Essex County Council
Adult Social Care

Making the difference every day

‘A place to call home’

Strategic Approach to Supported and Specialist Housing and Accommodation (2026–2030)

July 2026

Contents

Executive Summary

Image: © Essex Housing

Essex County Council's (ECC) Strategic Approach to Supported and Specialist Housing and Accommodation (2026–2030) sets out a system-wide plan to ensure adults of all ages can access safe, suitable homes that enable independent living.

As housing is a fundamental determinant of health, combining the right home with the right support helps residents stay well, maintain autonomy and avoid preventable crises or long-term care.

Although ECC is not a Housing Authority, it plays a vital role in shaping the supported and specialist housing and accommodation market through strong collaboration with district, borough and city councils, the NHS, housing providers, developers and residents with lived experience.

The ECC Strategic Approach to Supported and Specialist Housing and Accommodation is underpinned by the **Supported and Specialist Housing and Accommodation Need Assessment 2025** (SSHANA), which provides the most robust evidence of current and future need across all population groups in Essex.

Its development comes at a time of major national and local change, including Local Government Reorganisation (LGR), new statutory duties under the Supported Housing (Regulatory Oversight) Act (2023), planning and accessibility reforms, and growing demand driven by an ageing population, rising disability and long-term conditions, increased mental ill-health, escalating domestic abuse and limited affordable, accessible and adaptable housing and accommodation supply.

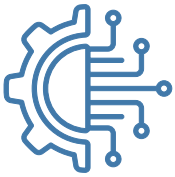
This document brings together ECC's specialist and supported housing and accommodation activity and intentions across all population groups, sets clear expectations for partners and providers, supports local housing authorities in developing Supported Housing Strategies by April 2027, and acts as a transition resource for new authorities created through LGR to understand the supported and specialist housing and accommodation landscape in Essex.

It aligns with the three outcomes of the ECC **Housing Strategy**, with primary focus on the third:

Outcome 2a – New homes are designed to enable independent and healthy lives

The optional nature of national accessibility requirements has led to inconsistent application across Essex districts, resulting in an uneven and insufficient supply of accessible or adaptable homes, with a projected shortfall of around 2,100 homes by 2029. ECC's aim is to influence the development of a sufficient supply of new inclusive, accessible and adaptable homes by working collaboratively with district, borough and city councils to:

- Use the **SSHANA** to shape Local Plans, guide planning decisions, and support the development of local Supported Housing Strategies by 2027 and the forthcoming Spatial Development Strategy
- Promote more consistent application of accessibility standards across the county and improve visibility of accessible housing options
- Influence providers and developers to increase the supply of accessible and adaptable homes aligned with identified need



Outcome 2b – Homes are adapted and digital technologies adopted

Many Essex residents wish to remain in their own homes, neighbourhoods and communities. However, unsuitable or inaccessible living environments can present significant barriers to doing so safely. Disabled Facilities Grant (DFG) adaptations and the use of care technology can help overcome these barriers to enable independent living and help prevent avoidable hospital admissions and/or premature moves into care settings.

ECC will work alongside district, borough and city councils, public health partners and the NHS to:

- Boost staff and contractor capacity and expand Housing Assistance Policies (HAPs) to deliver more DFG adaptations
- Encourage DFG investment in Social Care Capital projects to increase wheelchair-accessible and adaptable housing supply and enhance the accessibility of community facilities
- Improve awareness of and access to care technology so more residents can use digital tools to support safety and independence
- Embed adaptations and care technology within early help and health strategies to create a consistent, prevention-focused model across the system

Outcome 2c – People can access high quality specialist, supported and safe accommodation (primary focus)

The **SSHANA** identifies significant gaps in supply and uneven distribution of provision across Essex.

Residential and nursing care is gradually evolving into a more targeted and specialist resource for people with most complex needs (for example, advanced dementia and profound disabilities), and for short-term hospital step-down, recovery, enablement and rehabilitation.

Demand for **Supported Living** is rising sharply, from 1,441 working-age people in 2024 to an estimated 1,700 by 2029, yet supply remains uneven and constrained, particularly for people with physical or sensory impairments and those with complex needs.

Extra care housing plays an expanding role in supporting independence and hospital discharge, but demand far outstrips current supply. ECC holds nomination rights to 605 affordable units, yet the **SSHANA** forecasts need for over 1,000 additional affordable and more than 2,000 market-rate units by 2029.

Demand for **mental health supported accommodation** is also growing, with around 690 people receiving ECC-funded support in 2024 and projections rising to 740 by 2029-30. ECC's newly commissioned tiered pathway provides person-centred, recovery-focused support locally, but the most pressing challenge is securing sufficient and timely move on housing, with need rising from 84 units in 2024 to about 90 units in 2029.

Shared Lives remains a highly personalised, relationship-based alternative to traditional care for people with learning disabilities, physical disabilities, autism, mental health conditions and older adults but operates at small scale, supporting 44 people in 2024 with plans to reach 71 by 2029.

Housing and accommodation demand for **domestic abuse** victims and survivors continues to surge. The number of referrals to the three domestic abuse support providers in Essex increased by 33% between 2021-22 and 2023-24 placing pressure on refuge provision. ECC is expanding safe accommodation through the 2024-established Pan-Essex Domestic Abuse Commissioning Collaborative (PEDACC), but further diversification is required including options that allow victims to remain safely at home.

The number of **care leavers and vulnerable young people** needing supported accommodation is projected to increase from 935 in 2024-25 to 1,135 by 2029-30, alongside rising levels of homelessness among 16-17-year-olds. Limited move on opportunities, including a shortage of one-bedroom social housing, high private sector rents, and inconsistent local practices, are delaying transitions to independence. As a result, demand for move on accommodation is expected to rise from 117 units in 2024 to about 128 units annually by 2029-30. Addressing these pressures will require expanding provision in areas of greatest need, while working with Essex district, borough and city councils to increase the supply of move on housing and strengthen protocols to improve consistency in nomination rights and define roles, responsibilities and expectations for all concerned.

Across all population groups strengthened **prevention and early help** is essential to ensure residents receive clear information and timely support to avoid crises and improve outcomes.

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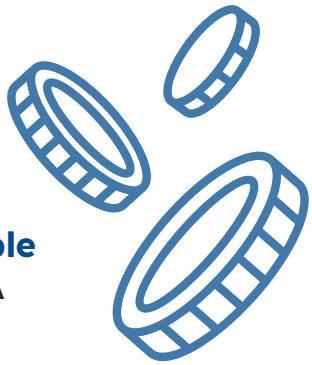

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Shared Lives supported

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Demand for **mental health supported accommodation** is also growing, with around

690 people receiving ECC-funded support in 2024 and projections rising to

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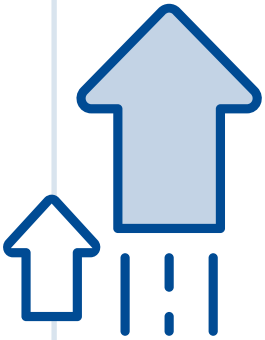

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The need for move on housing is rising from

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Key actions and measuring impact

ECC's Strategic Approach to Supported and Specialist Housing and Accommodation requires a set of actions to improve independence, reduce reliance on residential care, enhance system flow, and increase capacity to ensure safe sustainable housing and accommodation pathways for people with a wide range of needs. Actions to align supported and specialist housing and accommodation demand with supply include:

- ✓ Optimising use of current supply for all types of provision commissioned
- ✓ Supporting residential and nursing care providers to diversify to meet and manage high acuity and complex needs, and adopt an enablement-focused model for people receiving interim care following a hospital stay
- ✓ Strengthening partnerships with developers and providers to bring forward high-quality, person-centred supported living and extra care schemes
- ✓ Increasing use of Extra Care units for the Stepping Stone (interim care for hospital discharges) model
- ✓ Increasing access to appropriate move on accommodation for people leaving mental health pathways and care leavers and vulnerable young persons
- ✓ Promoting the Shared Lives initiative and increasing recruitment and retention of hosts
- ✓ Expanding and diversifying domestic abuse safe accommodation, including options for underserved groups, and perpetrators
- ✓ Ensuring quality and consistency across all commissioned provision through strengthened monitoring and quality assurance processes, workforce development, adoption of best practice design and standards, and meaningful involvement of people with lived experience
- ✓ Strengthening early-help and prevention initiatives to support earlier intervention and improved long-term outcomes
- ✓ Supporting districts, boroughs and cities in Essex to meet statutory duties under the Supported Housing (Regulatory Oversight) Act (2023)

The ECC Supported Housing Strategic Group will work alongside the Supported Housing Partnership Board, the Countywide Advisory Panel for implementing the Supported Housing (Regulatory Oversight) Act (2023), registered providers, public health partners, the NHS and lived experience forums to coordinate activity and provide consistent oversight in advancing this work.

ECC will monitor a set of key indicators across the supported and specialist housing and accommodation system to ensure clear accountability and drive continuous improvement. This will include measures relating to accommodation supply and demand, including use of residential care; system flow, including progression into general needs and private housing; delivery of accessible homes including DFG activity and capital investment; uptake of care-technology; availability and utilisation of safe accommodation; and other outcomes for key population groups.

This strategic approach reflects a shared commitment across ECC and its partners to improve supported and specialist housing and accommodation across Essex, and assure public investment and policies best deliver the right outcomes for the diversity of need among residents.

Through joint planning, collective action and system-wide collaboration, we aim to ensure that every Essex resident, regardless of age, ability or circumstance, can live a full and meaningful life in a place to call home.

1

Introduction

Essex residents tell us they would like to live more independently in a place they can call home.

The place where people live is a key aspect of enabling people's independence. The ambition of health and social care is to enable more people to be supported for as long as possible in their own homes and enable system partners to work together to address housing inequalities.

The suitability and stability of housing or accommodation is a key enabler to maintaining and improving people's health and wellbeing and reducing inequalities of health.

There is opportunity to join up efforts and increase influence among a range of partners to improve the functioning of pathways through different forms of accommodation and housing provision. ECC wants to make sure that people can live in a place that is right for them at that point in time and enables them to live as independently as possible. This also requires the right support in their home environment, including equipment, technology, and care. This can prevent, reduce and delay developing care and support needs by helping to keep people safe and well for longer.

ECC is not a Housing Authority and, as such, it does not play a lead role in providing supported housing and accommodation. However, it is our goal to **work with partners, stakeholders and people with lived experience** of specialist and supported housing and accommodation to ensure a **healthy market offer** and to **facilitate the right care and support services** within this housing and accommodation.

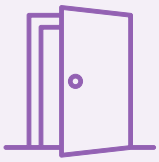
ECC's strategic approach to supported and specialist housing and accommodation has been developed following a systematic **Supported and Specialist Housing and Accommodation Needs Assessment** (2025) (SSHANA). This was commissioned by ECC and delivered by the Housing Learning and Improvement Network (Housing LIN) and ECC to provide robust evidence base on future supply and demand of supported and specialist housing and accommodation in Essex (Appendix 2). Key partners, including Essex district, borough and city councils, have contributed to, and endorsed the research to inform local plans, strategies and strategic decisions, along with the future Greater Essex Mayor's spatial development strategy.

ECC acknowledges that establishing and maintaining close working relationships with its partners and residents with lived experience is integral to the effective delivery of quality supported and specialist housing and accommodation to meet current and future demand. The ECC strategic approach to supported and specialist housing and accommodation sets out ECC's role in supporting the development of housing and accommodation, how working with our partners and providers of care services can help deliver outcomes, and what good accommodation and housing design and quality look like in Essex.

The Supported and Specialist Housing and Accommodation strategic approach will sit beneath the ECC Housing Strategy to provide detail and insight in support of the strategic supported housing and accommodation goals which ECC and its partners strive to deliver. These goals centre on 'enabling people to live independently throughout their life' and draw on the following aims of the ECC Housing Strategy:

New homes are designed for residents to live independent and healthy lives (outcome 2a)

Homes are adapted and digital technologies adopted to support residents to live independently (outcome 2b)



People can access high quality specialist, supported and safe accommodation that meets their needs and maximises their independence (outcome 2c)

These outcomes align to what people in Essex have told us are important to them. During the development of the regional East of England coproduction guide, **Putting people at the heart of new housing development: Coproducing the place we call home**, people emphasised the importance of feeling safe, secure, being comfortable and belonging, and of space accessibility, automation, assistive technology and specialist adaptations to live well and move around freely without physical barriers.

