prefer this option²⁶. A 2018 consultation carried out by Gloucester supports this, with 80% of respondents positive about a potential move to extra care in the future.²⁷
 - 42% of South West care home residents being fully or partially funded by local authorities, which is likely to be similar for extra care residents²⁸
- 4.6.4 In 2023, BCP had a lower prevalence of extra care compared to most other South West authorities. The highest prevalence of social and affordable rental was in BANES with 21.5 units per 1,000 over 75s, with a substantial number of additional units for open market sale or shared ownership.²⁹

²⁴ https://www.dlpconsultants.co.uk/wp-content/uploads/2022/04/DLP-SPRU_Older_Person_Housing_Need_Research.pdf

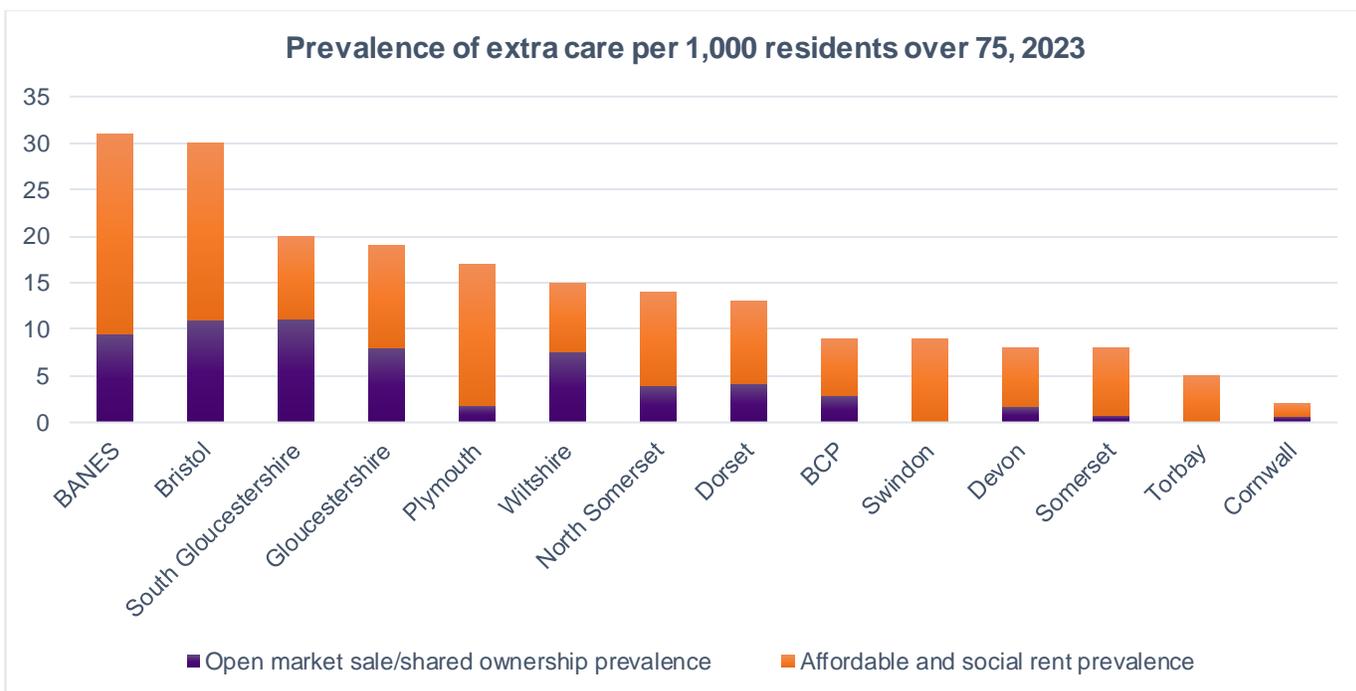
²⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/social-care>

²⁶ https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HLIN_Ipsos-Older-Peoples-Housing-Preferences_Report.pdf

²⁷ <https://consultations.southglos.gov.uk/gf2.ti/f/914722/45950053.1/PDF/-/OP%20HNA%20Survey%202018%20-%20Consultation%20Report%20-%20FINAL.pdf>

²⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2022to2023>

²⁹ Cornwall Supported & Specialist Housing Strategy



4.6.5 The BCP Extra Care strategy aims for 25 units per 1,000 over 75s, which was taken from a Housing LIN toolkit. This is no longer recommended, with Housing LIN instead recommending more localised analysis.

4.6.6 The analysis for accommodations types other than specialist housing is less comprehensive, and should be taken as indicative rather than instructive. This is compared to 2022 analysis of the cohort due to data quality issues with more recent data:

Table 37

Accommodation	2022 Count	2022 %	2035 Count	2035 %
Residential & Nursing	1,070	46%	793	29%
Living with Family/Friends	18	1%	21	1%
Supported Accommodation	8	0%	10	0%
Extra Care/Sheltered	256	11%	1,052	38%
Other Community	952	41%	866	32%

4.6.7 This assumes that all accommodation types are the same proportion in 2035 as in 2022, except for:

- Extra care, which is calculated from the assumptions set out above
- Residential and Community, which are reduced by the proportion of residents redirected from them by the assumptions above; in order to match the total number of people projected to be receiving services

4.7 Accessible General Needs/ Mainstream Housing

4.7.1 In addition to the above assessment of supported and specialist housing, we have carried out a high-level assessment of the need for accessible housing for this cohort.

- 4.7.2 ONS Population Projections estimate BCP has 178,000 households now, and that this will increase to 185,500 by 2035.
- 4.7.3 The English Household Survey last surveyed adaptations and accessibility in 2018/19, and found that 3.5% of English households have a wheelchair user in them. Of these, 73% lived in accessible or adapted homes.³⁰
- 4.7.4 Applied to BCP, this would mean by 2035 there will be 1,750 households with a wheelchair user living in accommodation that is not adapted or accessible. POPPI and PANSI forecasts look at mobility impairment. The BCP projections indicate that 63% of those who will have impaired mobility will be over 65, totalling 1,730 households by 2035.
- 4.7.5 The English Housing Survey showed that 26% of wheelchair users require their wheelchair indoors only or all of the time, compared to 74% outdoors only. Assuming that 26% therefore require adapted properties, this would be **450 additional adapted properties in BCP by 2035; and 1,280 additional accessible properties for older adults.**
- 4.7.6 The number of households with a wheelchair user is less than 20% of the total number of people projected to have impaired mobility using POPPI and PANSI. Recognising that many, but not all, of these people may require accessible or adapted housing; and that some households will have more than one person with an accessibility need, we could **estimate that the full additional demand for accessible and adapted housing is 3 to 4 times the amount estimated for wheelchair users – a total range of 5,200-6,900 for older adults by 2035.**

4.8 Best Practice

- 4.8.1 Older people with physical disabilities, long term conditions and/or sensory impairment is a large and diverse cohort, and best practice emphasises the need to provide meaningful choice of a range of accommodation types to suit the many needs, wishes, and backgrounds held by this group.
- 4.8.2 This is reflected in the findings of the government's **Older People's Housing Taskforce** (2023-2024), which made ten recommendations for the improvement of older people's housing including:
- Incentivise a wide range of OPH/LLH options
 - Ensure more housing is designed for later life to meet the needs of our aging population
 - Create age-friendly, dementia-inclusive, faith and culture-sensitive communities "beyond the front door"
 - Expand older people's housing at scale and ensure it is affordable to live in, and viable to finance, build and operate
 - Build consumer confidence in the range of different types of housing available to them
 - Older people's housing must provide spaces which are both comfortable to live in, and adaptable over time to meet changing care needs. The Housing our Aging Population Panel for Innovation principles, or **HAPPI principles**, are widely recognised as best practice design principles for the development of older people's housing to this end. They reflect:
 - Space and flexibility
 - Daylight in the home and in shared spaces
 - Balconies and outdoor space
 - Adaptability and 'care ready' design
 - Positive use of circulation space
 - Shared facilities and 'hubs'
 - Plants, trees, and the natural environment
 - Energy efficiency and sustainable design
 - Storage for belongings and bicycles

³⁰ https://assets.publishing.service.gov.uk/media/5f044f27e90e075c53dfcf01/2018-19_EHS_Adaptations_and_Accessability_Fact_Sheet.pdf

- External shared surfaces and 'home zones'

- 4.8.3 More examples are appearing across the country of developments which exemplify the HAPPI principles and demonstrate how well-designed spaces can create housing which promotes better outcomes, independence, and overall resident wellbeing. The Guinness partnership has delivered a number of developments after appointing a Sterling Prize winning architect to produce HAPPI compliant designs to upgrade, 'revitalise', and 'future proof' a number of its existing sheltered housing services at a range of urban and smaller town locations. This includes redesigning external features and entrances, communal spaces, outside space, adding 'modular' extensions built off-site and 'penthouse' additions to the upper storeys of schemes. Guinness's latest extra care housing development, Quayside in Totnes, provides dementia friendly living with communal facilities including a café bistro, activity areas, and a 'pamper suite' where residents can arrange haircuts, manicures, and beauty treatments. The décor is intended to be sophisticated and homely, and unlike traditional extra care housing; smaller sitting areas replace a large communal lounge.
- 4.8.4 The Technology for our Ageing Population Panel for Innovation principles, or **TAPPI principles**, expand on the "Adaptability and 'care ready' design" HAPPI principle with respect to providing technology within homes which support independence. Solutions must be co-produced, preventative, interoperable with other devices and cost-effective. For example, Blackwood Housing CleverCogs™ customisable digital system enables residents to access many of Blackwood's services online using a tablet-based app.
- 4.8.5 Local authorities nationally are **moving away from more traditional forms of older people's housing**, such as retirement or sheltered housing, towards modern forms of housing which are adaptable, foster better community, independent living, and in some cases a lifestyle-centred way of living. Research has evidenced this preference among older people: the University of Sheffield School of Architecture's influential DWELL research showed strong demand for better quality and more adaptable homes, where people can continue to live and socialise in mixed-age communities.
- 4.8.6 In response to this preference, **'intergenerational housing' schemes**, such as mixed Extra Care communities, recognise that not all older people want to live in age-designated communities. For example, in Ramsgate, Kent, Jentex Village 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 a mixture of cottages and bungalows. In Cambridge the Marmalade Lane co-housing development, made up of a mixture of 2- to 5-bedroom terraced houses and 1- and 2- bedroom apartments, focuses on creating a sense of community along with high-quality housing. Intergenerational housing is shown to foster wellbeing as each generation benefits from forming connections with those of different backgrounds and experiences.
- 4.8.7 With the move away from traditional forms of sheltered housing, **providers are starting to consider what a contemporary version of sheltered housing looks like**. This is reflected in the **development of 'care-ready' housing** which adapts to an individual's needs in later life. 'Care ready' housing may be age-designated, and are designed to appeal to residents who are seeking a well-designed home that is attractive and suited to age-related needs in later life. It provides sophisticated and modern design that more closely resembles a more modern Extra Care scheme (often with fewer large communal areas as in Extra Care, and without the provision of 24/7 onsite care). For example, Bruyns Court in Thurrock has 25 flats, all of which are flexibly designed to adapt to meet the changing needs of residents as they grow older.
- 4.8.8 The diversity and quality of specialist and supported housing for older people is improving across the country, and there are further emerging examples where the **alignment of housing and health infrastructure** is the catalyst for wider community provision and transformation. This may accelerate as the health and care neighbourhood model is established, and further opportunities emerge for housing to work in partnership with wider local services to holistically improve population health.