Under the **Care Act (2014)**, local authorities have a duty to shape the care and support market, ensuring a range of options that enable people with social care needs to maximise their wellbeing and independence and have choice and control over how their needs are met. We are committed to meeting this duty by working in collaboration with the 12 district, borough and city housing and planning authorities, registered providers, local health alliances, developers and providers of specialist and supported housing to enable the development of all types and tenures of housing and accommodation that meet need, are accessible and enable people to live a full life, stay healthy and age well. We also aim to deliver this in an environmentally sustainable and resilient to future climate change way which is fair and inclusive of all and where the benefits are experienced across the population to include those with additional protected characteristics.

Our goal is to enable people to stay living independently in their own home for as long as they can safely do so and move on from supported housing if and when they are ready. We see this as a crucial part of ensuring equal opportunities for all citizens in Essex regardless of age, ability, or life situation.

The Strategic Approach to Supported and Specialist Housing and Accommodation aims to inform Essex district, borough and city councils and our supported and specialist housing and accommodation partners and providers. It outlines our ambitions and intentions around housing and accommodation for adults in Essex to contribute to the Adult Social Care vision to enable people to live life to the fullest.

The document contains five appendices:

Appendix 1
Glossary

Appendix 2
Supported and Specialist Housing and Accommodation Need for Essex

Appendix 3
ECC strategies and policies informing ECC's Strategic Approach to Supported and Specialist Housing and Accommodation

Appendix 4
How evidence and collaboration shaped ECC's Strategic Approach to Supported and Specialist Housing and Accommodation

Appendix 5
Accommodation-related Spend for 2025-2026 and projected Spend for 2026-2028

1.1 The national and local context

The Strategic Approach to Supported and Specialist Housing and Accommodation has been developed against a backdrop of change resulting from Essex being part of the Government's priority programme for Local Government Reorganisation (LGR) and Devolution of powers and funding to the new Greater Essex Combined Authority.

Following the decision to delay the mayoral elections until May 2028, a Combined County Authority is expected to be established in Greater Essex in 2026, which would then transition into a Mayoral Authority after the elections planned for May 2028.

As such, we are working in a complex and ever-shifting national and local housing landscape. Economic and social factors heavily influence demand and our ability to deliver services, whilst uncertainty about long-term funding, changes in legislation and governance make it difficult to effectively plan well into the future. We therefore seek to maximise preventative approaches which help people to plan ahead and make decisions about the right place for them to live earlier rather than later or when at crisis point.

Factors include:

Government Expectations

The Government has set national expectations on councils to plan strategically to ensure that supply aligns with the current and future supported housing needs of vulnerable people in their areas.

The Care Act (2014)

The Care Act (2014) requires local authorities and their partners to promote wellbeing when carrying out care and support functions. It emphasises that housing is key to meeting people's needs, including by supporting their wellbeing and working to prevent, reduce or delay social care need. The Adult Social Care Reform white paper states: 'Every decision about care is a decision about housing'.

Local Government Reorganisation

Essex is moving through a period of Local Government Reorganisation. This will move the county from a two-tier system of county and district councils to **a new system of five unitary authorities**. The new unitary councils are expected to be vested by April 2028.

Supported Housing (Regulatory Oversight) Act (2023)

The Supported Housing (Regulatory Oversight) Act (2023) requires local housing authorities (district, borough and city councils in Essex) to produce Supported Housing Strategies to assess current provision, forecast future need and set out how local authorities will meet this need in their region. Government guidance on national standards and strategy-making requires publication of Supported Housing Strategies by March 2027.

Affordable and Accessible Housing

The supply of affordable and accessible private housing, general needs social housing, and supported housing is not keeping up with demand.

The Levelling Up and Regeneration Act (2023) sets new provisions and requirements to come into force through the planning system, which will play a significant role in the delivery of new housing that reflects demand.

The M4(2) standard for accessible and adaptable dwellings and the M4(3) standard for wheelchair user dwellings are optional requirements in the Government Building Regulations and district, borough and city planning departments decide the use of these in their local plans. Government have committed to consult further on the technical changes to the Building Regulations to mandate the higher M4(2) accessibility standard in all new homes; however, the timeline is not certain.

There is a preference amongst older people for remaining in their current home and ageing in place

Independent Living

People with social care needs want to live independently but the lack of accessible and affordable housing and accommodation can be a barrier to this.

Supporting people to remain independent at home

In November 2024 the Government published **the findings of the Older People's Housing Taskforce** to examine enablers to increased supply, improve the housing options for older people in later life, and explore ways to unblock any challenges.

The report concluded that there is a preference amongst older people for remaining in their current home and ageing in place, although this is conditional on the home supporting their independence and safety.

It is the availability of on-site care and support that attracts older people to specialist older people's housing. Other priorities that inform older people's attitudes to housing opportunities include maintaining independence and wellbeing, accessibility, safety, sense of community and belonging, proximity to family and friends and affordability.

There is a nationwide shortage in supply of specialist housing for older people and lack of provision catering for 'middle income' households or appropriate affordable options for downsizing. There is also limited awareness of certain specialist housing options and common misconceptions including a tendency to confuse specialist housing with care homes. There is a lack of access to independent advice and information to help inform decision making.

The Government has pledged additional funding for people to make adaptations and repairs to their homes so they can live there independently and safely for longer. Since 2023-24 **the DFG national pot has been increasing** (in 2025-26 it stood at £761m) and, in February 2026, **the DFG allocation formula changed** giving Essex a 2.89% share instead of the 2.07% it has had until 2025-26. Moreover, the upper grant limit is set to rise by the end of 2026 giving more opportunities to people, especially children who require extensive adaptations, to apply for a higher grant.

Rising Demand

Demand for care is growing each year as there is an increase in the number of people living longer, often with disabilities and long-term health conditions. Difficulty in meeting demand is exacerbated by continued economic pressures on the market and workforce shortages.

Integration & co-operation

Essex continues to move toward new ways of integrated working with our partners in health. Local councils, providers and local delivery partners are expected to collaborate to assess, plan and deliver supported housing which will support improved outcomes.

Domestic Abuse

The Domestic Abuse Act (2021) places a duty on local authorities to support victims of domestic abuse and their children residing within refuges and other relevant safe accommodation.

"Safe accommodation" is considered by the Government as any of the following:

- refuge accommodation
- specialist safe accommodation
- dispersed accommodation
- sanctuary schemes; and
- move-on or second stage accommodation

This comes against a backdrop of increasing numbers of offences flagged as domestic abuse-related and a year-on-year increase in people experiencing domestic abuse seeking support, including homelessness support, resulting in increased demand for safe accommodation.

Care Leavers

As part of the Children Act (1989) local authorities have a duty to enable care leavers to remain within a secure and stable home whilst they make the transition to adulthood.

Where a care leaver is entering higher education or training, they should also be provided with assistance in securing accommodation.

Social Values

We will commission services that will secure wider social, economic, and environmental benefits as befitting our duty within the Public Services (Social Value) Act (2013).

National Planning Policy Framework

The size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies.

Care leavers must remain within a secure and stable home whilst they make the transition to adulthood

ECC's strategic approach will align with, and help support and inform the district, borough and city council housing strategies and local plans. The **SSHANA** provides relevant information on demand to inform the Supported Housing Strategies that are required by the Supported Housing Act (2023). It will also align with and support the Integrated Care System and Alliance strategies in the role housing and accommodation play in supporting people to lead healthy lives.

Previously, district, borough and city councils in Essex have commissioned strategic housing market assessments based on a range of methodologies and evidence. It is expected that, as this assessment of need for supported and specialist housing and accommodation is the most recent version in Essex using the most up to date evidence available, it will be used by the district, borough and city councils as well as ECC and their successor unitary local authorities.

ECC's Strategic Approach to Supported and Specialist Housing and Accommodation also aligns with and contributes to the strategic aims of other ECC documents:

- Our adult social care vision: 'enabling people to live their lives to the fullest'
- The adult social care business plan outcomes for people to have 'access to a place to call home', shape the care and support offer for Essex residents and maximise people's independence, and give them choice and control

It also draws on other ECC policies and strategies listed in Appendix 3.

1.2 Scope

The ECC Supported and Specialist Housing and Accommodation Strategic Approach responds to the three outcomes set out in the ECC Housing Strategy 2021-25, - outcomes that will also be carried forward into its successor strategy- drawing on the new evidence provided by the SSHANA.

Its overarching purpose is to contribute to the aim of 'enabling people to live independently throughout their life', with a particular focus on the third Housing Strategy outcome:

- New homes are designed for residents to live independent and healthy lives (2a)
- Homes are adapted and digital technologies adopted to support residents to live independently (2b)
- People can access high quality specialist, supported and safe accommodation that meets their need and maximises their independence (2c) (primary focus)

It also focuses on move on accommodation, including access to social and affordable housing, and working to ensure that people live in a place that enables them to maximise their independence.

ECC's strategic approach covers the non-metropolitan county of Essex. The areas in and out of scope are shown in the table below. The groups covered by this are people with a learning disability or people with a learning disability and autism (LD&A), older people, adults with mental health needs, people with physical and sensory disabilities, victims and survivors of domestic abuse (including children), and care leavers and vulnerable young persons.

We recognise the critical importance of all types of support that help keep people living independently at home, such as Live At Home domiciliary care and respite services. However, this document will focus on the areas below to maximise its impact.

In scope

- Older people, adults with disabilities and / or autism, adults with mental ill health, victims and survivors of domestic abuse (DA), and care leavers and vulnerable young persons
- Accessible housing for older people and people with disabilities
- Adaptations and technology for older people and people with disabilities
- Supported and specialist housing and accommodation for all population groups listed above:
  - Residential and nursing care
  - Supported living
  - Extra Care schemes
  - Shared Lives
  - Mental health supported accommodation
  - Safe accommodation for victims and survivors of DA
  - Care Leavers and vulnerable young persons supported accommodation

Out of scope

- Accommodation for Looked After Children and Children with Disabilities
- Accommodation and support for people arriving through asylum, resettlement and humanitarian protection routes
- Domiciliary care
- Accessibility and safety factors in the local community
- Wider prevention factors e.g. health, employment, education
- Housing-related support for groups not in scope

Strategies covering out of scope areas

- Children's Residential Strategy
- Sufficiency Strategy
- Children with SEND Strategy
- Joint Health and Wellbeing Strategy
- Wellbeing, Public Health and Communities Business Plan
- Market Shaping Strategy (for non-accommodation-based services)
- Place and Transport Strategies
- Essex Housing Strategy (for wider population outside groups listed)

This Strategic Approach to Supported and Specialist Housing and Accommodation has been developed in line with the above scope and is intended to inform and guide ECC's supported and specialist housing and accommodation commissioning activity. Whilst the elements identified as 'in-scope' broadly align with the **Government guidance** on the scope of Local Supported Housing Strategies, there are some disparities.

The guidance sets the scope of Local Supported Housing Strategies to cover three service types:

- **Older people's supported housing** – for example, extra care and retirement or sheltered housing
- **Long-term supported housing** – for example, supported living
- **Transitional supported housing** – for example, transitional accommodation-based supported housing

ECC is committed to working with local Housing Authorities to ensure they have the relevant information to prepare their Strategies in line with the scope set out in the Government guidance.

This Strategic Approach is intended to inform and guide ECC's supported and specialist housing and accommodation commissioning activity

2

Outcome 2a of the ECC Housing Strategy:

New homes are designed to enable residents to live independent and healthy lives

2.1 Where we are now

We know that there is a lack of accessible, good quality and affordable housing and that one in every eight housing and accommodation units to be built in Essex by 2044 must be supported or specialist housing/accommodation.

The availability of private and affordable rented housing varies significantly between the 12 district areas of Essex. We also know that not all new homes in Essex are being built to the accessibility standards that would allow people with disabilities and older people to remain living independently in their homes for longer.

The M4(2) standard for accessible and adaptable dwellings and the M4(3) standard for wheelchair user dwellings are optional requirements in **Part M of the Building Regulations 2016** and are used with significant variation in local plans across Essex. However, with new evidence provided by the **SSHANA** we want new local plans to use policy to require more homes to be built to Part M4(2) and M4(3) standards. The Government are consulting on a revised draft National Planning Policy Framework (NPPF) (March 2026) which proposes requiring Local Authorities to set a target in Local Plans for new housing which meets M4(2) and M4(3) standards. The outcome of the consultation and revised NPPF is expected later in 2026.

The **SSHANA** estimated that in 2024 the number of wheelchair-user households (across all tenures) with unmet need in Essex was c. 2,000. This is likely to rise to 2,100 by 2029. The lack of accessible housing makes it more difficult for people to remain living in their own home and for people to move out of specialist, supported and temporary accommodation when they are ready to live more independently. Where accessible housing is available, it is not always marketed clearly or 'matched' to people's wider needs – such as in overall size or location of property.

The number of wheelchair-user households with unmet need in Essex was

c. 2,000 in 2024

This is likely to rise to

2,100 by 2029

People with physical disabilities have told us that the process of being re-housed into accessible accommodation can take a long time. Some people with particularly complex and high need **learning disabilities and autism** who are being supported in inpatient beds are experiencing delayed transfer of care from hospital to home due to lack of accessible and adaptable accommodation to live in.

Victims and survivors of domestic abuse have told us that a lack of access to affordable and appropriate housing delays moves out of temporary safe accommodation.

Older people have told us how having level access helps them to remain living in their own home. We also recognise the importance of enabling homes to be adapted to meet individuals' needs. However, adapting homes cannot achieve what good design can from the outset.

We are continuing to engage with and listen to people with lived experience so that the accommodation in Essex continues to meet their needs now and in the future.

All new homes and their neighbourhoods should be inclusive, accessible, and adaptable to suit the needs of all people with and without disabilities

2.2 What we want to achieve

Short-term

In the **short-term** we would like to use the evidence from the **SSHANA** and our shared understanding between ECC and district, borough and city councils of local need, and to develop Local Plans and local supported housing strategies in 2027 to set how needs will be met through to 2032.

Medium-term

In the **medium term** our ambition is for local plans and local planning policies to be updated, helping meet rising local need for supported and specialist housing and accommodation including by setting standards for accessible, adaptable and wheelchair housing. Adopted Supported Housing Strategies will catalyse collaboration across providers, public services and private developers. All affordable homes being built to meet Building Regulation Category 2 (Accessible and adaptable dwellings), and appropriate provision of Category 3 (wheelchair user dwellings), subject to viability testing.

Long-term

In the **long-term** we wish to see sufficient supported and specialist housing and accommodation to meet the need of Essex citizens. All new homes and their neighbourhoods should be inclusive, accessible, and adaptable to suit the needs of all people with and without disabilities, younger and older people. We intend to help everyone to remain independent and healthier for longer and to give them choice and control over where they live. This should also include affordable housing. As a result, more people would be enabled to remain living in their own homes and age in place.

2.3 How we will work

We will work with partners - including through the production of local Supported Housing Strategies and Local Government Reorganisation implementation - to support people with housing and accommodation needs through the activities listed below:

- ✓ Ensuring that we continue to listen to people about their needs and experiences, and to support the independence of our residents through the homes they live in
- ✓ Promoting the contents and actions from this strategic approach and the **SSHANA** to update on actions that deliver on our strategic goals, which can also be fed into the developing strategic plan for Greater Essex and future updates to the Developer's Guide to infrastructure contributions
- ✓ Using our forecast data to show the type, location and tenure of housing required by different need groups in the future, including for wheelchair accessible housing
- ✓ Sharing this data with housing providers, including housing associations, planners and developers via joint forums such as the Essex Housing Officers Group (EHOG) and the Essex Planning Officers Association (EPOA) to inform local plans and to encourage new providers and developers to enter the Essex market
- ✓ Planning strategically around data forecasts to inform commissioning intentions, market position statements, policies and strategies including the Essex district borough and city councils Supported Housing Strategies and the Greater Essex Mayor's Spatial Development Strategy
- ✓ Promoting use of ECC's Planning with Care Guidance note, which provides local planning authorities with clear expectations, evidence, and recommended policy wording to support the delivery of supported and specialist housing through local plans and planning decisions
- ✓ Developing a more consistent, timely and integrated approach to coordinate consultation responses on local plans, planning applications, and national policy changes to promote accessible housing through the planning system. ECC has established a single point of contact for local planning authorities to seek feedback on planning applications which include supported and specialist housing: **ssh.planningapps@essex.gov.uk**. This channel also provides ASC input to ECC's corporate responses, to larger, strategic housing sites (typically over 750+ homes). The process for responding to these applications has been strengthened through close coordination between ECC commissioners and planning and housing growth officers
- ✓ Supporting any initiatives which ensure best use of existing accessible housing including the creation of an Essex accessible housing register and improved marketing of such properties
- ✓ Optimising existing housing supply and affordable move on accommodation for both ECC care populations and homeless households through proactively minimising the time that available housing and accommodation remain unoccupied
- ✓ Maximising the DFG usage to deliver home adaptations and care technology to more people and to fund prevention schemes which reduce/mitigate the need for supported and specialist housing and accommodation
- ✓ Investing historic DFG underspends in contributing to building adapted or wheelchair-accessible accommodation including units to belong with the Essex district, borough and city Housing Revenue Accounts to house eligible residents, in addition to other DFG investments.

3

Outcome 2b of the ECC Housing Strategy:

Homes are adapted and digital technologies adopted to support residents to live independently

3.1 Where we are now

People with disabilities and older people tell us they want to remain in their own homes for as long as they can.

The safety and accessibility of people's home environment is critical to this and helps enable people to live independently and with dignity. Home adaptations also reduce reliance on assistance and, with timely delivery, may help avoid or delay the need for a move to supported and specialist housing and accommodation.

All Essex partners are signed up to the development of a more integrated health and social care system with an emphasis on prevention, self-care and enabling people to live independently and access support in their community.

In the financial year 2024-25, the DFG was used to adapt 1,114 homes in Essex to make it safer and easier for disabled people to get around and do everyday tasks like cooking, bathing and accessing the community. These adaptations benefited 74 children, 439 adults between the ages of 18 and 65 and 601 people over the age of 66. 682 beneficiaries were owner-occupiers of their homes, 378 rented from registered providers/housing associations, 40 rented privately and 14 lived in caravans or houseboats.

We know that the use of the DFG is not consistent enough across different parts of Essex and that it is often under-utilised. More people, particularly children and working age people with disabilities, could benefit from adaptations made to their home that would increase their independence and support them to stay living at home for longer, avoid a hospital admission, or return to their own home following an admission without delay to discharge. To this end, the DFG is being used to contribute to social care capital projects to build wheelchair-accessible and adapted temporary or permanent housing, and to improve public facilities for disabled people to reduce future demand for home adaptations, mitigate the risk of accidents and enhance people's independence at home and whilst using community facilities.

Equipment and care technology services are enabling Essex residents to live more independently. Approximately 3,000 adults are supported each month by the Integrated Community Equipment Loan Service (ICELS), Medequip, and approximately 1,000 new people are receiving Assistive Technology through Livity Life. The good outcomes being achieved have the potential to be extended to benefit more people.

The consumer standards that were revised and applied as part of Social Housing (Regulation) Act (2023) reforms go some way to improving practice around adaptations and amplifying the voice of tenants of social housing in the longer term. The Supported Housing (Regulatory Oversight) Act (2023) will do similar for tenants in all supported housing and accommodation including in the private sector.

In the financial year 2024-25, the DFG was used to adapt

1,114 homes in Essex

to make it safer and easier for disabled people to get around and do everyday tasks like

cooking, bathing and accessing the community

3.2 What we want to achieve

Short-term

In the **short-term**, we aim to improve DFG delivery consistency as far as the district DFG allocations can afford, increase capacity to deliver more Occupational Therapy DFG assessments and work with the Essex district, borough and city councils to make provision in districts where the demand is greater to increase staff and contractor capacity. Moreover, as with the new, 'fair share' DFG allocation formula Essex has secured a rise in its DFG allocation starting in 2026-27 and we are expecting the upper limit of the grant to rise by the end of 2026, we will support district, borough and city councils to update their Housing Assistance Policies to enable the delivery of more DFGs, more quickly. ECC will also encourage Essex district borough and city councils with significant DFG underspends to invest in social care capital projects to contribute to the cost of building accessible housing and improve facilities for disabled persons in the community.

We also want more people to know about and find it easy to access care technology, equipment and home adaptation support from Occupational Therapy. Occupational Therapists help people improve their independence by modifying environmental barriers at home to reduce risks by using adaptations, care technology and equipment to maximise people's ability to do everyday activities in their home environment.

Medium-term

In the **medium term**, as part of working more closely with the NHS the Better Care Fund, Public Health and Local Housing Authorities, we aim to ensure that DFG adaptations are part of a local integrated approach to health, social care, public health and housing and linked to a strategic focus on prevention and the wider determinants of health to evidently reduce the number of avoidable hospital admissions, speed up hospital discharges and ease the demand on Social Care supported housing.

We aim to expand the use of the Care Technology Service to maintain and increase people's independence in their own home and in accommodation-based care services, for example, through remote monitoring to ensure people's safety and the use of digital assistants in undertaking simple tasks. Improved connectivity will be a key enabler, underpinning the effective and appropriate use of technology.

Long-term

In the **long-term**, we aim for people to stay living in their own homes for as long as they can safely do so and choose to do so. Our ambition is for all people who receive adult social care services to have access to care technology regardless of where they live and aim to work closely with partners to best utilise available funds to support this.

ECC would also like to increase the availability of accessible housing via DFG investments. We aspire to address socioeconomic inequalities in housing and to encourage adaptations which are energy-efficient and sustainable to minimise impact on the environment, for example, through reusing equipment.

Image: © Livitylife

We will review how the DFG can support other preventative initiatives in the home, including falls prevention

3.3 How we will work

ECC will work with district, borough, and city councils and local health partnerships to make improvements to the use of the DFG.

We want to simplify and speed up application processes, Occupational Therapy input, and the time taken to deliver adaptations. We will work with district, borough and city councils to make more effective use of their discretionary powers and utilise any DFG underspends to fund more adaptations and social care capital projects, including for groups not typically supported through DFG such as those with complex learning disabilities and autism. We will review how the DFG can support other preventative initiatives in the home, including falls prevention and handyperson services for minor repairs and safety checks.

We undertook test-and-learn activities to further develop the potential use of care technology, including as part of a hybrid model of care where it is used alongside Live at Home domiciliary care and in residential and other accommodation-based settings. During this process we found that, whilst a hybrid model of care would need refining, there is a real promise when it is supported in the right way. We will ensure further development is informed by feedback from people with lived experience.

We are working with health and local authority housing providers and other social landlords to implement a new, joined-up approach to deliver equipment, technology and home adaptations.

4

Outcome 2c of the ECC Housing Strategy:

People can access high quality specialist, supported and safe accommodation that meets their needs and maximises their independence

4.1 Where we are now

4.1.1 ASC Population Groups

ASC ensure the provision of accommodation support for older people and adults with disabilities or mental ill health with eligible needs and have a duty under the Care Act (2014) to promote diversity and quality in the market. We are guided by our **Adult Social Care Market Shaping Strategy 2023 – 2030** which has been informed by the lived experience of adults who told us that they want to be able to live as independently as possible, have opportunities to enjoy a meaningful and full life, and for their specific needs or disabilities and personal preferences to be understood by the people who support them. People with disabilities and mental health needs have reiterated that having a place to live that feels like home, good relationships, and meaningful ways to spend their time are the most important things to them and to their wellbeing.

Living in the right type of accommodation is important to enabling a person's independence. We know that we are doing well at reducing the proportion of people who receive long-term support by ASC in residential and nursing care as these are lower in Essex as compared to the England average. However, we know that there is still more to do. A data diagnostic undertaken by Newton Europe in 2022 showed that 17% of people with disabilities could live in more independent settings; this amounted to 360 people in Essex who could have been better supported in supported housing, Shared Lives or through care in their own home. Others are currently living at home with family but tell us that they worry about what will happen in the future when their family can no longer support them. We also know that only half of the adults who are in contact with specialist mental health services are in stable and appropriate accommodation.