4.9 Professional and Lived Experience Voices

4.9.1 HAPPI, Housing LIN, and the government's national Older People's Housing Taskforce (2024) have each conducted wide reaching engagement to understand what older people want from their housing:

4.9.2 What is important to older people?

- A number of priorities inform attitudes to housing opportunities, including maintaining independence and wellbeing, accessibility, safety and support, choice and control, sense of community and belonging, proximity to family and friends, and affordability; opportunities for social contact is an increasingly important consideration in older age
- There is a preference amongst older people to “age in place” and remain in their current home, although this is to an extent conditional upon the current home supporting their housing priorities (for example independence and safety). This preference for staying put is the product of a complex mix of material, financial, psychological, social, health and
- environmental factors. **Flexible housing with care models that enable people to transition easily should they need additional care** can respond to this and support residents to stay put for longer. For example, an extra care housing scheme which includes a dementia ‘wing’
- The current flight from traditional sheltered housing and more institutional residential care shows that older people are expecting to live in attractive homes that meet their needs and lifestyle choices. **Very few older people wish to live in a care or residential home**
- Older people want to live in housing that provides ready access to amenities, leisure facilities and green space, and is close to friends and family
- Adequate living space and spare bedrooms are important to older people. For example, allowing them to host visits from family members or a carer, pursue hobbies; or store personal belongings
- Preferences and priorities vary by age, health and socioeconomic status, which also impact on the choices that people make and whether these are out of necessity or choice

4.9.3 What specialist housing types do older people want to live in?

- Older people are seeking wider choices in the range of housing and accommodation options that will facilitate independent living. Including, for example, level access homes such as bungalows
- The availability of on-site care and support attracts many older people to specialist older people's housing. They also want to live in specialist housing that meets their wider priorities, such as choice and control, safety and security, a sense of community and belonging, social interactions, and maintaining independence
- There is some evidence that the social opportunities and amenities provided by retirement villages appeal to younger old people. Although understanding related to this is limited by a tendency for research to focus on particular segments of the older population
- **Adaptable and affordable mainstream housing and specialist housing along with proximity to amenities should be prioritised in future housing strategies.**

4.9.4 Challenges

- There is limited evidence about how to increase the appeal and relevance of specialist housing. There is also a lack of access to independent advice and information to help inform decision making
- There is limited awareness of certain specialist housing options amongst older people
- There are also some common misconceptions and a **tendency to confuse specialist housing with care homes**
- Factors such as affordability, accessibility, and emotional attachment to current homes create challenges for downsizing or relocating

4.9.5 BCP conducted engagement with residents of local sheltered housing and Independent Senior Living schemes. This produced the following key findings:

- Residents shared that they ‘rely on’ the social elements of the schemes such as activities, the maintenance and cleanliness of the schemes, and the telecare alarm system and available warden support.
- Residents suggested the schemes could be improved through better tailored care and support, increased social access, closer contact with Housing Officers including a ‘meet and greet’, better access control and security for instance to prevent anti-social behaviour or at night, improved upkeep and maintenance of outdoor spaces, and scheme specific improvements such as better parking access and maintenance issues.

4.9.6 Through a survey and workshop as we developed this needs assessment, as well as engagement during the previous needs assessment, practitioners have shared the following insights with respect to the current provision and aspirations for future provision:

- It is difficult for a resident to ‘step down’ into a less structured placement which requires greater independence once they have been moved into a care home. There is a small cohort of self-funders who may have placed themselves in a care home too early, and who have subsequently been funded by the council, who could potentially move into extra care housing
- Only a small number of new care home placements might have been diverted to the existing model of extra care housing. This is because the current model is not able to deliver care in such a way that it provides an alternative to a care home placement. In particular, there are issues about delivering planned care at night and double up care during the day.
- If planned night cover could be comprehensively provided across extra care housing, in addition to response night cover, then the number of older people who could be diverted from a care home placement would increase
- Staff felt there is currently a lack of support for older people to navigate online systems to access housing provision
- It is difficult to move many older people with high-cost packages from their own homes to the current BCP models of extra care housing. This is because some extra care housing arrangements make a distinction between the delivery of on-site and planned care, which can confuse how care is delivered.
- Fixed care hours commissioned in a number of extra care schemes mean that placing people with double handed care needs takes away care from other residents.
- There are also those older people who live their own homes, and have eligible care needs, but are unable to move to extra care housing once their property is sold as they become self-funders. Having more extra care housing that could be purchased by older people, or enabling self-funders to access BCP commissioned extra care housing, would resolve this issue.
- There needs to be a consistent extra care housing model across BCP that enables care hours to be flexed by the on-site care provider to meet higher needs, to enable more older people with high-cost care packages to move.
- The Extra Care criteria often prevents access for those with dementia
- Extra care housing offers opportunities to create community hubs, including franchising the catering facilities to provide on-site meals for residents and the community; and to use communal facilities to provide activities such as exercise classes. They thought that the existing facilities in extra care housing schemes were underutilised.
- There is a recognition that older sheltered housing stock will need to be reviewed and updated where this is feasible and cost effective in order to provide a more contemporary housing offer.
- Staff felt there are current gaps in provision for:
 - Housing adapted for those with mobility needs, especially those with larger wheelchairs or mobility scooters
 - Provision with low level background support

4.9.7 The following insights are drawn from provider engagement conducted as part of BCP’s Extra Care strategy (2022):

- Providers are keen to develop partnerships with extra-care housing and supported living peers and BCP Council
- There is a lack of visibility and understanding of services offered in extra-care housing and supported living schemes amongst professionals and the wider community
- Workforce issues (recruitment etc.) impact upon extra-care housing and supported living schemes as much as other parts of the sector e.g. care homes and community care
- There are tensions between the percentage of space allocated to communal areas and the number of individual properties being created, which can make the financial viability difficult to achieve
- There needs to be a process to plan for future needs as well as current suitability
- Appropriate transport links should be considered when identifying potential sites to support independence and community connection.

4.10 Updated Gap Analysis

4.10.1 There is a net need for **796 additional extra care units** for those aged 65+ receiving council funded care and support by 2035. As illustrated below:

Table 38

Accommodation Type	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Extra care	256	420	164	1,052	796
Mainstream - accessible and adaptable	Unknown	-	-	-	4,750-5,450
Mainstream - fully wheelchair adapted	Unknown	-	-	-	450
Age designated sheltered/retirement housing ('care ready')	Unknown	-	-	-	-

4.10.2 We also estimate that the full additional demand for accessible and adapted housing is a total range of 5,200-6,900 for older adults by 2035.

5 Working Age Adults (18-64) with Physical Disabilities, Long Term Conditions and/ or Sensory Impairments

5.1 Introduction

5.1.1 This chapter covers working age adults between the ages of 18 and 64 years old who have Care Act eligible needs, and require specialist or adapted/accessible accommodation. This will include those who have a limiting long-term illness or condition which significantly impacts day to day activities, such as a mobility impairment, a serious personal care disability, a serious visual impairment, or serious hearing loss.

5.1.2 This chapter does not take into account working age adults with Learning Disabilities, autism, or those with serious and enduring mental health needs – these are considered within the relevant chapters.

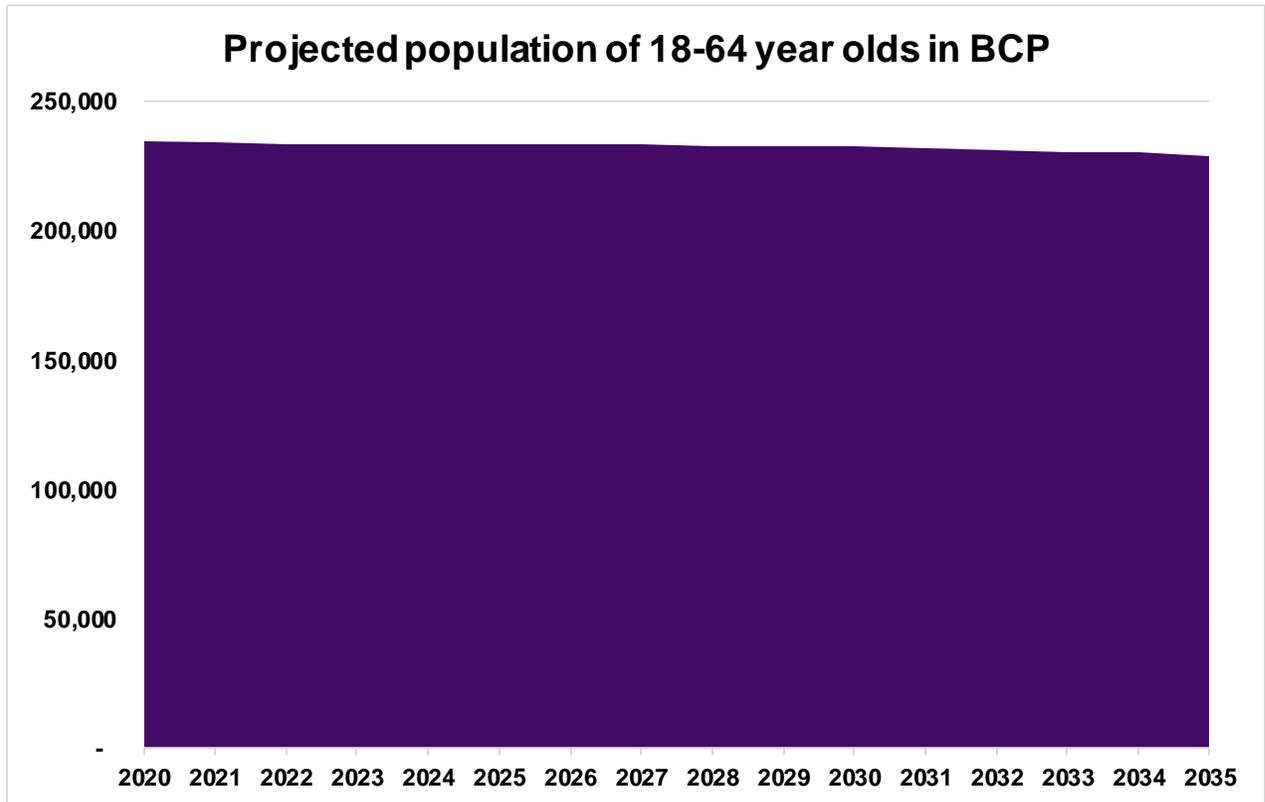
5.1.3 Common challenges:

- Many working age adults with long term conditions face accessibility problems in their homes including level entrance access, lift access, floor space and thresholds; and bathroom access
- Improved access to adaptations is needed for people with long term conditions, which enable them to stay in their homes for as long as possible

- There is an over-reliance on structured placements such as residential care to house people with long-term conditions. Such placements are infrequently strengths-based, and do not foster independence for residents
- People with long-term conditions face a lack of choice in the types and style of accommodation available to them

5.2 Population

5.2.1 The population of 18-64 year olds in BCP is projected to fall by 1.7% between 2025 and 2035, a decrease of around 4,000 people.



5.2.2 The total population with physical disabilities, long term conditions and sensory impairments is projected based on four categories within the PANSI methodology. Each is calculated separately, and the total will therefore include some double counting:

Table 39

	2025	2035	Change
Total population aged 18-64 predicted to have impaired mobility	13,276	12,573	-703
Total population aged 18-64 predicted to have a serious personal care disability	2,078	1,977	-101
Total population aged 18-64 predicted to have a serious visual impairment	152	149	-3
Total population aged 18-64 predicted to have severe hearing loss	1,440	1,355	-85
Totals	16,946	16,054	-892

- 5.2.3 This projection represents a 5% decrease in the size of this cohort between 2025 and 2035. Assuming the same proportion of the total cohort are receiving services from the council in 2035, the number receiving services is therefore projected to be:

Table 40

	2025	2035
18-64 year olds with physical disabilities, long term conditions and sensory impairments projected to be receiving services	474	449

5.3 2022 Campbell Tickell Needs Assessment Findings

- 5.3.1 The 2022 needs assessment looked at 18-64 year olds and people over 65 with physical disabilities and long term conditions. The accommodation status of those aged 18-64 and receiving services at that time is shown below:

Table 41

Accommodation Types	2022	
	All	Percentage
Residential Care	44	9%
Nursing Care	9	2%
Living with family/friends	19	4%
Shared lives	3	1%
Supported living	20	4%
Extra care housing/sheltered	52	11%
Tenancy RP/LA/PRS	119	26%
Owner occupier/Shared Ownership	53	11%
Acute facility	6	1%
Temporary accommodation	8	2%
Community – not recorded/other	133	29%
Total	466	100%

- 5.3.2 This snapshot shows that in 2022 a total of 72 people aged 18-64 were living in supported and specialist housing, 52 of these in extra care or sheltered accommodation and the remaining 20 in supported living. Whilst the data is incomplete, supported living and extra care both appear to have become more common in this cohort, with supported living increasing to 35 recorded in 2025. We estimate that 81 people in this cohort now live in extra care.
- 5.3.3 The 2022 assessment looked at extra care for all adults aged 18+ and noted 390 units of extra care accommodation in BCP at the time, with a significant number of voids. It was projected that a total of 885 additional units of extra care would be required by 2032, though this did not factor in existing. Though not specified, a recommended 1,048 units of extra care by 2032 can be inferred from the report.
- 5.3.4 It was projected that 14% of future demand for extra care would be for the 18-64 cohort, giving the recommendation of 148 extra care units for this cohort.
- 5.3.5 The assessment also recommended an additional 30 units of supported living for this cohort by 2032, in addition to the 20 placements in 2022.
- 5.3.6 Across extra care and supported living, this would be equivalent to 45% of the 18-64 year old cohort receiving services in specialist accommodation by 2032, up from 15% in 2022.