The Transforming Care Partnership aims to work collaboratively across Health and Social Care to prevent avoidable admissions and to facilitate timely discharge from mental health provision. Guided by the ambitions of **Building the Right Support** (2015) we are collaborating with partners to make it easier for autistic people and people with a learning disability to access the support they need at the right time, to strengthen community support and reduce reliance on mental health inpatient care. We know that across Southend, Essex and Thurrock we need to do more to meet the NHS England inpatient targets for both Children & Young People and Adults. For example, some autistic people and people with learning disabilities are admitted to hospital due to a breakdown of their accommodation and support in the community, with discharges also delayed due to a lack of appropriate accommodation. Often this is due to the level of adaptions needed to be made to ensure a property is safe, and able to meet the individuals' needs effectively.

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4.1.2 Insight on the ASC market

In line with its duties under the Care Act (2014) to shape and sustain local care and support markets, ECC recognises its role as a strategically important commissioner of accommodation-based services and solutions for older people, adults with dementia and adults with disabilities.

In 2025-26 the ASC Spend on accommodation totalled £452m and is projected to increase to £498m in 2026-27 and £514m in 2027-28, highlighting both the scale of ECC's commissioning influence and the importance of effective market oversight (Appendix 5).

However, ECC is not the only driver of supported and specialist housing and accommodation provision. The market is also shaped by the NHS, through health-funded placements, and by adults who privately purchase their care, including through Direct Payments. ECC is working to improve visibility of the NHS-funded provision and, where possible, private purchase Spend to strengthen understanding of the wider market and to support more effective, collaborative market-shaping and commissioning approaches with partners.

As shown in the quality section of our **Market Position Statement**, most but not all (approximately 70% of residential and nursing care, 72% of supported living and 86% of extra care) providers ECC use are rated Good or Outstanding by the Care Quality Commission (CQC). These assessment scores are the only definition of quality available for many types of provision.

Thanks to the recently commissioned **SSHANA**, our current data on the scale of future need across housing typologies are now robust enough to inform local plans, which provide policies and site allocations to encourage the additional supported and specialist housing and accommodation provision that is needed to meet future demand. We also know that the costs of developing and maintaining building-based services can be high for housing associations and providers, and that confidence in the demand for and viability of new schemes is fundamental. To address this, we have shared forecast data on demand for different types of accommodation by type of need and area. This includes greater detail on specialist needs and accessibility requirements for the wider population as well as people who meet the threshold under the Care Act (2014) assessment regarding care and support need. We also maintain an up-to-date database (for internal use only) listing all specialist and supported accommodation that we use. We share our commissioning intentions with providers and partners through our online **Market Position Statement** which provides market information and we will continue to update and promote this resource.

Shortages in the care workforce have been a challenge to the accommodation market, particularly for long-term viability and for the development of new provision. Uncertainty around future legislative changes in adult social care and the full implementation of the Supported Housing (Regulatory Oversight) Act (2023) which includes the introduction of a licencing scheme and national quality standards for supported exempt accommodation may further alter the demand for and shape of the supported and specialist housing and accommodation sector.

Furthermore, **changes** to the laws around recruitment of international care workers (occupation codes 6135 and 6136) means that, from July 2025, UK companies can no longer sponsor new care workers from abroad but only ones who are already in the UK (para SK4.29 and SK4.32). In addition, a **Fair Pay Agreement** in social care to set minimum standards for pay and employment terms and conditions enforceable by law is currently in consultation and will be ratified through regulations and be applied to social care workers' contracts by April 2028. ECC will develop further demand projections as the detail of these workforce pressures become clearer through national guidance and will work with district, borough and city councils to ensure alignment.

4.2 What we want to achieve

4.2.1 Our ambitions in ASC around specialist and supported accommodation

Short-term

In the **short-term** we would like people to have access to better information on accommodation options, help when faced with challenges, and support for them to plan ahead and make informed decisions to exercise choice and control over where they live.

We have an improved understanding of forecast demand by need, type of accommodation and area and we will promote this into local plan reviews and share it with registered providers and social landlords. We aim to secure better availability of supported and specialist housing and accommodation and accessible general needs housing that enables people to move on to maximise their independence in their area of local connection, through minimising voids and promoting opportunities to develop new supply of supported and specialist housing and accommodation.

Medium-term

In the **medium-term** we aim to see increased availability of multi-use, flexible and accessible housing and accommodation options that are suitable for a range of needs or can be used as general needs housing if someone no longer needs care and support. We want to improve availability of short-term accommodation with support for people to learn or regain independent living skills and help prevent hospital admission/ readmission and speed up hospital discharges. The lived experience of people who use services should inform the development of new housing and accommodation schemes, including through coproduction with stakeholders and service users.

Furthermore, we will work to ensure that during the process of LGR a suitable process is put in place to handle the progression of contracts of provision to the new unitary authorities, where suitable, to enable a smooth transition of services.

Long-term

In the **long-term** our ambition is for people to be able to access high quality supported or specialist housing and accommodation in or close to their area of connection and that it is suitable for them. All housing and accommodation should be recovery, enablement and progression focussed, and long-term residential care should only be used for those with the highest and most complex needs and for some adults with learning disabilities experiencing age related frailties. ECC are committed to minimising out of county placements with this only occurring through an individual's choice or where specialist provision is only viable on a regional basis.

4.3 How we will work

Supported and specialist housing and accommodation accessed by population groups that draw on ECC-funded adult social care support includes:

- Residential and nursing care
- Supported living
- Extra care
- Mental health supported accommodation
- Shared lives

4.3.1 Moving on to general needs accommodation

We aim to improve options and support to enable people to move on to private accommodation or general needs social housing where they are able and choose to. ASC has an accommodation hub of Move On workers who support people with disabilities to move on to the most suitable home for them that maximises their independence. Adult social care residential accommodation services and our Shared Lives service support people with learning disabilities and autism to maximise their independence and uses a trusted reviewer model to support them to move on to a suitable home when they are ready and without delay.

Move On Facilitators based in the community support recovery and help people with mental health issues to move out of hospital through the tiered accommodation pathway and into independent accommodation in the community.

4.3.2 Good design and standards

ECC uses the Provider Assessment and Market Management Solutions (PAMMS) tool to monitor the quality of care and support in all its commissioned residential and nursing care services, supported living and domiciliary care services. We will develop and improve the ways in which we manage quality, for example, by involving people with lived experience as well as expanding the capacity of the ECC quality team to monitor care and support providers who are regulated by the Care Quality Commission (CQC) as well as other support providers who are not subject to the same inspections and regulations. We will also explore the potential of using the PAMMS tool to monitor the quality of the on-site care and support provided in extra care schemes.

We will continue to promote and keep under review the **ECC Developers Guide** and Design Guides for proposed new supported and specialist housing and accommodation and the **CQC premises standards** for health and social care providers in England where

applicable. We will also use subject matter experts, including Housing or Specialist Occupational Therapists, and national good practice to inform the design of new supported and specialist housing and accommodation developments and when updating existing design guides and standards. ECC will work with supported and specialist housing and accommodation providers to meet the requirements of the Supported Housing (Regulatory Oversight) Act (2023) which introduces national standards and mandatory local licensing regimes for supported exempt accommodation providers with a focus on improving quality and protecting vulnerable people through better regulation and oversight. Where appropriate, ECC will update its quality monitoring tools and processes.

ECC will work with district, borough and city councils to develop Supported Housing Strategies by March 2027. This will be guided by the recently established Supported Housing Advisory Panel comprising of housing experts from ECC and district, borough and city councils.

4.3.3 Better access to information

We have reviewed and rewritten the **extra care pages on the ECC website**, incorporating people's lived experience to make the information clearer, more relevant and easier to understand.

We will look at ways to improve information, advice and guidance that ECC provides, about housing and accommodation, and will promote existing publications such as the **Shaping My Future: My Home** and **Together Matters: Thinking Ahead Planning Guide** resources.

4.3.4 Residential and Nursing care

Fewer people receiving social care are choosing to enter residential and nursing care. This has resulted in sufficient or over-supply except for complex needs where there are gaps in provision. At the end of March 2025, the occupancy rate for residential and nursing care homes in Essex was around 85% for older people, 89% for working age adults and 91% for people with mental health difficulties. For the same period, ECC funded residential placements for 3,068 older adults at an average cost of £759 per adult per week and 1,068 working age adults at an average cost of £1,549 per adult per week. It also supported 810 adults in nursing care at an average cost of £987 per adult per week and 221 people with mental health difficulties in residential/nursing care at a cost of £1,240 per adult per week.

For people with learning disability, residential services are only commissioned where a person's needs cannot be met in supported living or other accommodation-based services such as extra care. ASC has commissioned a framework contract solely for complex learning disability residential homes and aims to work with our Integrated Care System colleagues to secure appropriate placement for individuals who have high health and social care needs. This approach also requires a 'right-sizing' of the residential market where we will ensure the required capacity across different areas of Essex and explore transitioning residential provision to a different model as well as making sure provisions are of the necessary quality.

At the end of March 2025, the occupancy rate for residential and nursing care homes in Essex was around

85% for older people

89% for working age adults

91% for people with mental health difficulties

For the same period, ECC funded residential placements for

3,068 older adults at an average cost of **£759** per adult per week and

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The residential and nursing care home market has an opportunity to support health and care systems in more diverse ways, particularly as hospitals have adopted an 'early discharge' model when people are medically optimised. For example, residential and nursing care homes could provide short-term accommodation to people who require intensive care and rehabilitation support before returning home following a hospital stay or to potentially avoid one.

The residential and care home market is being encouraged to support the **ECC social value ambitions**, for example, in relation to supporting local employment focussing on Essex and upskilling the workforce. Moreover, all future commercial activity will encourage good practice in relation to design and improvement of buildings.

Residential care is currently used by people with a range of different needs; for some this is the most appropriate option, for others they may benefit from a different type of setting.

In-depth interviews undertaken with people with physical impairments in 2019 found that some people with **Physical Impairment** living in residential care feel confined, isolated, and stuck in monotonous routines. This limits their ability to increase their independence, compared with if they had accessed more independent living options at an earlier point.

Residential care is sometimes the most appropriate option to meeting very specialist or complex needs. There is currently a lack of specialist in-county residential provision for people who are **Deafblind** and people who have **Acquired Brain Injury (ABI)**.

The residential and nursing care home market has an opportunity to support health and care systems in more diverse ways

In 2022, 70% of ABI patients requiring neuro-rehabilitation accommodation, and 82 people with physical and sensory impairment, were receiving care out of county. Some people have been receiving care out of county for a long time and may have chosen to do so; however, for some, this is due to a lack of choice. We are currently examining data to determine the gaps in ABI and physical and sensory provision to determine the viability of developing ABI step-down rehabilitation and specialist Deafblind provision in-county or on a regional basis to enable better outcomes and choice for people.

ECC's in-house residential and short breaks service supports people with **learning disabilities or autism** across Essex with a focus on enabling independence and move on to the right setting. We are transitioning one of the longer-stay residential services to an enablement and progression focused service after having successfully piloted this approach.

ECC want to improve pathways for the Transforming Care Partnership, where people have highly complex needs due to learning disabilities and autism. We would like to enable people to move out of or be prevented from being admitted to in-patient settings, including through short-term solutions that can provide a break from the current environment and support to reduce any escalating needs.

To do this we will work with providers to develop the market offer of highly complex and high-risk accommodation-based care by co-developing ways to address existing barriers to this, such as lack of availability of suitable buildings and viability when demand is often low in number.

We are exploring opportunities within the in-house service to offer a short-term assessment unit for young people with complex needs, and we are also looking at other solutions for those transitioning into adult services who would benefit from a more stable longer-term place to live.

Our goal is for a smaller proportion of **older people** to move into a care home in the future, with those that do having more complex needs such as complex dementia and nursing care needs. This is supported by the **SSHANA** which has forecast a need for an additional 814 nursing units by 2029 and only 23 residential rooms. We know from a 2023 survey with care home providers that providers can struggle to provide the right environment for people with dementia and/or cognitive decline who have distressed or challenging behaviours which can result in the care home being unable to meet the person's needs, resulting in avoidable hospital admissions.

We will support the care home market to meet this higher level of complexity later in life, including encouraging existing residential care homes to transition to residential with dementia and nursing care where the building design and layout is conducive, encouraging any new care home developments to include dementia and nursing care, as well as ensuring providers make the best use of care technology throughout the care home.