5.4 Refreshing the 2022 needs assessment demand modelling

5.4.1 Current Need

These assumptions relate to how the current known cohort could be better accommodate:

Table 42

Original assumption	2022 needs assessment annual value	Revised assumption	Revised unmet need
Younger adults with LTC in residential care: 10% of those living in a care home	4 Extra Care	50% of current cohort (previous assumption was 100% over 10 years)	22 Extra Care
Younger adults with LTC with high cost care packages: 25% of those with high cost home care packages	4 Extra Care	15% of all current homecare (previous assumption was 250% of high cost over 10 years)	27 Extra Care
Younger adults in temporary or acute settings: 50% of those in temporary or acute settings	5 Extra Care	Assumes an unmet need of 50% currently	5 Extra Care
Younger adults with LTC who need to move from family home	2 Supported Living	Since 2022 the number living with family has decreased and supported living increased, so this is assumed to have been achieved	-
Total			54 Extra Care

5.4.2 New Demand

These assumptions relate to how people entering the cohort will need to be accommodated each year, over the next 10 years:

Table 43

Original assumption	2022 needs assessment annual value	Revised assumption	Estimated annual demand
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Young people with LTCs transitioning to adult services	2 Supported Living	Revised transitions projection is lower	1 Supported Living
Younger adults with emerging conditions diverted from residential	-	As the cohort overall is projected to decrease in size, it is assumed that those with emerging needs will equal the mortality or aging out of the cohort	
Younger adults with emerging conditions moving to extra care	-		

5.4.3 Move On

As mentioned above, rather than modelling both the emerging demand and move on rate of people entering this cohort we have made the assumption that these two factors cancel each other out as the cohort is forecast to decrease in size. A minimal relet rate of 1% is applied to Extra Care and 2% to Supported Living.

5.4.4 As the projection is that the 18-64 cohort will decline slightly through to 2035, this updated assessment predominantly shows a gradual shift away from residential care and high cost packages in the community, and toward extra care and supported living, with the total number accommodated changing relatively little.

5.4.5 Our updated assessment indicates that for this cohort there is a current unmet need for extra care with potential demand for 135 units in total, and that this will remain or exceed the level of demand through to 2035.

5.4.6 It also shows that by 2035 the need for supported living for this cohort will reach 38 units, up from 35 currently.

5.4.7 We expect the number of adults in this cohort with autism to remain largely unchanged.

5.5 Services and current provision

Local context and policy

5.5.1 Priorities within the 2021 Adult Social Care strategy include “supporting people to live safe and independent lives” by “providing social care that focuses on people’s strengths and support from those around them, to encourage independence”. This aligns with the Council’s 2021-26 housing strategy that sets a priority to “improve housing options, opportunities, and choice for all”.

5.5.2 In 2022 the council published its Extra Care Strategy, setting out its intention to significantly expand its Extra Care housing provision as a key means of supporting residents to remain living as independently as possible, for as long as possible.

5.5.3 In 2025 BCP Council expects go out to tender to award contracts for care and support in Extra Care Housing in line with Procurement Regulation. Following the competitive tender, all ECH accommodation in Bournemouth, Christchurch and Poole will be delivered according to the same care and support model and contract specification, to include the provision of both care and background support.

Supply detail

5.5.4 The scope of this chapter is working age residents (18-64) with physical disabilities, long term conditions and sensory impairments, and therefore considers accommodation types most relevant to this cohort. Please note that this cohort will overlap with cohorts considered in separate chapters including mental health, and learning disabilities, and may be supported by provision detailed in these chapters. Please also note that while this chapter does not consider age designated sheltered/retirement housing, which is primarily for adults over 65 and covered in the older people’s chapter, there will be some overlap with the 18-64 cohort as the eligibility criteria for BCP sheltered housing is 60+.

5.5.5 This chapter considers the following types of housing and accommodation:

- **Extra Care:** housing with care, typically offering self-contained dwellings with agreements that cover the provision of care, support, domestic, social, community or other services. Extra Care more traditionally accommodates older people, however BCP operates inter-generational schemes of working age and older adults, and intends to develop more schemes which support a mixed level of need.
- **Supported living** (see provision via Housing Allocation Panel properties in LD&A chapter)
- **Mainstream housing which is accessible and adaptable** (including fully wheelchair adapted), and therefore able to support people as they age (for instance bungalows).

Extra Care

- 5.5.6 The council classifies the 9 schemes listed below as Extra Care, totalling 356 units, and varying in size between 19 and 61 units. Three schemes support only older adults (at least 45+), while all others support mixed-age communities of those over 18. At time of writing, 53% of extra care residents were 65+, 36% were 45-64, and 11% were under 44.
- 5.5.7 Some schemes have a guideline mix of needs, set as 40/30/30 (high/medium/low) A balanced mix of needs is desirable across all locations, recognising that extra care housing is a good alternative to consider, to support people's independence and prevent avoidable residential care placements.
- 5.5.8 During the period of available data (April 2023 to January 2025), 7.2% of units on average were void – in Shaftesbury Court voids were as high as 24.2%. This includes void flats that were not ready to let/in need of maintenance or repair by the landlord, as well as voids with and without applications pending.
- 5.5.9 Extra Care housing is defined in BCP Council's ECH strategy, an ECH brochure and ECH factsheets, as self-contained accommodation with design features and support services to enable self-care and independent living. Extra care housing (for rent or sale) is becoming better known as a housing option that people might choose as an alternative to residential care. Extra care housing accommodation offers affordable housing. People who live in extra care housing have their own self-contained homes, with a lounge, kitchen, bedroom(s), and bathroom and have a legal right to occupy the property. There are care and support services available onsite, to provide both responsive and scheduled access to support. We recognise that background support and care are key components of ECH.
- 5.5.10 In the Bournemouth, Christchurch and Poole area there are currently 8 ECH locations with care and support as ECH, 5 of which ECH locations have 24/7 care and support on site, and a further 3 have care and support throughout part of all of the day and/or night. There is one ECH location without care and support at present, however there are plans to develop this in future.

Table 44

Scheme name	Provider	24/7 support	Age eligibility	Units	Current Occupancy	Current waiting list	Care hours per week (including background support)	Voids (January 2025)	Avg. voids at any one time* (Apr 23-Jan 25)	Total declined (Feb 23-Jan 25)
Extra Care 24/7 support										
Delphis Court	Aster	Y	18+	45	43	8	691 (168)	2	2.2 (4.9%)	12
Shaftesbury Court	Shaw healthcare	Y	18-65 with a physical or sensory disability	19	19	1	518 (168)	0	4.6 (24.2%)	2
Belmont Court	BCP Homes	Y	18+	36	33	5	417 (168)	3	1.9 (5.3%)	7
Trinidad Village	BCP Homes	Y	18+	54	49	13	705 (168)	5	2.5 (4.6%)	10
Brushett House	BCP Homes	Y	18+	20	20	8	425 (168)	0	1.7 (8.5%)	4
Without 24/7 support										
Bure House	Aster	On call overnight	60+ (or 55+ with a disability)	44	40	0	Spot commissioned, 105 background	0	3.8 (9.5%)	7
Hibberd Court	Aster	No staff on site	60+	49	48	0	Data not available	1	1.4 (2.9%)	4
Kingsley House	Aster	6am-11pm	60+ (or 55+ with a disability/ need)	61	53	3	491 (119)	8	5.3 (8.7%)	11
Craigeith	Sandbourne HA	10am-10pm	45+	32	32	5	283 (119)	0	2.2 (6.9%)	8
			Total	356	337	43		19	25.6 (7.2%)	65 (rate: 32.5 per year)

*Total number of voids recorded for each scheme – a proportion of which will have had applications assessed to move into said void

- 5.5.11 In 2024 there were 96 applications to extra care, including those not progressed or declined at panel – most of which were for 1-bed properties.
- 5.5.12 Between February 23 and Jan 25, 65 referrals to Extra Care were declined. Referrals to each scheme were declined between 2 and 12 times over the period of available data, the majority of which due to ECH not being the most appropriate way to meet a person's needs. In some cases, this included risks related to substance misuse, capacity and antisocial behaviour. On some occasions landlord policies related to pets resulted in an application being declined.
- 5.5.13 Where an application requires a specific ECH location, if there are no voids available the person will be added to a waiting list.
- 5.5.14 All applications are considered by a monthly multidisciplinary panel, including Adult Social Care, Housing, Brokerage and ASC Commissioning. Applications that are agreed are matched to suitable vacant properties and are referred to the landlord and care and support provider for final agreement.

Mainstream housing which is accessible and adaptable

5.5.15 This report shared a survey with the Council’s registered providers of social housing that let properties through Homechoice. This was to ascertain current available stock and future pipeline developments, with respect to accessible and adaptable accommodation. Four responses were received from Stonewater, Aster, Abri, and BCP Homes, who shared the following insight:

5.5.16 The current supply reported from the survey (and therefore incomplete) is shown below:

Table 45

Registered Provider		Total units	Units classified as M4(2) Category 2: Accessible and adaptable dwellings	Units classified as M4(3) Category 3: Wheelchair user dwellings (include both adaptable and accessible)	Units with major adaptations for current tenants?
Stonewater		1119	“Nearly all with potential to be adapted”	“Nearly all with potential to be adapted”	Data not available
Aster		544	0	9 supported units	0
Abri		746 social (124 non-social)	Data not available	Data not available	57
BCP Homes	Bournemouth	5602 including Leasehold and Shared Ownership; 5067 excluding Leasehold and Shared Ownership (20 Extra Care not yet subtracted)	1	2	Data not available
	Poole	5133 including leasehold and shared ownership; 4523 excluding (89 Extra Care not yet subtracted)	10	4	Data not available
	Total		11	6	57

5.5.17 The current pipeline reported in the survey is shown below:

Table 46

Registered Provider	Units in pipeline classified as M4(2) Category 2: Accessible and adaptable dwellings	Units in pipeline classified as M4(3) Category 3: Wheelchair user dwellings (include both adaptable and accessible)
Stonewater	0	0
Aster	0	0
Abri	6, shared ownership	28, shared ownership

Total	6	28
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5.5.18 Adaptations are managed through a workflow where Occupational Therapists will enter case information, including necessary adaptations, onto MOSAIC. An average of 44 cases per month were added to MOSAIC by OTs between August 2024 and January 2025. This information is extracted and entered into a separate case management system

5.5.19 Since July 2024, the proportion of urgent/non-urgent, complex/simple adaptation referrals (all ages) were as follows:

Table 47

	Complex	Simple
Urgent	4%	7%
Non-urgent	61%	28%

5.5.20 The majority of cases are non-urgent and/or complex. Of those cases which are urgent, most require simple adaptations.