We will also continue to encourage care home providers to use the suite of resources available on the **Essex Provider Hub - dementia** to identify and incorporate appropriate environmental adaptations, for people living with dementia and/or cognitive decline, into the design of any new care homes and within the constraints of existing care homes' design. This includes the **Environments for Ageing and Dementia Design Assessment Tool (EADDAT)** for ensuring dementia inclusive care environments.

Our goal is for a
smaller proportion
of older people to move into a care home in the future, with those that do
having more complex needs
such as complex dementia and nursing care needs

Our vision is to support adults to recover from ill mental health by moving through a pathway of support to independence where they are able to

There is a Recovery to Home service provided in two care homes in North-East Essex for older people with care and support needs who are unable to return or remain at home in the short term and require a period of short-term, intensive support to help them regain the skills and confidence to live independently (known as reablement) or re-assessment with 24-hour care. The service enables 61% of people to return home compared to 12% who return home following an interim care home placement.

The Integrated Residential and Nursing (IRN) Framework is the core contract with care home providers for care home placements for older people. The new IRN Framework went live in June 2025 and will last for six years. The **IRN Need Assessment Tool** is also in place to support decision making for enhanced payments for older people who have been assessed as having additional needs to standard care within an IRN care home. The enhanced payment is to acknowledge the additional work and efforts required in supporting older people with additional needs.

ECC's intention is to transform its **mental health** residential and nursing offer in partnership with the Mental Health Trust, Essex Partnership University Trust (EPUT) and the Integrated Care Board, aligning with the Southend Essex and Thurrock (SET) MH Strategy. There is a mandate for a community accommodation model to support system flow and capacity by co-ordinating all community bed-based accommodation related commissioning activity across Southend, Essex and Thurrock, and this includes residential and nursing care.

Our vision is to meet place-based need and support adults to recover from ill mental health by moving through a pathway of support to independence where they are able to. The pathway will improve health and social care outcomes for individuals providing holistic person-centred support close to their area of connection and reduce out of area placements. In addition, we intend to improve and embed integrated pathways to access housing, education, employment, self-directed support and skills, particularly for people who are medically optimised and need to move on to general needs housing and accommodation. Working towards this we are already reducing the use of care home placements by approximately 2% annually in favour of supported living.

4.3.5 Supported living

Supported living is currently used for people with disabilities, with most provision being for people with learning disabilities. It enables people to live more independently than they would in residential care. In September 2024 there were 1,441 adults in supported living accommodation and it is anticipated that this number will increase to c.1700 by 2029.

Demand is growing and, in some areas, supply is limited especially for people with complex needs. This restricts choice and can lead to placements outside of a person's area of connection. Demand bulletins are regularly emailed to providers who are part of the supported living framework to help accommodate as many people as possible.

In the **SSHANA** we have mapped the existing supply of supported living schemes, and we will continue to work with registered providers and private landlords to ensure we are making best use of these schemes. We have shared the map of supported living schemes with local housing authorities in Essex via the EHOG Supported Housing Dashboard.

We will engage with district planning departments, developers, providers, and Essex Housing (the ECC's development arm) to develop new accessible and high-quality provision using the Essex Design and Developers Guides to meet gaps, such as for complex needs, and increase provision where there is more demand. We continue to bring forward new schemes, including three schemes in Castle Point, Harlow and Colchester, for adults with complex learning disability and autism. We will encourage the development of 'cluster' models where 1 and 2 bed units of supported living are situated alongside each other as well as general needs accommodation. We will build relationships with social landlords and support new connections and relationships between care providers, housing developers and landlords who have interest in developing provision within an area.

Supported living enables people to live more independently than they would in residential care

Referrals into supported living for **people with physical and sensory impairments** is comparatively low. Only 2% of people with physical disabilities and/or sensory impairments who are eligible for Adult Social Care support from ECC are living in supported accommodation and 10% in a care home. The Physical and Sensory Impairments commissioning team undertake regular reviews in liaison with social work colleagues and data teams to ensure people are placed in the most appropriate settings for their needs.

We have worked with **adults with learning disabilities and autism** and their families to better meet their housing and accommodation needs. Essex Housing is ECC's development arm and since 2016 has delivered schemes at Norton Road in Ingatestone, Moulsham Lodge in Chelmsford and Sherbrooke in Waltham Abbey, and the Transitions scheme at Goldlay Square in Chelmsford. Currently, Essex Housing is designing, securing planning permission and constructing new supported living units for this group at both Friary in Maldon and at Newport House in Chelmsford. Furthermore, there is ongoing design and planning work for the complex needs scheme in Hadleigh, Castle Point.

Currently, 28% of people with a learning disability and/or autism who are eligible for ECC-funded adult social care support are living in supported living and 23% in residential/nursing care. These data are trending upward for supported living and downward for people living in residential care.

We would like to support the development of more single occupancy core and cluster models of supported living, including for the Transforming Care group who often require bespoke solutions and their own space for their highly complex needs to be met in a flexible way that supports independence.

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28% of people with a learning disability and/or autism
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23% in residential/ nursing care

4.3.6 Extra care housing

Whilst supporting people to live in their own home for as long as possible is our priority, where an older person or person with a disability has care and support needs that could be better met in supported and specialist housing, we will encourage them to consider moving into extra care housing. Extra care housing is for people who want to live in their own self-contained home with access to on-site care and support 24 hours a day seven days a week, when they need it.

Healthwatch Essex's conversations with people living and working in extra care schemes in 2019 demonstrated how people felt extra care met their needs for support, safety, enhanced independence and wellbeing, and provided a sense of community. Extra care housing and the care and support provided can enable people to live as independently as possible, giving people choice and control, and preventing or delaying a move into less independent settings such as residential care.

We are committed to work in partnership with local housing authorities and registered providers of social housing to deliver affordable extra care housing. ECC currently has nomination rights for 605 affordable apartments across 14 schemes. The average occupancy of these apartments is high at 96%.

The on-site care and support services in 10 of the 11 schemes that have been inspected by CQC are rated 'Good' with one rated 'Requires Improvement'. The other three on-site care and support services have not yet been rated by the CQC since the change in service providers at the three schemes. The annual care and support spend in extra care housing is approximately £6.7m.

ECC's ambition for new extra care housing is set out in the **Extra Care housing in Essex, supplement to the MPS**. We are seeking to increase the supply of extra care housing by developing 7 new schemes on our own land, which will deliver a total of 424 apartments, to meet current and

People felt extra care met their needs for support, safety, enhanced independence and wellbeing, and provided a sense of community

future needs. The **SSHANA** estimates that, by 2029, Essex will need more than 1,000 additional affordable extra care apartments and over 2,000 market-rate extra care apartments. This ambition means creating homes which are flexible as people's needs change, served by local amenities, and integrated into existing communities to enable inclusion. As a priority, we are also seeking land in Castle Point to progress an extra care housing scheme as there is no scheme in this area. We are also seeking land in Basildon to progress an additional extra care housing scheme to meet forecast need.

We are continuing to work with scheme landlords and local housing authorities to use a small number of apartments within extra care and sheltered housing schemes for short stays, called Stepping-Stone Homes, as an alternative to an interim placement in a care home for adults with care and support needs who are unable to return or remain at home in the short term. This service, funded through the Better Care Fund (BCF), has enabled 83% of adults who have stayed in one of the apartments to return home or move to a new home demonstrating strong outcomes in supporting independence and flow. Six flats in North Essex and one in Braintree are currently operational with delivery planning underway for two flats in West Essex by the end of 2026. For South Essex the programme remains in development with discussions progressing around two proposed flats.

We will continue to ensure that extra care housing is inclusive and meets the needs of people who are under or over 65 and who have a learning disability, physical and sensory needs, mental health needs as well as older people. ECC will also continue to ensure that extra care housing provides additional social value. For example, some scheme facilities provide employment opportunities for people with disabilities and most extra care landlords encourage communities to use the communal facilities and take part in activities at the scheme, reducing social isolation and promoting schemes as a community hub.

The on-site **care and support services in 10 of the 11 schemes** that have been inspected by CQC are **rated 'Good'** with one rated 'Requires Improvement'

The annual care and support spend in extra care housing is approximately **£6.7million**

The SSHANA estimates that, by 2029, Essex will need more than **1,000 additional affordable extra care apartments** and over **2,000 market-rate extra care apartments**

The Stepping-Stone Homes service, funded through the Better Care Fund (BCF), has enabled **83% of adults** who have stayed in one of the apartments **to return home or move to a new home**

ECC has transformed its mental health community accommodation-based support offer

4.3.7 Mental Health Supported Accommodation

In September 2024 there were c.690 people with mental health care and support needs across Essex receiving a mental health care and support package from ECC. This figure is projected to increase to c.740 by 2029-30.

Our data show that 55% of people who are eligible for adult social care mental health support from ECC are living in mainstream housing with support, or with family/friends. 24% of people are living in supported housing and 21% are living in a care home.

Population data trends highlight an annual gradual 0.3% upward trend for people living at home, a 4% annual increase for supported accommodation and an average annual declining trend of 2% for use of residential/ nursing care.

In view of the significant increase in demand for supported accommodation for people with mental health care and support needs, ECC has transformed its mental health community accommodation-based support offer in partnership with the Essex Partnership University NHS Foundation Trust (EPUT) and the Essex Integrated Care Board. This aligns with the key priorities of the Southend, Essex and Thurrock Mental Health Strategy 2023-2028 and, in particular, with ensuring that people have access to local community-based support to prevent crises escalating, supporting timely discharge from hospital settings and reducing admissions, and embedding pathways to access housing, education, employment and skills.

A tiered mental health supported accommodation pathway has been commissioned to meet place-based need and accommodate increased demand through providing support to adults specific to their needs closer to their area of connection and reducing out of area placements. This pathway has been designed to provide holistic support to recover from mental ill health and help to move on and step down into independence in the community.

The pathway also improves flow and capacity across the whole mental health system from acute, through supported accommodation into the community. Move on facilitators support hospital in-patient discharges into supported accommodation to reduce delays and work with housing providers to secure general needs accommodation for people to move on to, where possible.

By 2029-30 it is expected **c.740 people with mental health care and support needs across Essex** will receive a mental health care and support package from ECC

The pathway is county-wide and consists of 5 levels of support:

1

Level 1:
Intensive assessment beds

People stay for a maximum 6 week stay for assessment and referral. These beds are managed similarly to the residential care model in CQC registered establishments. ECC commissions 6 units at the North and West quadrants but intends to also commission units in the Mid and South quadrants.

2

Level 2:
Complex support

These units are CQC registered, and the maximum stay is 6 months. There are 8 units in the North and 4 units in the West with view to expand further in the county.

3

Level 3:
High support

These county-wide supported housing units are not CQC registered, and people sign Assured Shorthold Tenancies. They are intended to prepare people to step down to medium/low level supported housing. Overall recovery to move on is anticipated to take on average 2-3 years.

4

5

Levels 4 and 5:
Medium and low support

These units of supported housing offer less mental health support but increasing levels of support for people to determine and achieve their individual outcomes for independence, move on and resettlement. The average length of stay in these units is ~1.5 years.

ECC also spot purchases Intensive Enablement Plus provision providing higher-level bespoke packages to the most complex individual cases, and some residential and nursing accommodation where this type of provision is deemed to be more appropriate for the person's needs and circumstances.

ECC estimates that there is future need for an additional c.35 units of mental health supported accommodation by 2029 but is also aware that the primary need is for sufficient move on accommodation to enable individuals to move through the pathway into independent housing as part of their recovery.

4.3.8 Move on into general needs affordable accommodation

There are currently significant challenges with supporting working age adults into general needs social housing from supported accommodation. The cost of private rented housing in Essex exceeds Local Housing Allowance in most parts of the county and there is a lack of affordable and accessible housing for those on the housing register, with local housing authorities often struggling to meet the scale of need for households beyond the most urgent priority needs. Difficulty in securing general needs social housing to move into can prevent flow through supported accommodation pathways. This is particularly the case for **people with mental illness** where there was demand for 84 general needs social housing move on homes in 2024 which is predicted to increase by 1.4% per annum to reach 90 by 2029.

ECC is working in partnership with district, borough and city councils to help address the need for move on accommodation and secure dedicated housing by working with the Supported Housing Partnership Group (SHPB) and the Essex Housing Officers Group (EHOG).

ECC is also exploring options with Essex Housing (the Council's housing development arm) and registered providers to secure housing for those moving out of supported accommodation. We will develop and scale up this approach to reflect forecast demand.

A Move On pack was co-designed with people leaving mental health supported accommodation. They used their experience to identify gaps in support and information they needed. The pack makes the process more person-centred and supports the confidence and independence of the person moving on.

4.3.9 Shared Lives

Shared Lives is a person-centred service that matches adults who need care and support with approved hosts who share their home and family life. It offers a unique alternative to traditional care settings, enabling adults to live in a safe, supportive, and inclusive environment. The service supports adults with a range of needs, including learning disabilities, physical disabilities, mental health conditions, autism, and older age. Shared Lives hosts provide tailored support that promotes independence, choice, and community involvement. Adults are supported to learn new skills such as cooking, budgeting, and travel, and to engage with voluntary work and employment helping them to live more independently. Placements can be long-term or short breaks, depending on the adult's needs. All hosts are carefully assessed, trained, and supported to ensure high-quality, compassionate care. The service is co-ordinated by ECC.

ECC knows from the Supported and Specialist Housing and Accommodation Need Assessment (2025) that, in 2024, the Service supported 44 people via 61 host families. It is driving a campaign to recruit at least 8 new hosts per year to expand the capacity of Shared Lives to accommodate an additional 27 people by 2029.

In 2024, the Shared Lives Service supported

44 people via 61 host families

A campaign aims to recruit at least

8 new hosts

per year to accommodate an additional

27 people by 2029

4.4 Domestic Abuse: victims and perpetrators

4.4.1 Where we are now

Tackling the impacts of domestic abuse has been a priority for ECC for many years, with both financial investment in services and officer contribution at a variety of domestic abuse meetings and Boards. In 2024 ECC formed a collaborative (Pan Essex Domestic Abuse Commissioning Collaborative - PEDACC) with Southend-on-Sea City Council, Thurrock Council and the Police, Fire and Crime Commissioner to co-design a Domestic Abuse Model and jointly commission services for victims, survivors and perpetrators of domestic abuse. Some primary benefits of PEDACC include to:

- strengthen and improve pathways to support for anyone impacted by domestic abuse
- improve coordination of services supporting transitions across Greater Essex where victims are fleeing the perpetrator yet need to keep local safe connections and
- increased opportunities to reach those with lived experience from marginalised and minoritised groups

The Domestic Abuse Model includes a central point of contact (COMPASS) for anyone with concerns about domestic abuse, community-based support for perpetrators, high-risk and community-based support for victims and support in safe accommodation, such as refuge, for victims.

134 supported safe accommodation places
as of September 2025

Prior to the Domestic Abuse Model there were 122 (92 based in Essex) supported safe accommodation spaces across Greater Essex, with limited options available for large families, men, younger people (18-25) and people with disabilities.

A requirement of the jointly commissioned Domestic Abuse Model services, which went live on the 1st of April 2025, is to increase the supported safe accommodation offer across Greater Essex during the 5-year contract. As of September 2025, there are 134 supported safe accommodation places that can support women, men, larger families, people with disabilities and women with active addiction – an increase of 12. By the Autumn of 2026 a domestic abuse specialist young people's supported safe accommodation will also be available, which will increase the initial offer across Greater Essex from 134 to 140 units.

In October 2023 we introduced a flexible fund (Essex Safe Start Fund) for victims of domestic abuse to access a variety of resources and items that help them to seek or sustain safe accommodation. The fund is an offer in the Domestic Abuse Model. Between October 2023 and July 2025, the fund allocated resource and items to 1,000 victims, with 1,650 children included in applications. The fund was primarily accessed by victims who needed support to safely stay in their own homes. Some Essex authorities also deliver a Sanctuary Scheme which aims to enable victims and survivors to remain in their homes by providing enhanced physical security measures.

Recent evidence from statutory homelessness data returns from Essex housing authorities indicate a higher level of incidence of domestic abuse. ECC's Domestic Abuse Needs Assessment (2024) shows that the number of referrals to domestic abuse services in Essex increased by 33% between 2021-22 and 2023-24.

Similarly, demand for refuge has seen a significant rise since 2021, especially in North and Mid Essex. In April 2021 there were c.20 service starts; this increased to c.25 in April 2022 and c.30 in April 2023. The service starts are predicted to reach 60 by 2029-30 and almost double by 2039-40.

Alongside an increase in the number of victims and survivors being accommodated in refuge, there has also been an increase in the number of victims and survivors unable to be accommodated in refuge or dispersed properties. **The Domestic Abuse Needs Assessment** (2024) estimated that about 5% of the people who seek safe accommodation with domestic abuse services could not be accommodated either because there was a lack of space in the existing supply or because the refuge provider was unable to support their (complex) needs. The number of people approaching a local housing authority for housing due to domestic abuse has increased but the number of applications progressed hasn't increased at the same rate due to capacity pressures. The lack of supply of social housing is making it more difficult for people to move on from supported safe accommodation, contributing to longer waiting times.

Victims placed in temporary accommodation or in provider refuges spend an average of 3 to 4 months there. Temporary housing has been identified through interviews as requiring improvement to conditions. With at least 32% (421) of victims supported by local authorities being unemployed, the financial challenge of affording private accommodation is a barrier for many.

4.4.2 What we want to achieve

Tackling the impact of domestic abuse continues to be a priority for ECC. We want to continue to increase the availability of safe accommodation for all groups, including supporting people to stay in their own home where it is safe through Sanctuary Schemes or similar, in line with future forecast demand.

Home Office funding in 2025 to the Police Fire and Crime Commissioner (PFCC) has supported a perpetrator housing pilot. ECC is keen to identify what works for perpetrators' housing alongside behaviour change support and how the perpetrator housing pilot can enable victims and survivors to remain living in their existing home.

We would like to make services and housing options more accessible for older adults and people with disabilities.

ECC has committed to continue to support victims' wellbeing and safety, be it in their own home, outside the home, or in arranged accommodation. We are working with partners to grow and develop the range of housing options which support safety, to coordinate the Essex Safe Start Fund to support people to seek and sustain safe accommodation, and to support people to stay in their own home where this is safe to do so and their choice, or secure new safe accommodation.

ECC wants people who have been impacted by domestic abuse to:

- ✓ feel and be safer
- ✓ have improved health, physical and emotional wellbeing
- ✓ have improved education, financial and economic wellbeing
- ✓ have increased resilience, self-esteem and confidence
- ✓ have improved relationships and engagement with personal networks, local communities, and support
- ✓ benefit from positive behaviour change
- ✓ have access to assessment and support in a way that is inclusive and considerate of their unique characteristics and needs

4.4.3 How we will work

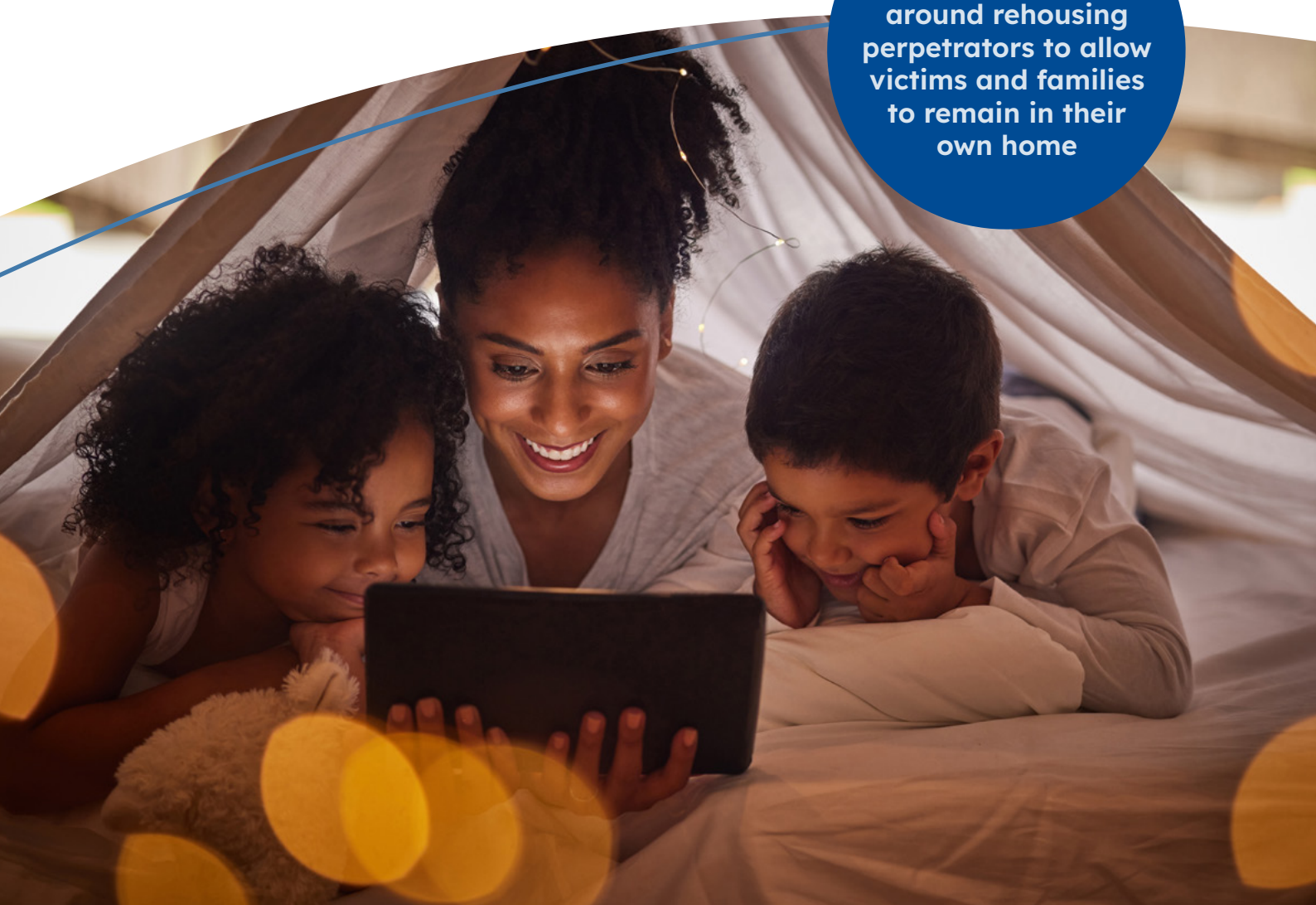
Victims of domestic abuse have a variety of housing needs. The Southend, Essex and Thurrock Whole Housing Approach (WHA) aims to improve and provide a range of housing options for those affected by domestic abuse through a whole system approach which is trauma informed, and across all types of housing, including private housing (rented and owned), social housing, refuges and supported housing.

The Southend, Essex and Thurrock Domestic Abuse Board Housing Sub-group has been working with multiple housing partners to develop, expand and embed the WHA offer across Essex.

Sanctuary Scheme protocols and guidance have been developed with Tier-2 local authorities which aim to enable victims to safely remain in their homes by providing enhanced physical security measures. ECC will continue to work with local housing authorities on information and support for accommodation for victims, and to consider options around rehousing perpetrators to allow victims and families to remain in their own home.

We have embedded a well-established early help offer that aims to support family stability through effective relationships. This includes a Healthy Family Relationships programme via training, resources and toolkits for practitioners and small grants to local community and voluntary groups to support them in their engagement with parents. We will continue to embed this work to strengthen our preventative early help offer.

ECC will consider options around rehousing perpetrators to allow victims and families to remain in their own home



4.5 Care Leavers and Vulnerable Young People

4.5.1 Where we are now

Essex County Council commissions a housing related support service for vulnerable young people, including care-experienced young people (care leavers), to prepare them to live safely and independently in the community. The Essex Nacro Education Support and Transition (NEST) service operates across all 12 Essex district, borough and city councils.