5.5.21 All cases where the resident is not receiving passported benefits will undergo a Provisional Financial Assessment (PFA), and some will require a Feasibility Visit (FV) to assess the feasibility of adaptation works to their accommodation. These can be lengthy to process, and are complicated where powers of attorneys are in place. Once the necessary assessments are completed, they will be assigned to an Adaptations Officer who will oversee the completion of the required adaptations.

DFG

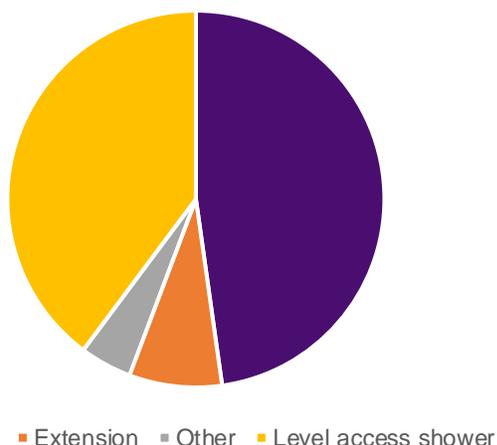
5.5.22 The below table shows the number of completed DFG adaptation grants between 2020/21 and 2023/24; 35% of all grants were completed for working age adults over the four years of available data:

Table 48

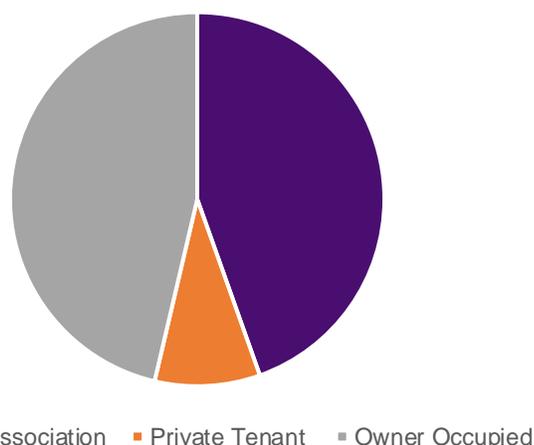
	No DOB	Under 18	Working age adults (18-65)	65+
2020-21	2	5	32	69
2021-22	0	4	46	97
2022-23	0	8	73	105
2023-24	2	11	60	97
Average	1	7	53	92

5.5.23 The below charts show the distribution of DFG adaptation grants by adaptation type and tenure type across the four years of available data. Please note this shows distribution for all ages; age disaggregated data was not available:

Completed adaptation grants by adaption type (2023/24)



Completed adaptation grants by tenure type (average between 2020/21 and 2023/24)



BCP Homes

5.5.24 The table below shows the number and costs associated with each form of adaptation (all ages), and the time taken for the adaption request to be completed from initially being raised.

	Average WOs raised per year	Average total cost per year	Average cost per WO	Average days from raised to complete
All	463	£609,387	£1,364	48
Level Access Shower	82	£237,553	£3,078	64
Stairlifts	36	£62,308	£1,866	49
Ramps	17	£24,716	£1,398	68
Handrails	67	£24,955	£414	34
Bathrooms	25	£17,568	£742	39
Kitchen	20	£37,816	£2,401	71
Showers (other)	52	£22,814	£441	34

Housing register

5.5.25 The below data shows properties let to residents aged 18-64 for the calendar years 2022-24, drawn from the Housing Register. Percentages show the percentage of the total cohort (18-64), including those who did not require adapted/specialist housing:

Table 49

Calendar year	Sheltered/ Extra Care		Mobility level*		
	Sheltered	Extra Care	1	2	3
2022	89 (15%)	22 (4%)	3 (1%)	23 (5%)	52 (10%)
2023	77 (16%)	22 (4%)	9 (2%)	27 (6%)	42 (10%)
2024	67 (15%)	22 (5%)	12 (4%)	49 (15%)	43 (13%)

* Mobility levels are classified according to the following³¹

Mobility 1

- Full wheelchair access
- Property will include ramped or level access in and out of the property
- Accessible kitchen and level access to bathroom

Mobility 2

- Partial wheelchair access
- Property will include ramped or level access
- Accessible bathroom facilities

Mobility 3

- Assisted access
- Property will include level access or shallow steps with handrail
- Accessible bathroom facilities

5.5.26 The below data shows the accommodation and mobility needs of people aged 18-64 waiting for housing on the Housing Register at the end of January 2025.

Table 50

	Count	% total working age adults (n=1638)
Sheltered/ Extra Care required		
Sheltered accommodation required	66	4%
Extra Care accommodation required	14	1%
Disability Living Allowance status		
Disability Living Allowance (mobility)	84	5%
Disability Living Allowance (care)	130	8%
Mobility needs		
Scooter	57	3%
Walking frame	55	3%
Walking sticks/crutches	210	13%
Wheelchair (inside and out)	51	3%
Wheelchair (outside only)	52	3%

5.5.27 A total of 425 residents aged 18-64 with a level of mobility needs were waiting for housing via the Housing Register at the end of January 2025, 228 of which are 50-64, and 79 are 60-64. The total waiting was almost five times as many as the average number of residents who were let accommodation with mobility adaptations each year between 2022 and 2024.

Quality and voids

5.5.28 BCP officers have identified significant level of voids among the Council's extra care provision, however this data includes flats that were not ready to be occupied and/or vacant flats with applications pending.

5.5.29 In February 2025, there were 13 voids which were available and ready to let, to which 25 nominations were received.

³¹ Source: [Mobility needs - Solihull Community Housing](#)

5.5.30 Aster, the provider for Delphis Court, Bure House, Hibberd Court, and Kingsley House, shared with this report the longest voids at time of writing in their schemes, and their associated losses:

Table 51

Scheme	Number of voids	Days spent void	Total loss
Kingsley House	4	248 days	£32,329.28
Bure House	2	321 days and 467 days	£11,190.54 and £14,682.24

5.5.31 The total current void loss on all current empty units for Aster is £101, 644.71 (excluding void loss associated with infestations).

5.5.32 Officers have provided the following potential reasons for the level of voids within extra care:

- Landlord nomination criteria or suitability of property including 55/60+ age criteria and/or shared flats
- Lack of awareness and/or visibility of services.
- Sometimes lengthy application process requiring a home choice as well as ECH care and support application.

5.5.33 The council is developing a voids policy and process to prevent future losses and ensure fairness in nomination rights.

5.5.34 The performance of care and support providers in extra care housing is overseen by ASC commissioning team and the Contracts and Procurement team. Care and support providers submit monthly returns detailing the care and support and background support provided in the preceding month to ensure that contracts are being fully utilised and that the balance and mix of needs of current tenants is working well.

5.5.35 At least every 18 months, each care and support provider will receive a contract monitoring visit by the service improvement team, part of ASC Commissioning. The purpose of this visit is to ensure the provider is delivering the contract and providing a good quality service to tenants receiving care and support in ECH. Tenants are contacted as part of this monitoring activity and any feedback about the service is included in the monitoring report.

5.6 Additional Analysis and Benchmarking

5.6.1 As with other cohorts we have approximated how the assumptions regarding specialist housing demand may impact the accommodation mix for this cohort in 2035. The analysis for accommodations types other than specialist housing is less comprehensive, and should be taken as indicative rather than instructive. This is compared to 2022 analysis due to data quality issues with more recent data.

5.6.2 This shows a substantial reduction in the use of residential care, whilst retaining a realistic expectation that in 10 years' time this will still be appropriate for some in the cohort:

Table 52

Accommodation	2022 Count	2025 %	2035 Count	2035 %
Residential & Nursing	58	12%	23	5%
Living with Family/Friends	17	4%	16	4%
Supported living	35	7%	38	8%
Extra Care	81	17%	121	27%
Other Community	283	60%	251	56%

- 5.6.3 Benchmarking against other local authorities has not been possible for this cohort due to a lack of publicly available sources. However, our approach of applying local assumptions remains a robust way to estimate future accommodation needs, given the scale of the unmet demand we are addressing for this cohort; and a relatively stable projection.
- 5.6.4 Our projection is that the majority of service users who could benefit from supported living and extra care accommodation for this cohort are already known to the service.
- 5.6.5 National strategies prioritise supported living and extra care over traditional residential care. This aligns with our projected increases in these categories.

5.7 Accessible General Needs Housing

- 5.7.1 In addition to the above assessment of the need for supported and specialist housing, we have carried out a high-level assessment of the need for accessible housing for this cohort, to fully wheelchair adapted and accessible/adaptable housing standards.
- 5.7.2 ONS Population Projections estimate BCP has 178,000 households now and that this will increase to 185,500 by 2035.
- 5.7.3 The English Household Survey last surveyed adaptations and accessibility in 2018/19 and found that 3.5% of English households have a wheelchair user in them. Of these, 73% lived in accessible or adapted homes.³²
- 5.7.4 Applied to BCP, this would mean by 2035 there will be 1,750 households with a wheelchair user living in accommodation that is not adapted or accessible. POPPI and PANSI forecasts look at mobility impairment. The BCP projections indicate that 37% of those who will have impaired mobility will be working age adults, totalling 640 households by 2035.
- 5.7.5 The English Housing Survey showed that 26% of wheelchair users require their wheelchair indoors only or all of the time, compared to 74% outdoors only. Assuming that 26% therefore require adapted properties, this would be 165 additional adapted properties in BCP by 2035; and 475 additional accessible properties for working age adults.
- 5.7.6 The number of households with a wheelchair user is less than 20% of the total number of people projected to have impaired mobility using POPPI and PANSI. Recognising that many, but not all, of these people may require accessible or adapted housing, and that some households will have more than one person with an accessibility need, we could estimate that the full additional demand for accessible and adapted housing is 3 to 4 times the amount estimated for wheelchair users – **a total range of 1,900-2,600 for working age adults by 2035.**

³² https://assets.publishing.service.gov.uk/media/5f044f27e90e075c53dfcf01/2018-19_EHS_Adaptations_and_Accessability_Fact_Sheet.pdf

5.8 Best Practice

- 5.8.1 Contemporary best practice in housing for working-age adults with long-term conditions, physical disabilities, or sensory impairments recognises the preference for individuals to live in mainstream accommodation rather than traditional supported housing. Best practice therefore focusses on adherence to **national accessibility standards for accessible, adaptable dwellings**. Current building regulations allow for three standards of accessibility, only one of which is mandatory:
- M4(1) Category 1 (mandatory) – ‘Visitable’. This does not guarantee ease of access for disabled people, and is the minimum standard required for all new homes
 - M2(2) Category 2 (optional) – ‘Accessible and adaptable’
 - M4(3) Category 3 (optional) – ‘Wheelchair user dwellings’
 - Category 3 2a – ‘Wheelchair adaptable’
 - Category 2 2b – ‘Wheelchair accessible’
- 5.8.2 Local planning authorities may choose to set requirements for Category 2 or 3 standards to be met, enforced through planning permission conditions - the Birmingham Municipal Housing Trust has built all its properties for social rent to the standard, and the Sheffield Housing Company is now using M4(2) Category 2 as their main standard.
- 5.8.3 Additional standards and guidance such as Habinteg and the Joesph Roundtree Foundation’s Lifetime Homes Standards, embodied by the M4(2) Category 2 standards, and their Wheelchair Accessible Design Guide, can provide further guidance to developers on best practice in accessible and adaptable design.
- 5.8.4 Some local planning authorities have gone further to design bespoke specifications for housing models to provide further guidance and expectations to developers aligned to the needs and preferences of local residents. Birmingham City Council designed a housing model which specified two-bedroom ‘dormer style bungalows’, each with a ground floor bedroom and shower room, a lounge and kitchen and also a second bedroom and bathroom upstairs. This model sought to create accommodation which could flexibly meet the needs of a variety of households who need accessible homes, including for wheelchair users.
- 5.8.5 **Habinteg Housing Association** is an example of a provider that is committed to delivering accessible housing; they were pivotal in the development of the Wheelchair Accessible Design Guide. They have partnered with Leeds City Council to develop bespoke wheelchair accessible bungalows and accessible homes to address the shortage of accessible and adaptable family homes for disabled and older residents, and people with complex physical support needs.
- 5.8.6 **Modular Methods of Construction** are emerging as an effective way to provide adaptable homes which can be shaped around a resident’s changing needs. In Wales, First Choice Housing Association has developed ‘Flexi homes’ to enable people with physical disabilities to live in purpose-built, energy-efficient and adaptable properties that meet their requirements. Modular components are manufactured off-site and can be easily transported for rapid installation as needed, minimising any disruption to the existing property and tenants.
- 5.8.7 For people that need a supported housing option, self-contained accommodation with tailored care & support services, for instance in a supported living setting or in an Extra Care scheme, is recognised as best practice - providing individualised, comfortable homes with both privacy and access to the right support. *For example, **Paradise Independent Living in North London** is an example of supported housing for people who may have physical disabilities associated with long term conditions. It comprises 6 units of self-contained supported housing with 24/7 support for people with an acquired brain injury. This provides an intensive and individualised brain injury rehabilitation programme with access to neuro physiotherapy, neurological occupational therapy, and psychotherapy. The service has Approved Brain Injury Provider Accreditation with Headway, the leading Brain Injury charity.*

5.9 Professional and Lived Experience Voices

5.9.1 National research and engagement conducted by Housing LIN produced the following key insights into what people with physical disabilities want from their housing:

- Residents want to live in ‘homes for life’, where they can live for as long as possible
- Residents therefore are seeking improved access to adaptations that enable them to stay in their homes. This may be achieved for instance through supporting better understanding and access to Disabled Facilities Grants
- The majority of adaptations needed for adults with physical disabilities are grabrails, ramps and level access showers
- Residents often require larger properties to support mobility, to be able to store equipment, and in some cases provide an extra bedroom for overnight care and support.
- Residents value location, with good access to shops, amenities, and services.

5.9.2 As part of this report operational staff were provided the opportunity to share their perspectives on the strengths, challenges, and gaps within BCPs provision. They shared the following insights:

- Staff felt assessments for housing do well to be holistic and take into account residents’ full context
- The current Extra Care criteria means it is difficult for young people with care needs to access the provision
- Staff expressed aspirations for more new builds to be fully accessible and wheelchair adapted, rather than partly
- Staff identified the following gaps in provision:
 - Properties adapted for clients with mobility issues, especially those with larger wheelchairs or mobility scooters
 - There is not enough supported housing for young people
 - Supported housing availability outside of Bournemouth town centre
 - Provision for those who lack the mental capacity to sign a tenancy but do not have care home needs

5.10 Updated Gap Analysis

5.10.1 There is a net need for **40 additional extra care units** for working age adults with long term conditions by 2035, and 3 additional supported living units. As illustrated below:

Table 53

Accommodation Type	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Extra care	81	135	54	121	40
Supported living (target is small scale, self-contained)	35	35	0	38	3
Mainstream housing - accessible and adaptable	Unknown	-	-	-	1,735-2,435
Mainstream housing - fully wheelchair adapted	Unknown	-	-	-	165

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5.10.2 Commissioning colleagues believe some of the existing occupancy in extra care includes people with no or low care and support needs. If this is the case, this would reduce the estimated current gap and potentially the gap by 2035.

Transitions

5.10.3 In total, we have forecast an average of 3 transitions into this cohort each year for the next 10 years.

5.10.4 This is based on a baseline of 3 transitions per year between 2020/21 and 2023/24, estimated by looking at the current cohort and how many turned 18 in each year. We have then analysed the rate of growth in relevant EHCPs by looking at and extrapolating the trend in 15-year-olds with relevant EHCPs and applied this rate of increase to the transitions baseline. For this cohort, this is projected to be 21% over 5 years.

5.10.5 As set out in the assumptions table above, we have then assumed that the proportion of the 3 transitions each year requiring supported living will equal the proportion of transitions between 2020/21 and 2023/24 that required supported living. This works out at 1 transition per year on average.

6 Single Homelessness (25+)

6.1 Introduction

6.1.1 This chapter covers single households (inc. couples) experiencing homelessness aged 25 or over.

6.2 Population

6.2.1 The following table shows the profile of statutory homelessness duties owed to single households (25+) in BCP. Aside from a drop due to the pandemic and “Everyone In” initiative, the total number of duties has remained broadly consistent over the past 5 years. We have therefore used the BCP population projections to forecast the number of duties owed in 2035:

Table 54

	2024	2035	% Change
Total prevention/relief duties for single households (25+)	1,601	1,674	+4.6%
Of which, a single applicant with no dependents (92%)	1,473	1,540	+4.6%
Of which, a couple with no dependents (8%)	128	134	+4.6%

- 6.2.2 Of the 1,601 statutory duties in 2024, 671 (42%) had a disability or physical health support need listed, and 349 (22%) had both a substance misuse and mental health support need listed i.e. dual diagnosis.
- 6.2.3 The following table shows the population of rough sleepers, using the monthly DELTA returns submitted to national government; and similar ONS population projections:

Table 55

	Dec 2024	2035	Change
People sleeping rough in BCP over the month (25+)	109	114	+4.6%
Of which, are new	29	31	+4.6%
Of which, are long term	15	16	+4.6%

6.3 Needs Assessment - Demand

6.3.1 Current Need

The assumptions in Table 56 relate to how the current known cohort could be accommodated.

Table 56

Assumption	Estimated current unmet need
Those currently within general needs Temporary Accommodation with 3+ support needs³³, requiring accommodation with support: as of January 2025	91
Those with an SPHUB referral accepted and currently waiting: as of January 2025	32
All those rough sleeping through the course of a month requiring accommodation with support: Dec 24	109
<i>Less those currently accommodated within the pathway who do not require the support, rather an affordable general needs tenancy (10%)</i>	(33)
Total current unmet need	199

6.3.2 New Demand

The assumptions in Table 57 relate to how people entering the cohort will need to be accommodated each year, over the next 10 years, and current positive prevention outcomes held constant.

Table 57

Assumption	Estimated annual demand
New statutory homelessness duties owed to households with 3+ support needs: based on 2024	460
New rough sleepers: Based on numbers newly taken onto street outreach caseload in 2023/24	250
Adjusted for:	(427)

³³ From: substance misuse, history/ experiencing abuse, offending history, history of homelessness, mental health

<ul style="list-style-type: none"> • <i>the proportion of new demand (3+ support needs) approaching the statutory service after being evicted from supported housing</i> • <i>the proportion of new statutory demand whose accommodation at time of application was rough sleeping, to avoid double counting</i> • <i>not all will require accommodation and support, assume SPHUB referral acceptance rate (52%)</i> 	
Total	283

6.3.3 Move On

The assumptions in Table 58 relate to people leaving housing related support provision.

Table 58

Assumption	Estimated annual exits
Scenario 1, exits from housing related support provision at current rate: on average, 150 individuals are having a service ended each year on SPHUB. This could be a planned/ unplanned move, positive/ negative etc.	24% per year
Scenario 2, planned exits from housing related support provision at target rate: across the provision (from short-term floating support through to Housing First).	50% per year

6.3.4 This updated assessment indicates that **by 2035 there will be a total need for 566 units based on a 50% exit rate and up to 1,161 units based on the current 24% exit rate.** Factors affecting the rates include the quality and profile of the housing related support provision to match need, and access to settled, affordable housing for move-on.

6.3.5 Modelling suggests, in line with Campbell Tickell’s 2022 needs assessment, that there may be sufficient capacity within the pathway. However, to meet current and future demand, the focus should remain on increasing provision, improving quality, and reprofiling services.

6.4 Services and current provision

Local context and policy

6.4.1 BCP has a challenging housing market. Although the PRS sector is larger than the English average it is also expensive. The level of social housing stock is low (10%) which makes it difficult to alleviate homelessness. Therefore, the PRS sector has a key role in resolving homelessness as a high proportion of prevention and relief cases move into PRS accommodation.

6.4.2 The current strategy to reduce homelessness and rough sleeping is based around 3 core aims:

- prevention of homelessness
- breaking the cycles of homelessness
- continued improvement of sustainable services

6.4.3 The strategy includes a commitment to deliver **long lasting, housing led solutions for everyone, including a focus on rapid re-housing pathways.** This seeks to strengthen the ability to take individual choices into account as more options become available. This has already led to a revision of the single homelessness pathway, more stability, fewer barriers including acceptance of pets, additional couples provision and some significantly lower service charges.

- 6.4.4 In Winter 2023, BCP took part in the **Women's Rough Sleeping Census** for the first time. The resulting information informed the delivery of the new Single Homeless Accommodation Programme (SHAP) Housing First scheme. A block of 10 new self-contained flats has successfully housed women, specifically with a history of rough sleeping, for whom traditional provision has not been suitable or successful.

Supply detail

- 6.4.5 There are currently **462** Housing Related Support (HRS) units in the current mental health and single homeless adult accommodation pathways, some of which is grant funded.
- 6.4.6 **245** units are in the single homeless pathway and accommodation-based (i.e. the support is tied to the accommodation) across 5 providers. Roughly 38% is high intensity/ 55% medium/ 7% low.
- 6.4.7 **115** units are floating support
- 6.4.8 In the mental health pathway (HRS commissioned by housing), there are **67** accommodation-based units (BCHA and St. Mungo's), and **115** floating support. Roughly 58% high intensity/12% medium and 30% low. This pathway is for those with a formally diagnosed mental health illness who are open to a Community Mental Health Team and are on the Care Programme Approach (CPA).
- 6.4.9 There are **8** hospital step-down 1 bed flats from BCP Homes stock.
- 6.4.10 A full summary is provided in Table 59 below:

Table 59

Provider	Scheme/ Service	On-site support?	24 hour?	Support Delivery	Units
Single Homeless Pathway – Accommodation-Based					
BCHA	Service A	Y	Y	High	40
	Service B	Y	N	Medium	19
	Service C	Y	N	Medium	15
	Service D	N	N	Low	4
	Service F	N	N	Low	2
	Service G	N	N	Low	1
Two Saints	Service A	Y	Y	High	10
	Service B	N	Y		27
St. Mungo's	Service A	Y	Y	High	7
Pivotal	Service A	Y	Y	High	34
	Service B	Y	Y	High	13
YMCA	Service A	Y	Y	Medium	73
St. Mungo's	Housing First (RSI)	N	Y	High	54
Inhouse provision	NSAP				10
Inhouse provision	Dispersed - RSAP	N	N		86
Total					395
Mental Health Pathway – Accommodation-Based					
BCHA	Service A	Y	Y	High	15
	Service B	N	N	Low	9
	Service C	N	N	Low	11
St. Mungo's	Service A	Y	Y	High	24
	Service B	Y	N	Medium	8
Total					67
Mental Health Pathway – Floating Support³⁴					
BCHA	Dispersed	N	N	Low	115
Total					115

6.4.11 In addition, there is the following provision:

Accommodation for ex-Offenders (AfeO) floating support officer providing support to secure Private Rental Sector including rent deposit scheme. Probation officer completes duty to refer but people can also self-refer. There is a Community Accommodation Service Tier 3 (CAS3), a transitional housing service for people leaving prison who are at risk of homelessness. Two **prison release housing support officers** for people newly released from custody with substance use issues. Funded by DATRIG (Ex SSMTR housing support grant) until March 2026 and until now has also been through a grant from Probation South West.

- **BCP homes tenancy sustainment team** for BCP homes tenants
- The Homeless **multi-disciplinary team** has been in place since July 2022, meeting weekly and including a wide range of partners who work flexibly and creatively to find and maintain solutions for the cases facing the most challenges and barriers, ensuring to include and involve the views and wishes of the client in proposed solutions and interventions. The MDT also manages the referral and nominations to Housing First provision.
- The **Homeless Intervention Team (HIT)** is staffed by social workers who undertake preventative work/harm reduction and case management including safeguarding and care act assessments.