The service provides supported shared and self-contained accommodation, including emergency access units, alongside practical and emotional support. It supports a range of young people including:

- 16–17-year-olds at risk of homelessness
- Care leavers, including Separated Migrant Children
- Vulnerable young parents
- Other vulnerable 18–21-year-olds

Support is tailored to need, ranging from lower-level support to 24/7 provision for those with higher needs. The expected length of stay is 14 months. Essex County Council funds the support element, while young people are responsible to cover rent and service charges where possible through income, including earnings and benefits. In 2024-25 the service delivered 199 units in total, with 189 being supported housing units and 10 emergency accommodation units. Around one third of these provide 24/7 support, distributed evenly across the four Essex quadrants.

ECC data indicate that both the number of care leavers and other young people at risk of homelessness are increasing. In 2024-25 there were 935 care leavers and vulnerable young persons, representing a 17% rise from 798 in 2020-21. Forecasts suggest this number will continue to grow by approximately 4% per year, reaching around 1,135 by 2029-30. Meanwhile, evidence from the Ministry for Housing, Communities and Local Government (MHCLG) also highlights rising need. In 2023-24, 84 young people aged 16-17 were owned a prevention or relief duty by the 12 district, borough and city councils in Essex, compared to 76 in 2022-23. Similarly, the number of 16-17-year-olds seeking support from the NEST service has increased.

The average number of total referrals into the NEST service across 2023-24 and 2024-25 was 202, representing an average annual increase of approximately 6% since 2022-23. Gateway acceptance data suggest that approximately 92% of referrals require supported housing. Based on this, the demand for supported housing -over and above the current provision of 199 units- is projected to reach or exceed 77 additional units by 2029-30.

Demand for short-term supported housing is closely linked to levels of move-on (or 'throughput'), referring to the transition from NEST services into general needs housing. In 2024-25, 117 move on units were required for young people leaving NEST, and with projected population growth at this age group, this is expected to rise to at least 128 units annually by 2029-30.

These projections are based on an average NEST length of stay of 20.5 months (calculated from 2023-24 and 2024-2025 data). However, rather than reducing to the contractual target of 14 months, the average length of stay increased to around 24 months at the end of 2025-26. This reflects a range of factors, including young people's readiness to sustain tenancies, disparities in access to move on housing across Essex, and limited

There were **935 care leavers and vulnerable young people** in 2024-25, a **17% rise from 798** in 2020-21

ECC's Co-Parenting Pledge makes a promise to young people leaving care 'to help you become independent'

availability of suitable move-on properties, particularly one-bedroom social housing, affordable private rented accommodation, and housing for young persons with children.

As a result, demand for additional supported housing units and the number of young people awaiting move on accommodation are likely to exceed current forecasts. In addition, young people whose needs cannot be met within NEST -either because their needs are below eligibility thresholds or too complex for supported housing (for example, due to mental ill health or disability)- and those unable to access provision in areas with limited NEST capacity may instead present to Local Housing Authorities for support under homelessness duties.

The transition out of care is critical and sometimes challenging stage, with long-term implications for outcomes in early adulthood and beyond. ECC and Essex district, borough and city councils will continue to monitor demand and supply data to inform future accommodation planning and support care leavers and vulnerable young people to make a good start to adult life.

4.5.2 What we want to achieve

ECC's Co-Parenting Pledge makes a promise to young people leaving care 'to help you become independent'. The new Co-Parenting Strategy includes 'Home' and 'Independence' as two of its priorities and outlines that finding appropriate housing is a key aspect of this. We would like to make this as smooth and successful a transition as possible for all young people leaving care.

ECC aspires to increase the number of supported accommodation units for care leavers and other vulnerable young people, with a particular focus on self-contained units. While shared housing can support the development of independent living skills, some young people require self-contained accommodation to better manage conflict and meet higher or multiple/complex needs often associated with previous trauma, mental health challenges, experiences of domestic abuse and neurodivergence. In addition, there is a need for smaller-scale provision to accommodate young people with children.

It is important for care leavers and vulnerable young people to have access to multi-disciplinary support within trauma-informed and psychologically informed environments, delivered by a skilled and specialist workforce to enable young people to develop independence, and become 'tenancy-ready'. ECC is therefore considering the expansion of these services to meet need.

The current NEST contract, which expires in 2027 with an option to extend for up to two additional years, has a maximum capacity of 270 units. At present, 199 units are in operation. ECC is working with the NEST provider to identify and bring forward additional accommodation, particularly in areas where waiting lists exist.

Work is also underway to develop a robust understanding of future demand and advocate for improved availability and access to general needs move on accommodation to enable more care leavers and vulnerable young persons to secure suitable housing within the community.

4.5.3 How we will work

ECC is working with its 12 district, borough and city councils to improve consistency in nomination rights to suitable accommodation options. This includes reviewing and finalising the existing Joint Protocol and associated arrangements for homeless 16-17-year-olds. The aim is to ensure that care leavers and vulnerable young people are consistently prioritised for accommodation across all areas of Essex, with clear expectations around housing pathways and move on support.

ECC will continue working with the NEST provider and the Essex housing authorities to identify and deliver additional accommodation especially in areas of need. Alongside this, there will be ongoing monitoring of referrals, length of stay, and occupancy levels to ensure that provision aligns with demand and that services are meeting the needs of the young people they support.

Ongoing monitoring will ensure that services are meeting the needs of the young people they support

5

Prevention and Early Help

5.1 Where we are now

ECC is committed to improving the health and wellbeing of all people in Essex.

We know from commissioned research undertaken by Newton Europe into ASC's demand pressures and our customers' experience through ASC, as well as national research such as **The Future of Prevention Programme**, that prevention is crucial to improving health and wellbeing. Strong preventative approaches help people remain safely and independently in their homes, reducing, delaying or preventing moves to specialist and supported housing and accommodation.

Residents tell us that it is not easy to find information or receive advice about the support available to help them plan ahead and stay in control of their circumstances. We know that a lack of information and advice can lead to delays in accessing support, difficulties in securing the right help, and an increased risk of people reaching crisis point. Health and social care professionals also report uncertainty about where to find trusted support for the individuals they work with, while Early Help teams are seeing an increase in referral activity for housing-related support, particularly for services such as occupational therapy housing assessments, which play a crucial role in enabling people to remain living independently in mainstream housing with support. The recent Essex ASC CQC report further highlighted the need to strengthen the inclusivity and accessibility of information, advice and guidance, ensuring it reaches all communities, including seldom-heard groups.

The Essex Outreach Service prevents around
400 evictions
each year, an annual saving of approximately
£10million
to the wider system

The Department for Health and Social Care (DHSC) provides local authorities with a Public Health Grant to provide vital preventative services to improve the health and wellbeing of local populations. ASC works closely with Public Health (PH) colleagues to deliver ECC's Care Act (2014) duties around Early Help and Prevention.

Public Health-funded early help and prevention initiatives span a wide range of activities including universal access to information, promoting active and healthy lifestyles, reducing loneliness and isolation, building community-based support and shaping environments that reduce inequalities.

The **Essex Outreach Service** is a key initiative directly focused on housing and accommodation stability. Support workers work alongside individuals to create a personalised action plan that sets out clear steps to resolve issues, build independence and help people remain securely housed. The service provides practical housing-related support for people aged 16+ to:

- Manage tenancies, including support to prevent eviction and resolve difficult housing and accommodation issues
- Deal with letters and forms, making it easier to navigate housing and welfare processes
- Applying for welfare benefits and grants to stabilise income and strengthen tenancy sustainability
- Manage bills, rent arrears and debt reducing the risk of homelessness or housing breakdown
- Address emotional or mental health needs, or alcohol and drug issues that may put housing and accommodation at risk

In 2025, ASC provided funding to introduce enhanced support for individuals with additional care and support needs who would otherwise need an ASC intervention

This service, delivered by Peabody Trust since 2019, has had a significant impact on housing stability across Essex. Each year it prevents around 400 evictions and supports a further 400 households to move into alternative accommodation where eviction is unavoidable. With an estimated cost of £25,000 per eviction, this represents an annual saving of approximately £10million to the wider system.

The Essex Outreach service has evolved to meet the growing and changing needs of the Essex population. In 2025, ASC provided funding to introduce enhanced support for individuals with additional care and support needs who would otherwise need an ASC intervention. This expansion enables people to receive more intense and/ or longer-term support within their own homes, supporting their independence for longer, whilst reducing the demand on the ASC Front Door. It is anticipated that this extra support will reach a minimum of 180 additional vulnerable people each year.

In addition, with the end of the Accommodation Based Housing Related Support Service (supported living) in 2025, the new five-year contract commencing 1 April 2026 will also provide direct support to individuals and families living in homeless and temporary accommodation, as well as those currently in Accommodation Based Housing Related Support (ABHRS) schemes and other supported housing settings.

Alongside the Essex Outreach service, Public Health funds other programmes which are not explicitly housing-related services but have a significant impact on keeping people well, safe and independent at home:

- The **Essex Wellbeing Service** provides a first point of contact for people, families and carers offering holistic information, advice and support from befriending and mental wellbeing help to debt, housing and employment advice, family lifestyle support and drug and alcohol services. In April 2025 the service was expanded to strengthen support for unpaid carers, helping them maintain their own health and wellbeing so they can continue caring for others at home, reducing the likelihood of family members needing specialist or supported housing placements
- **Reconnect, delivered by Sport for Confidence** embeds physical activity and occupational therapy at the heart of how people are supported to live well, stay independent and remain connected to their communities, with a particular focus on those that face barriers to participation in physical exercise, for example, people who have a learning disability or a physical or sensory impairment
- **Care Tech support for adults not in receipt of ASC** provides technology-enabled support that helps people remain safe and independent at home and in their community

Public Health has developed a quality-of-housing model that identifies areas of the county where poor housing conditions are most likely to affect residents' health. By directly linking this model with ASC and health data, work is under way to pinpoint population groups whose health needs may be exacerbated by their living environments and to target early interventions more effectively.

ASC also funds teams and schemes that provide Early Help and Prevention services. These include the:

- **Adult Social Care Connect (ASCC)** which is the front door into ASC for adults not currently known to the service and plays a vital role in triaging demand, managing risk, and supporting adults to access the right help at the right time, to keep them independent and well for as long as possible
- **Autism Navigation Service**, which supports adults pre/mid/post learning disability and autism diagnoses. People with and without Care Act (2014) eligible needs receive housing-related support such as liaising with landlords to resolve issues, support to apply to join the district, city and borough councils' Housing Register, unlawful eviction and breakdown in family relationships resulting in homelessness
- **Adult Social Care Early Help and Wellbeing Team** which brings together social workers, occupational therapists, community support workers, a targeted employment officer and apprentices, who support Essex residents aged 18-65 (with or without a diagnosis) to understand their behaviours and emotions and to access appropriate support for issues affecting their wellbeing including housing. The team works with people who may have:
  - Learning disability
  - Autism, Attention Deficit Hyperactivity Disorder (ADHD) or other neurodiverse conditions
  - Emotional wellbeing (low mood, anxiety, stress, depression)
  - Informal caring responsibilities (unpaid carers) for individuals with these needs

5.2 What we want to achieve

ECC would like people to navigate their lives' journey with clarity and choice and to enable them to find the right information themselves.

We will focus on trying to make improvement to four key areas:

- **Getting the right support, at the right time, in the right place** to ensure residents are at the heart of making decisions at the time which is right for them. We will continue our work with our partners to systematically utilise and promote a **single point of access for information and guidance on support available**, to help manage demand and enable people to arrange their own support
- **Providing training opportunities** for new employees across adult social care, and organising promotional activities both within and outside ECC to help professionals understand the value of proactive advice and guidance and to raise awareness of available services that provide support
- Establishing a framework drawing on best practice to **standardise and improve how we measure the impact of early help and preventative services** to enable informed decisions to be made on funding, expansion, improvement and promotion of services, overseen by the ASC and PH Early Help and Prevention Board
- Acting as the enabler/connector to **strengthen links with Voluntary Community Services (VCS)** and local networks to avoid duplication across the system and support the development and implementation of Your Essex Community, a project aiming to strengthen ECC links with the VCS and local networks. This will ensure that people access the right support earlier allowing adult social care to respond quicker and more effectively to those with more complex Care Act (2014) eligible needs

5.3 How we will work

Early help and Prevention are everyone's responsibility.

We will continue to work across commissioning and with our operational teams and colleagues across Public Health, Community Voluntary Services, local networks and providers to deliver our ambitions for Early Help and Prevention.