³⁴ Referrals for floating support are directly with the provider and not through the SP Hub

- **Support & Inclusion Team** provide resettlement support for people in emergency or temporary accommodation, tenancy sustainment, homeless prevention and relief support, hospital discharge and rough sleeping prevention.
- **BCP Drug and Alcohol Homeless Team** - team of workers who actively engage with people who are rough sleeping, in temporary/emergency accommodation, in commissioned supported accommodation and individuals at risk of eviction from social housing with substance misuse issues, through in-reach to access treatment. Individuals accessing the homeless drug and alcohol team continue with engagement through this team until the individual is stable enough to access other community drug and alcohol services. The team is made up of recovery workers, nurses and prescribers. Funded through the Drug & Alcohol Treatment and Recovery Improvement Grant (DATRIG) until 31st March 2026.
- The **drug & alcohol housing support team** primarily works with individuals in private rented accommodation, people with cognitive impairment and individuals with a history of multiple evictions; liaising with private landlords to reduce the risk of tenants being evicted by supporting individuals into treatment and improving individuals' outcomes. Funded through the DATRIG until end of March 2026.

6.4.12 There are several **non-commissioned supported housing services** in BCP owing to the nature of housing stock. This provision is mainly funded through exempt Housing Benefit, and the confirmed total amount of units is unknown and consistently changing. There are at least 5 providers delivering non-commissioned exempt accommodation.

6.5 Best Practice

6.5.1 The primary purpose of **short term/transitional supported housing** is to address the reasons why an individual cannot move into mainstream housing straight away, with the aim of preventing them from becoming homelessness. The primary outcome measures are therefore around the numbers of people sustaining accommodation as an alternative to homelessness in the short term; and then moving into settled housing in the medium term. Key features of a high-quality supported housing system are therefore³⁵:

- 'PIE' buildings ('psychologically informed environments')
- Appropriate staffing levels, skill and style
- A range of move-on options available, staff know of them and there are clear access routes in a reasonable timeframe
- Clear processes to remove barriers to mainstream housing
- Risks can be managed, and a sufficiently 'safe space' created
- Provision of personalised support.
- Individual choice and agency are promoted, facilitated by effective multi-agency partnerships
- People can access any specialist support they need

6.5.2 The prevailing approach to housing homeless people in the US, Europe and Australia can be described as 'linear' in nature. It is founded on a '**treatment first**' philosophy, with homeless people typically only placed into general needs housing when they exhibit evidence of 'housing readiness' (e.g. basic living skills, sobriety, commitment to engage in treatment). In the UK, the linear model is implemented more flexibly than elsewhere, but a 'treatment first' philosophy still prevails. The problems with the traditional response centre around both the principles and philosophy, and the assumptions and practicalities needed to make it work (for example, suitable

³⁵ Blood et al, 2023. Research into the supported housing sector's impact on homelessness prevention, health and wellbeing

accommodation with the right level of support, appropriate range of move on options, limited barriers to mainstream housing etc.)

- 6.5.3 Only a **minority of people express a desire to remain in large hostels and shelters or supported accommodation for long periods of time**. Concerns about being housed in mainstream hostels and shelters tend to be particularly acute for young people, transgender people, women and people with complex needs.
- 6.5.4 **Housing-led approaches to tackling homelessness** have become a key policy focus across the UK. The evidence supporting the Housing First approach is particularly robust, more so than any other housing intervention aimed at rough sleepers. Tenancy retention rates for Housing First typically fall between 60% and 90%, with most studies reporting around 80%. There is a need for short-term, high-quality emergency accommodation. Supported housing also plays a crucial role, either as a transitional option or as a longer term solution, when delivered outside the traditional ‘staircase’ approach.
- 6.5.5 Housing First differs from traditional non housing led models by placing individuals directly into independent housing from the streets, without requiring them to first engage in treatment or move through transitional accommodation. Tailored support is provided to individuals to help them sustain their tenancy. **This approach challenges long-standing assumptions that people experiencing chronic homelessness, especially those with co-occurring mental health or substance use issues are unable to maintain independent housing.**
- 6.5.6 An international evidence review of what works to end rough sleeping (Mackie et al, 2017) examined a range of different interventions and suggested five key themes to help underpin the approach taken to prevent and end rough sleeping:
- **Recognise the diverse needs of individual rough sleepers** – address each rough sleeper’s housing and support needs and their different entitlements to publicly funded support.
 - **Take swift action** – to prevent or quickly end street homelessness through interventions such as No Second Night Out, thereby reducing the number of rough sleepers who develop complex needs and potentially become entrenched.
 - **Employ assertive outreach leading to a suitable accommodation offer** – by identifying and reaching out to rough sleepers and offering suitable housing as part of a support package. When assertive outreach leads to permanent, rather than temporary, accommodation; tenancy sustainment outcomes are improved. Accommodating rough sleepers in shared or large housing can be less effective and desirable than self-contained options.
 - **Be housing led** – offering swift access to settled housing, including the use of Housing First support model.
 - **Offer person-centred support and choice** – using a client-centred approach underpinned by collaboration and commissioning across sectors.
- 6.5.7 There is a growing awareness of the benefits of **co-commissioning alternative accommodation and support delivery models** which address the complexity of need using more holistic approaches. There is an increasing shift towards more psychologically informed approaches providing more effective support and accommodation for individuals experiencing homelessness.
- 6.5.8 Many respondents to the evidence review gave examples of where **alliance and consortia approaches** are predominantly being taken to transform homelessness services. Alliance contracts are generally larger contracts over extended periods involving pooled budgets (e.g. housing, drug & alcohol, community safety, social care etc.). These type of contractual arrangements require providers to work together to deliver services.
- 6.5.9 There is increasing recognition and emphasis on provision of **appropriate women-specific accommodation** including dispersed accommodation based on the Housing First model in local areas. This is aligned with

broader recognition of women's homelessness and the barriers presented by traditional short-term supported accommodation.

- 6.5.10 Embedding 'personalisation' within housing led contracts with identified funds enables supported housing services to be more flexible. Currently accommodation-based support services are seen by some as being too rigid in terms of contracts and provision.
- 6.5.11 To create a fully functioning system to prevent and end homelessness, an integrated strategy for housing and support, under-pinned by stable funding, is needed at both national and local levels. The following presents the key recommendations of a recent report looking at the commissioning of homelessness services³⁶:
- **Funding levels** need to be predictable and facilitated by longer term contracts to enable local authorities and service providers to plan.
 - The supported housing sector needs a **framework of standards** to inform a consistent understanding of 'quality'. This should align with the Housing First principles to focus the system on choice, control, rights and relationships.
 - **Strategies should be developed through engagement** with supported housing providers, people with lived experience and the wider voluntary and community sector. A wider range of evaluation criteria should be used to assess tenders, including user-led views of what makes for an effective service.
 - Local authorities need to be clear about **the role of different housing support projects and models within the system** and how they function together as a whole system. There should be investment in floating support services that can prevent homelessness, support and sustain resettlement, and work effectively with people with complex needs.
 - Policies, commissioning strategies, performance frameworks and funding streams should be designed to **enable innovation**.

6.6 Professional and Lived Experience Voices

- 6.6.1 Stakeholders report that people are remaining in supported housing longer, as their complex needs cannot always be addressed within target timeframes and there are challenges obtaining appropriate move on accommodation. In BCP there is a significant reliance on the private rented sector (PRS) for move-on accommodation, in addition to a social housing allocation policy that outlines the criteria for transitioning individuals from supported housing.
- 6.6.2 Stakeholder feedback identified the following concerns with some of the supported housing provision:
- delivered in large buildings
 - residents cannot cater for themselves
 - shared communal areas
 - some accommodation requires refurbishment
- 6.6.3 There is reliance on the commissioned support providers to provide support over and above housing related. There is a need for greater engagement and flexibility from other agencies with a particular emphasis on mental health.

³⁶ 'A Traumatized System': Research into the commissioning of homelessness services in the last 10 years Imogen Blood, Nicholas Pleace, Sarah Alden & Shelly Dulson

- 6.6.4 Supported housing services have recruitment issues and have stated more resources are required to enable providers to recruit staff with the relevant skills.
- 6.6.5 The Single Homelessness Pathway changes introduced during the pandemic removed the ‘staircase approach’ and this was widely viewed as an improvement on previous arrangements. However, the pathway is not meeting the needs of everyone and does not offer choice and control of individuals.
- 6.6.6 Stakeholders are confident in Housing First because they have seen it succeed locally. The biggest challenge to expanding is the limited supply of suitable housing
- 6.6.7 Support providers highlighted current KPIs measure the wrong things and need to reflect outcomes within a housing-led system which matter to people using services.
- 6.6.8 It is believed that the Council should commission longer-term contracts and increase funding to enable providers to award more generous salary levels that guarantee good quality staff can be attracted and retained.
- 6.6.9 A number of lived experience people highlighted that the system sees them as ‘housed’ when they enter the pathway, then support dwindles away, unless you are very proactive and ‘do things yourself’ to find out about housing options. There was a clear feeling from everyone that transitional supported housing isn’t a home. Some people described feelings of not being able to trust or settle in accommodation where they knew the arrangement was not permanent and they could be asked to leave.
- 6.6.10 BCP Council staff, providers and people with experience of supported hostels explained it’s the Council who decide where to ‘place’ individuals, based on which ‘pathway’ they are assigned to (mental health, youth, complex, single homeless), and the level of their needs. For some this lack of choice in the process fosters disengagement in support and/or refusal of accommodation. People from all groups queried whether allocating supported accommodation units to a particular pathway and assigning individuals based on their ‘primary need’ works in practice or holds up in principle. Often, identifying or diagnosing a single ‘primary need’ was neither possible nor desired by applicants. In addition, the ‘right’ hostel for the type and level of need was frequently unavailable, resulting in individuals being placed in unsuitable accommodation.
- 6.6.11 Timescales are impacted by a lack of sustainable homes to move onto, and people can ‘fall backwards’ – the opposite of what the system aims to achieve for individuals. People in every group questioned the logic of placing people with similar needs or issues together. In many cases, this was seen to compound problems, make management of buildings difficult and not take into consideration the individuals’ other priorities such as location or facilities.
- 6.6.12 The concept of the system having an “institutionalizing” role was raised by people in all groups consulted owing to the long lengths of stay and lack of move-on focus by some services. These comments call into question the role of supported hostels as places where people ‘*increase readiness for housing*’.
- 6.6.13 A common theme was that the amount of support given to different people varies, which is understandable in some circumstances. Several examples were given where emotional and practical support was provided by peers because staff were not available when needed. Some residents in supported housing also described taking responsibility for keeping shared spaces peaceful and safe for more vulnerable residents. There were strong feelings that staff sometimes apply rules inconsistently and a perception that your “*face needs to fit*” in shared accommodation. This led to a sense of favouritism, hierarchy and impunity, where staff take their personal prejudices out on residents. People reported being seen as their issues, with referrals and conditions applied regardless of whether they wanted to address an issue. There was a sense of having no choice and being reduced to a ‘total of the problems that you have’. #
- 6.6.14 There was lots of positive feedback about individual staff members and recognition that some people had received good support. However, some have had a bad experience which are hard for them to forget; lack of care and poor communication leading to a breakdown of trust between staff and people receiving services.

- 6.6.15 The following headlines were attained from a survey completed by the Council’s statutory homelessness officers:
- Good level of provision for people with substance misuse, repeated homelessness, periods of rough sleeping.
 - Requirement for more “first stage” provision to get people off the streets quicker
 - Clear referral processes using SP Hub
 - Good success rate of supported schemes and the impact of staff on people’s lives
 - There is a need for both dual diagnosis and mental health accommodation
 - Too few supported housing schemes – “only two provide 24 hour support (YMCA and St Pauls)”, both are large schemes which are not suitable for everyone
 - Turnover of voids an issue in the mental health pathway
 - There is a need for more supported housing across BCP (outside of Bournemouth town centre)
 - There is only one supported accommodation option for individuals with MH and substance misuse (dual diagnosis) and if evicted, limited appropriate alternatives
 - More couples’ rooms needed
- 6.6.16 Engaged providers within the current pathway stated there is a general appetite to have more formal mechanisms to strategically engage with the Council, work together and co-design a pathway that meets the needs of BCP residents. A new supported housing provider forum has been launched which should fulfil this purpose. There has not been a recommissioning exercise of the single homeless provision for several years whilst existing contracts have been extended annually. This is driven by the short-term nature of central government funding and gives providers little contract certainty or ability to plan services.
- 6.6.17 Providers have found it difficult to connect and engage with the Council’s Revenues and Benefits service with regards to Housing Benefit claims. This is particularly relevant in the context of the forthcoming Supported Housing (Regulatory Oversight) Act.
- 6.6.18 Providers echoed sentiments above that contract management discussions have a narrow focus on move-on which, whilst important, is often outside the provider’s scope of control and neglects other features of a high quality, person-centred service.
- 6.6.19 In terms of provision, the caseloads of the Housing First service were viewed as currently too high to meet the Fidelity Model (11 vs. 5-7). Concerns were shared about the accessibility of some buildings, and the levels of risk associated with high numbers in large facilities.
- 6.6.20 Providers frequently raise concerns about Community Mental Health Teams (CMHT) being unwilling to support those with dual diagnosis.
- 6.6.21 All providers highlighted challenges with move-on, with inconsistent awareness and understanding of the move-on options. The private rented sector often requires providers to “show the client is ready”.
- Gaps in provision were identified around women-only and ‘dry house’ units, and those on the threshold of Care Act eligibility with learning difficulties and/ or who are neurodivergent.

6.7 Updated Gap Analysis

- 6.7.1 The data in Table 60 below breaks down the current and projected need for housing-related support over the next 10 years:

Table 60

Scenario	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Scenario 1, current rate ³⁷	573	839	266	1161	588
Scenario 2, target rate of 2 years ALOS	573	839	266	566	(7)

- 6.7.2 There is a net need for **up to 588** additional housing related support units by 2035. This could be more/ less depending on funding settlements for rough sleeping from 26/27 onwards and the move-on/ throughput rates achieved e.g. **c.35% of current supply units in the modelling are grant funded**. The role of the non-commissioned supported exempt sector will also be key in meeting future need (estimated at c.87 units currently) however level of supply is likely to be impacted by the forthcoming Supported Housing (Regulatory Oversight) Act 2023.
- 6.7.3 Whilst this gap analysis looks at the number and type of required units, there is a need to commission flexible housing led services and consider new building configurations. There is already an intention to increase the proportion of units that are “housing-led” i.e. floating support in mainstream, general needs tenancies. This would be the Housing First model for those with the highest level of need, experiencing multiple disadvantage, and basic/ intensive floating support for others with low to medium support needs. The focus within BCP should therefore be the following types of accommodation:
- 1 **Housing First**
 - 2 **Floating support in mainstream accommodation (basic or intensive)**
 - 3 **Single homelessness accommodation-based pathway (meeting best practice standards)**
 - 4 **High stability housing**
- 6.7.4 It is recognised that whilst Housing First sustains tenancies for c.80% of those with experience of multiple disadvantage, there are those who want and/ or need 24-hour on-site support for the rest of their lives.
- 6.7.5 The successful pilot of High Stability Housing (HSH), funded by the government’s Rough Sleeping Initiative (RSI), has evidenced a need for this type of accommodation for those with longer term support needs. HSH provides stable self-contained accommodation for service users with Care Act eligible needs experiencing multiple disadvantage. HSH provides an alternative supported accommodation option where other options have not worked. HSH doesn’t have strict move on timescales but provides a stable basis for recovery with trauma-informed, restorative support. The stable and tolerant approach provides a solid foundation for recovery. These are usually small to medium scale developments, with around 10–15 residents in one scheme, controlled access of the overall scheme by the service provider; with a preference for self-contained flats, secure design e.g. non-intrusive monitoring of communal access, some indoor communal areas (i.e. living room, kitchens) within wider scheme; and staff/office spaces (including staff sleeping space).
- 6.7.6 It has not been possible within the scope of this needs assessment to explore in-depth the experience of sub-groups who have different needs that are often unmet in traditional support housing contexts e.g. women, those identifying as LGBTQ+, those with accessibility needs, couples etc. Anecdotal information has been provided in this chapter e.g. highlighting gaps in provision relating to women-specific and LGBTQ+ people, but a more in-depth review is required of the accommodation needs and support requirements for these cohorts.

³⁷ On average, 150 individuals are having a service ended each year on SPHUB. This could be a planned/ unplanned move, positive/ negative etc.

7. Young People (18-24)

7.1 Introduction

7.1.1 This chapter covers care experienced young people aged 18-24, former unaccompanied asylum seeking children (UASC) and young people aged 18-24 experiencing homelessness.

7.1.2 Care leavers in England have a range of entitlements set out in legislation to ensure that they are properly housed. In addition, care leavers receive some additional support through the general homelessness legislation. Housing authorities, children’s services authorities and other relevant departments within local authorities, are advised to develop joint protocols or procedures to ensure that each department plays a full role in providing corporate parenting support to young people leaving care.

7.2 Population

7.2.1 In Table 61 below is shown the profile of statutory homelessness duties owed to single households (16-24) in BCP. Aside from a drop due to the pandemic and “Everyone In” initiative, the total number of duties has remained broadly consistent over the past 5 years. We have therefore used the BCP population projections to forecast the number of duties owed in 2035:

Table 61

	2024	2035	% Change
Total prevention/ relief duties for young people (18-24)	439	459	+4.6%
Of which, have a listed support need of: young parent, 16-17 yr old, care leaver 18-20, care leaver 21-24	122	128	+4.6%
Of which, do not have one of the above support needs listed	317	331	+4.6%

7.2.2 In Table 62 below is shown the estimated population of young rough sleepers, using the monthly DELTA returns submitted to national government; and similar ONS population projections:

Table 62

	Dec 2024	2035	Change
Estimated people sleeping rough in BCP over the month (18-24)	6	6	+4.6%

7.2.3 In Table 63 below is shown the current population of young people (under 25) within different cohorts using Children’s Social Care case management data:

Table 63

Cohort	Feb 2025
UASC Children in Care	45
UASC Care Leaver	119
UASC Indefinite Leave to remain	1
UASC Limited Leave to remain	56
Children in Care 16-17	250
Care Leavers Former Relevant (18-20)	270
Care Leavers Former Relevant (21-24)	68

7.3 Needs Assessment – Demand

Current Need

The assumptions in Table 64 relate to how the current known cohort could be accommodated:

Table 64

Assumption	Estimated current unmet need
Those currently within general needs Temporary Accommodation with 3+ support needs ³⁸ , requiring accommodation with support: as of January 2025	10
Those with an SPHUB referral accepted and currently waiting: as of January 2025	10
All those rough sleeping through the course of a month requiring accommodation with support: Dec 24	6
<i>Less those currently accommodated within the pathway who do not require the support, rather an affordable general needs tenancy (x%)</i>	
Total current unmet need	26

7.3.1 New Demand

The assumptions in Table 65 relate to how people entering the cohort will need to be accommodated per year, over the next 10 years:

Table 65

Assumption	Estimated annual demand
New statutory homelessness duties owed: Those with a designated support need ³⁹ or 3+ other support needs, based on 2024	177
New rough sleepers: Based on numbers newly taken onto street outreach caseload in 2023/24	19
Adjusted for: <ul style="list-style-type: none"> <i>the proportion of new demand approaching the statutory service after being evicted from supported housing</i> <i>the proportion of new statutory demand whose accommodation at time of application was rough sleeping, to avoid double counting</i> <i>not all will require accommodation and support, assume SPHUB referral acceptance rate (57%)</i> 	(89)
Total	107

³⁸ From: substance misuse, history/ experiencing abuse, offending history, history of homelessness, mental health

³⁹ Young parent, 16-17 yr old, care leaver 18-20, care leaver 21-24

7.3.2 Move On

These assumptions relate to how people will leave the cohort:

Table 66

Assumption	Estimated annual exits
Exits/ outflow from housing related support provision at current rate: on average, 50 individuals are having a service ended each year on SHUB. This could be a planned/ unplanned move, positive/ negative etc.	50% per year

7.3.3 This updated assessment indicates that **by 2035 there will be a need for 214 designated housing-related support units for young people**. This is dependent on move-on rates achieved. Factors affecting the rates include the quality and profile of the provision to match need, and access to settled, affordable housing for move-on.

7.4 Services and current provision

Local context and policy

7.4.1 The current strategy to reduce homelessness and rough sleeping is based around 3 core pillars:

- prevention of homelessness
- breaking the cycles of homelessness
- continued improvement of sustainable services

7.4.2 The strategy includes a commitment to provide timely housing options planning and support advice to all care experienced young people and other relevant under 19-year-olds. This has led to the delivery of a young people / care experienced young people only Shared Living Property (SLP) and a successful SHAP bid with central government (see below).

7.4.3 BCP is a local area within the **Royal Foundation's Homewards** programme. Within the BCP Local Action Plan, "Supporting young people (under the age of 25)" is a key priority. There is an ongoing action to undertake a review of current and planned support that is available for young people, what data about young people is being collected; and how it's being used. Through this review, there are plans to talk to young people who have experienced homelessness to better understand their journey and what could have helped. Grant funding has been allocated to EveryYouth to reinvigorate a **Youth Homelessness Board** to ensure that a long-term programme of homelessness prevention activities is coordinated for young people. Finally, a Homewards **innovative housing project** is in development, with a likely focus on care experienced young people.

Supply detail

7.4.4 There are currently **75** HRS units in the young person homelessness pathway across 3 providers, some of which is grant funded.

7.4.5 All the support is tied to the relevant accommodation units, but the 31 SHAP-funded units are dispersed.

7.4.6 There are a number of Care Leavers in "**Staying Put**" (with long-term foster carer) and "**Staying Close**" (accommodation offer and enhanced support close to the young person's former children's home) arrangements.

7.4.7 CSC also hold a number of tenancies (some for former UASC) which is independent accommodation, with floating support from Personal Advisors ~ **72 units**. This is currently under review.

7.4.8 A full summary of the HRS units in the pathway is provided in the Table 67 below:

Table 67

Provider	Scheme/ Service	On-site support?	24 hour?	Description	Units
CCP	Service A	Y	Y	High-level	14
BCHA	Service A	Y	Y	High-level	4
	Service B	Y	N	Low	3
	Service C	Y	N	Low	3
	Service D	Y	N	Low/ Medium	15
	Service E	Y	N	Low/ Medium	5
<i>BCP Council/ Always There Carers</i>	<i>4 x 3-bed houses</i>	<i>N</i>	<i>N</i>	<i>SHAP. Low/ Medium.</i>	<i>12</i>
<i>Centrepoint</i>	<i>Dispersed & block self-contained units</i>	<i>N</i>	<i>Y</i>	<i>SHAP. Intensive wrap-around</i>	<i>19</i>

7.4.9 In addition, there is the following provision:

- **Accommodation for ex-Offenders (AfeO)** floating support officer providing support to secure PRS inc. rent deposit scheme. Probation officer completes duty to refer but people can also self-refer. There is also the Community Accommodation Service Tier 3 (CAS3), a transitional housing service for people leaving prison who are at risk of homelessness. Two **prison release housing support officers** supporting people aged 18+ newly released from custody. Funded by DATRIG.
- **BCP homes tenancy sustainment team** for BCP homes tenants
- **Support & Inclusion Team** providing resettlement support for those in emergency or temporary accommodation
- **BCP Drug and Alcohol Homeless team** - team of workers who actively engage with people who are rough sleeping, in temporary/emergency accommodation, in commissioned supported accommodation and individuals at risk of eviction from social housing through in-reach to access treatment. Individuals accessing the homeless drug and alcohol team continue with engagement through this team until the individual is stable enough to access other community drug and alcohol services. The team is made up of recovery workers, nurses and prescribers
- The **drug & alcohol housing support team** primarily works with individuals in private rented accommodation, people with cognitive impairment and individuals with a history of multiple evictions; liaising with private landlords to reduce the risk of tenants being evicted by supporting individuals into treatment and improving individuals' outcomes
- There are a number of **non-commissioned supported housing services** in BCP due to the nature of the housing stock. This provision is mainly funded through exempt Housing Benefit. There are also private landlords providing accommodation to homeless people who require a large top up from tenants to provide a low level of support

7.4.10 An outline of accommodation types for current care leavers (18 – 24) is provided in the following table. Note: accommodation is based on what personal advisors collect and is not necessarily linked to housing or commissioning data:

Table 68

Accommodation Type	Feb 2025
Bed and breakfast	1
Community home or other form of residential care	16
Emergency accommodation	1
Foyers and similar supported accommodation	17
In custody	10
Independent living	113
No fixed abode / homeless	8
Ordinary lodgings, without formal support	5
Other accommodation	8
Residence not known	14
Semi-independent, transitional accommodation	47
Supported lodgings	49
With former foster carers	22
With parent(s) or relative(s)	27

7.5 Best Practice

7.5.1 Young people leaving care need somewhere safe and suitable to live to help them make a positive transition into adulthood. Good housing and tailored support around emotional well-being and life skills underpins success in other areas of life.

7.5.2 The **Care leavers accommodation and support framework** provides a model that local authorities can adapt to meet their shared aspirations as set out in their ‘local offer’ for care leavers. There are five stages to the framework which reflect the journey of a young person as they leave care:

- **Preparing for the reality of housing options** ~ Young people still in care are given the opportunity to consider their housing options, including information about the housing market in their area. They are supported to gain the skills for increasing independence, including managing a household, finance and budgeting.
- **Planning young people’s accommodation and support options with them** ~ When young people are ready to leave care, they are supported to choose the accommodation that will best suit them, given the constraints on local provision. They are given as much notice as possible for their move out of care, including young people living in different settings such as residential care, in custody and young people with particular needs, for example on-going mental or physical health issues.
- **Reducing housing crisis** ~ Some young people will experience problems with their housing and need emergency or short-term alternatives. They need to be accommodated in safe and appropriate housing options and receive support to help them resolve the cause of the crisis.
- **Accessing housing and support as needed** - young people in different situations will need different types of housing and support, ranging from a ‘Staying Put’ arrangement with foster carers, a ‘Staying Close’ arrangement near to their former residential children’s home, 24/7 supported housing through to supported lodgings or their own independent flat with floating support. As their needs and circumstances change, young people should be supported to find accommodation that best suits them.
- **Accessing and successfully managing longer-term move-on and support options** - As they become ready, young people will need support to access longer-term housing, such as their own tenancy, a shared flat or long-term supported housing. They will need help to understand their options and know where to go if they need extra support in the future.

- 7.5.3 The framework is based on some key principles which also underpin the corporate parenting duties. Young people leaving care are: given as much information, choice and control as possible, able to make mistakes and never ‘fall out’ of the framework, helped to succeed, offered flexible support that adapts to meet their needs, offered supportive and unconditional relationships; the shared responsibility of their corporate parent.
- 7.5.4 The **Positive Pathway framework for preventing youth homelessness and promoting positive transitions** is a flexible framework for local authorities and their partners to provide a planned approach to homelessness prevention and housing options for young people. It contains five stages, but these are not intended to be sequential or linear:
- **Information and advice for young people and families which is available to everyone in the local area** ~ Timely, accurate information and advice about housing options available to everyone, delivered in a range of ways including web-based information and through schools to reach young people, families and professionals.
 - **Early Help, targeted at young people and their families who may be at higher risk of homelessness** ~ Early intervention is targeted to reach households where young people are most likely to be at risk of homelessness. Delivery of local services working with young people and families at risk
 - **A Prevention Hub - using a joint approach between Housing, Children’s Services and other partners to resolve a housing crisis quickly** ~ Housing options and homelessness prevention services come together, often co-located, with other services including support for pathways into learning and work. Underpinned by assessment and including a single access point into locally commissioned supported accommodation and housing related support services. Key data collection point to inform ongoing development of the pathway.
 - **Commissioned accommodation and flexible support, based on what works well and developed according to local needs** ~ A range of accommodation and support options designed for younger and more vulnerable young people. Accommodation and support are linked together in some options, for example supported accommodation, foyers, supported lodgings. Flexible outreach support is also available to support young people wherever they live (including in the family home and also Housing First); and can stick with them when they move if needed.
 - **A range of housing options for young people** – affordable and safe housing options when young people are ready to succeed living independently. A range of safe, decent, affordable housing options, shared and self-contained, in private rented or social housing. Where the market doesn’t provide sufficiently for young people on low incomes the offer will need to be shaped through local housing strategies, using partnerships to create more options. May include creative approaches such as partnerships with learning providers and employers to provide dedicated accommodation that underpins participation in learning and work. Access to flexible floating support is available for those who need it.
- 7.5.5 The Centre for Homelessness Impact published a report in July 2024: **The Impacts of Staying Put on Housing Outcomes for Young People Leaving Care: An Evaluation Using Matching and Difference-in-Differences**. The Staying Put scheme means young people are able to remain with their foster carers, if both parties agree, from the age of 18 to 21. The evaluation found **consistent and strong evidence that Staying Put significantly lowers the risk of homelessness for care leavers**. The report recommends awareness of Staying Put as an option is increased among foster carers around the UK, that local authorities do what they can to increase the number of Staying Put arrangements; and Central government increases the funding available for local authorities to support Staying Put arrangements.
- 7.5.6 A 2022 report from CHI outlined **what works to reduce homelessness among people leaving care**. Alongside ‘staying put’ the Department for Education has also piloted ‘**staying close**’, a form of support for young people who were in residential, rather than foster, care. These young people will often be housed in residential care

homes which are outside of the local authority that they are originally from, and to which they might expect to return on leaving care (and where professionals such as their personal advisor will be located). Staying close agreements allow them to remain nearby to the place they lived while in care, and where they might have supportive relationships with both professionals and other young people. **All Staying Close projects reported an increase in the levels of stable and appropriate accommodation for young people leaving care** within the pilot areas.

7.6 Professional and Lived Experience Voices

- 7.6.1 As a number of young people are accommodated in the adult single homelessness pathway, please also refer to that chapter.
- 7.6.2 There is pressure on supported accommodation as there are large number of young people who homeless or at risk of homelessness with low support needs.
- 7.6.3 Stakeholders thought that an easily accessible crisis service is required to assess young people's housing and support needs for a two week period in a safe setting. The crisis accommodation would ideally be provided as self-contained bedsits to reduce tension between the young people. There would need to be a skilled provider to ensure engagement.
- 7.6.4 The lack of options for young people arose multiple times during the 2022 Crisis research report. Stakeholders consulted felt managed sharing i.e. settled tenancies, could really make a difference, as young people can neither afford nor always want to live alone. Whilst some saw the value of HMOs in the PRS, others felt these put people on the 'wrong road'.
- 7.6.5 More managed/supported HMOs in the PRS, or exploration of shared social housing were suggested. One person raised an example of a shared temporary house of 5 young people with visiting support which worked well, but there was nothing to replicate this within settled options. There were suggestions of affordable 'student hall type' studios with ensuite facilities, communal areas and a warden/managed front door, in a town centre location.
- 7.6.6 Given the high percentage of young people approaching the council for homelessness advice and support, particular consideration should be given to specialist staff members focused on youth homelessness, the provision of mediation services and the implementation of best practice in prevention of youth homelessness in line with St Basil's 'Positive Pathway'
- 7.6.7 A survey was sent during this needs assessment to officers within the Council's statutory homelessness service, with the following headlines:
- SHAP provision has filled a gap for young people, in particular care experienced young people
 - There are still gaps around young people who are high risk to themselves and others, with medium to high support needs, and 16-17 year olds (housing only has access to one provision for 16-19 year olds)
 - Services for young people should be 18-25. No under 25s should be in the adult services or pathway
 - Aspirations to grow and develop young persons' services and provision, make better use of the services for young people which are already in existence and bringing services together, using spaces in community hubs for young people for other youth services to provide support e.g. care experienced young person's hub could be used as a space for job coach sessions and youth mental health services etc.
- 7.6.8 We also spoke to operational colleagues as part of this needs assessment, with the following headlines:
- Staff expressed concerns that planning for housing provision does not currently account for children and young people who are not in SEND schools
 - Staff stressed the need for services young people under the age of 25 to only be placed in young people's services rather than adults' services

- There is a gap in the middle (between low and high intensity) –the ideal would be max. 3-bed house, support during the day, shared kitchen/kitchenettes etc.
- No specific emergency accommodation/ temporary accommodation for young people who find themselves homeless
- Limited accommodation for those mental unwell, whose behaviour poses a risk to others
- The SHAP intensive support service and supported lodgings are working well, alongside general throughput and move-on rates to independent living
- Challenges around UASC presenting just before they turn 18 from home office accommodation with no leave to remain
- Young people were put in training flats without signing a license arrangement and so won't leave, don't pay rent etc.
- BCP doesn't always know who is staying where e.g. the DWP properties within the CSC commissioned independent tenancies
- Needs to be a simplified process for agreeing placements. At the moment it goes through the single accommodation panel, but this may get rejected by the Housing Association further down the line and not resolved
- Aspiration for genuinely joint housing assessments. It's currently led by housing but would be good if every CYP has a housing assessment at 16

7.7 Updated Gap Analysis

7.7.1 In Table 69 below is shown the break down of the current and projected need for housing-related support designated for young people over the next 10 years:

Table 69

Scenario	Current Supply	Estimated Current Demand	Current Gap	Projected Demand by 2035	Projected Gap
Housing Related Support (inc. accommodation-based and independent living support) ⁴⁰	75	101	26	214	139

- 7.7.2 There is an estimated need for **139** additional housing related support units for young people by 2035. The number of units required may vary depending on future funding settlements for rough sleeping from 2026/2027 onwards and the move-on and throughput rates achieved. **Notably, approximately 41% of current supply model is grant funded.**
- 7.7.3 Whilst there should be a range of housing and support options for young people on a positive pathway to independence, this quantitative analysis has focussed specifically on the future need for housing related support/ the young person's pathway, currently commissioned by Housing. As noted throughout the chapter, Children's Social Care facilitate/ commission a range of arrangements which will impact and affect these services e.g. a further increase in staying put arrangements would mitigate homelessness risk and reduce the need for other forms of supported accommodation. As always, effective joint working at a strategic and operational level is key.

⁴⁰ On average, 56 individuals are having a service ended each year on SPHUB. This could be a planned/ unplanned move, positive/ negative etc.

7.7.4 The above analysis considers the overall volume of units required. In addition, there is a need to reconfigure the young persons' pathway, with an emphasis on the following types of provision:

- **Family-type supported accommodation** (staying put/ supported lodgings⁴¹)
- **YP designated supported accommodation** (short stay, foyers⁴², low-high level support)
- **Housing First**
- **'Step-down' provision** (independent tenancies w/ floating support, staying close)

7.7.5 It has not been possible within the scope of this needs assessment to explore this in-depth. Anecdotal information has been provided in this chapter on where there are current gaps e.g. short stay/ crisis provision for young people, medium intensity support provision, foyers etc. A strategic review is underway of the CSC commissioned independent accommodation, and the broader Homewards review of the current and planned support available for young people. This chapter should therefore be viewed as the initial analysis, with more detail to come.

⁴¹ This is where households 'host' young people, similar to a foster arrangement

⁴² Foyer-based models provide supported housing for young people who are homeless or in housing need. Foyers typically offer support to young people for social skills, life skills, training, education and employment support