6

How we will measure progress against ECC's strategic priorities for specialist and supported housing and accommodation

Image: © Essex Housing

The ECC Supported Housing Strategic Group will oversee the delivery of the ECC strategic approach to supported and specialist housing and accommodation. It will maintain strong links with key forums such as the Essex Housing Officer Group and the Supported Housing Partnership Board to secure effective partner engagement and coordinated implementation.

To understand the impact of the activity set out in this document, we will develop a range of indicators to measure and monitor progress towards delivering ECC's three strategic outcomes for supported and specialist housing and accommodation.

The below list is presented as aspirational draft indicators that we will co-produce with partners and will be reviewing throughout the lifespan of the document. This work will develop and align closely with existing strategies and data collection activity, the statutory reporting requirements as set out in the local Supported Housing Strategy Guidance and work on implementing Local Government Reorganisation:

How we will measure and monitor progress

- Annual reporting of Supported and Specialist Housing and Accommodation supply, contingent on Housing Authorities establishing and providing management information in accordance with the requirements of the Supported Housing (Regulatory Oversight) Act (2023) (processes to be developed by Spring 2027)
- Number and percentage of new homes that meet accessible, adaptable and wheelchair user standards by Category, i.e. M4(2), M4(3) by area/new unitary authority
- Delivery of Disabled Facilities Grant (DFG) expenditure (Spend) against annual funding allocations
- Outcomes achieved through DFG-funded adaptations and improvements
- Number of wheelchair-accessible or adapted homes delivered through DFG-funded Social Care Capital investment
- People supported to live independently through the use of care technology
- Permanent care home placements
- People moving on from supported accommodation into general needs housing
- People receiving support to remain in their current accommodation
- People with a learning disability living in their own (general needs) home or with family
- Adults in contact with secondary mental health services living independently, with or without support
- Domestic abuse referrals, placements in safe accommodation, and number of people supported to remain safely at home

- Referrals to the Nacro Education Support and Transition Service (NEST), and 16-17-year olds owed a prevention or relief duty
- People receiving care and support funded by ECC adult social care who report that their home is designed to meet their needs (Adult Social Care Survey data)

Where data can be disaggregated, we will collect and analyse information to measure progress across adult social care quadrants, existing district, borough and city council geographies and, looking ahead to April 2028, the five new unitary authority areas that will be established through LGR. Our analyses will incorporate ethnicity, gender, and sexual orientation where these data are available to measure the impact of our strategic approach to supported and specialist housing and accommodation on people with protected characteristics and drive positive, inclusive change.

This document will be reviewed as necessary in advance of, and/or following the implementation of the Greater Essex Local Government Reorganisation.

Where data can be disaggregated, we will collect and analyse information to measure progress across adult social care quadrants, existing district, borough and city council geographies and, looking ahead to April 2028, the five new unitary authority areas that will be established through LGR

Appendices

Appendix 1

Glossary

Affordable housing

Housing that is provided for rent or shared ownership for people who cannot afford to rent or purchase a property on the open market.

Care Technology

The term is used to describe digital or smart devices and services that can support a person's independence. It helps them/others to better self-manage and monitor their health and wellbeing and/or provide peace of mind. Services include telecare (long distance monitoring), assistive technology, such as digital assistants, and telehealth (remote health monitoring).

Disabled Facilities Grants (DFG)

A grant available from local authorities to pay for changes/adaptations to a person's home to enable them to continue to live there independently.

Extra care housing

Self-contained homes with design features and 24/7 on-site care and support available to enable self- care and independent living.

General needs housing

Housing that is not purpose built, adapted or managed for a particular client/care group. For the purposes of this document General Needs housing covers all non-Specialist and Supported housing, including owner-occupied accommodation. Social rented housing and private rented sector housing play a particularly important role as move-on accommodation from supported housing.

Housing Related Support (HRS)

A service provided to help vulnerable people regain, maintain or achieve independent living.

Housing Needs Register

A register or list of people who are seeking social and affordable housing in a district, borough and city council area. Councils have rules about who can join their housing register, and which households have priority for being offered property lettings.

Integrated Care Systems (ICSs)

Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Local Plan

A document produced by district, borough and city or unitary councils to set the framework and policies for decisions on future development proposals and to address the development needs and opportunities of the area for a 15–20-year period. Local plans identify specific sites for development and their development principles to demonstrate it can meet the local housing need. Topics that local plans usually cover include housing, employment, retail and the infrastructure needed to support any new development (such as schools, health facilities, transport). The local plan will also identify where development should take place and areas where development should be restricted given local, national and international environmental constraints.

Move on housing

This is general needs housing in the social housing sector or in the private rented sector that people with care and/or support needs can move to once they no longer have a need to live in supported housing, for example young people with support needs who need to move on from supported housing as part of living independently.

Nursing care

Nursing care is a service that supports an adult who requires short- or long-term personal and nursing care in a Care Quality Commission (CQC) registered nursing care home. Nursing care homes are similar to residential care homes, but they also have one or more qualified nurses on duty to provide nursing care.

Occupational Therapist

Housing or Specialist Occupational Therapist is an Allied Health Professional who assesses individuals' functional needs in relation to their home environment and recommends or designs housing adaptations, equipment, or alternative accommodation to reduce environmental barriers and support independence, safety, and activities of daily living.

Residential care

Residential care is a service that supports adults who require short- or long-term personal care in a Care Quality Commission (CQC) registered residential care home.

Shared Lives

Shared Lives schemes match people who need care and support with an approved carer, who the person sometimes also moves in and lives with, so that they can live more independently in the community.

Social housing

Housing provided by a 'registered provider' of social housing: either local councils or housing association. Social homes have rents set by policy, at levels generally below market rents. The Regulator of Social Housing and Housing Ombudsman oversee social housing.

Spatial Development Strategy (SDS)

A strategic plan, prepared by a mayor or a Combined Authority, setting out a broad framework for development up to 30 years ahead. Local plans must be in general conformity with the SDS, ensuring that local development aligns with the broader strategic goals. It seeks to address key strategic planning issues, such as housing needs (including the distribution and scale of development), economic growth, infrastructure development, health and environmental matters, including climate change.

Supported and Specialist Housing and Accommodation

Specialist and Supported Accommodation is where housing, support and/or care services are provided to help people with a particular need to live as independently as possible. Supported accommodation provides homes for a wide range of people including older people, people with a disability or autism, people with mental health related needs, and vulnerable young people.

Supported Living

Supported Living is a form of Supported and Specialist Housing where support and/or care services are provided to help people to live as independently as possible. The service provides adults who are eligible for Adult Social Care support with the chance to hold a tenancy in their own homes and focuses on increasing each individual's independence and skills over a period of time.

Tenure

The conditions under which land or buildings are held or occupied, for example, owned outright, secured on a mortgage, rented from a private landlord or rented from the or a housing association.

Appendix 2

Supported and Specialist Housing and Accommodation Need for Essex

The below figures are taken from the Supported and Specialist Housing and Accommodation Need Assessment (2025) and show the estimates of need for Specialist and Supported Housing and Accommodation in five-year intervals from 2024 for seven population groups. In the full report the need is broken down by district to allow for local planning and re-aggregation to match LGR geographies.

Older people (including those eligible and ineligible for ASC funded care)

Older people	2029	2034	2039	2044
Retirement/sheltered housing	4,941	8,254	11,531	14,690
of which: Market housing	3,813	5,652	7,893	10,052
of which: Affordable/social housing	1,128	2,602	3,638	4,637
Extra care housing*	3,411	5,165	6,900	8,573
of which: Market housing	2,277	3,265	4,365	5,424
of which: Affordable/social housing	1,134	1,900	2,536	3,148
Residential care home (beds)	23	1,072	1,357	1,625
Nursing care home (beds)	814	1,805	2,532	3,329

- **14,690 (+89%) additional units of Retirement/Sheltered housing** (10,052 market units; 4,637 social/affordable units) required by 2044. Areas with highest level of est. need: Tendring, Colchester, Chelmsford and Braintree
- **8,573 (+930%) additional units of Extra Care housing by 2044** (5,424 market units; 3,148 social/affordable units). Areas with the highest level of estimated need: Tendring, Colchester, Chelmsford and Braintree
- **3,329 (+122%) Nursing Care Home beds by 2044**; Areas with highest level of estimated need: Tendring, Braintree, Epping Forest, Colchester
- **1,625 (+20%) additional Residential Care beds by 2044** Areas with the highest level of estimated need: Braintree, Basildon, Harlow and Tendring

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People with learning disability/people with learning disability who are Autistic (eligible for ASC funded care), forecast to 2039:

People with learning disability/people with learning disability who are Autistic	2029	2034	2039	2044
Supported housing	107	211	319	-
Shared Lives accommodation**	27	56	87	-

- **319 units (+29%) of Supported housing/ supported living** and additional **87 Shared Lives** places (+198%) by 2039. Areas with highest level of need: Colchester, Tendring and Chelmsford

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Vulnerable young people including Care Leavers (eligible for Children's Services funded care), forecast to 2029:

Vulnerable young people including care leavers	2029	2034	2039	2044
Supported housing	77	-	-	-
Move on housing* **	128	-	-	-

- **77 units (+39%) additional supply of Supported housing:** Areas with highest level of estimated need: West quadrant, Mid quadrant and North quadrant
- **128 units per annum of Move on housing** (General needs)

People with mental health needs (eligible for ASC funded care)
Additional need by 2039:

People with mental health needs	2029	2034	2039	2044
Supported housing	35	70	105	-
Move on housing[***]	84	-	-	-

- **105 units (+63%) of Supported housing:** Areas with the highest level of estimated need: Colchester, Tendring and Chelmsford
- **85 units of Move on housing (general needs) per annum**

People with a physical/sensory disability and people with other long-term conditions (eligible for ASC funded care), additional need by 2039:

People with a physical/sensory disability, including wheelchair users and people with other long-term conditions	2029	2034	2039	2044
Wheelchair accessible housing	2,109	2,228	2,315	2,416
Supported housing	45	90	135	-

- **135 units (+375%) Supported housing/supported living:** Areas with the highest level of estimated need: Tendring, Colchester and Braintree, Basildon

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Victims, survivors and perpetrators of domestic abuse, additional need by 2029:

Victims, survivors and perpetrators of domestic abuse	2029	2034	2039	2044
Safe accommodation	68	81	95	-

- **95 (+100%) Safe Accommodation**
  Need is across all areas of Essex

People with lower-level needs who may fall outside of eligibility for adult social care but have support needs that affect their housing and/or accommodation, additional need by 2039:

People with lower-level needs who may not draw on adult social care from Essex County Council but have support needs that affect their housing and/or accommodation	2029	2034	2039	2044
Supported housing	1,039	1,072	1,096	-

- **1,096 Supported Housing units**

Footnotes

Estimated need is non-cumulative. Figures may not sum exactly due to rounding.

* **Extra Care Housing:** Essex County Council commissioned extra care is also for adults with a disability, mental health need both over and under the age of 55 where extra care is suitable to meet their needs.

** **Shared Lives:** This is not new provision/new build but the number of people who require host families to support them in the host families' home

*** **Move on housing:** This refers to the estimated need for general needs housing (in the social housing sector and private sector) that people will need when they move on from shorter term supported housing. Estimates are shown as the annual requirement at the specified time period. The need for move-on housing is not modelled beyond 2029 as need beyond this timeframe will depend on operational factors such as length of stay in supported housing as well as whether the estimated need for future supported housing is met.

Appendix 3

ECC strategies and policies informing ECC's Strategic Approach to Supported and Specialist Housing and Accommodation

- **Essex County Council Disability Strategy - Meaningful Lives Matter 2023-27**
- **SET Dementia Strategy 2022-26**
- **Essex Domestic Abuse Commissioning Strategy (2025-2030)**
- **Children in Care and Leaving Care Partnership Strategy 2022-27**
- **Essex Sufficiency Strategy for Children in Care and Care Leavers 2023-26**
- **Essex Joint Health and Wellbeing Strategy (2022-2026)**
- **Southend, Essex and Thurrock Mental Health Strategy (2023-2028)**
- The **Adult Social Care Market Shaping Strategy 2023 – 2030** which aims to:
  - Reduce reliance on residential care, where there is currently an over-supply of beds, in favour of supporting people in their own homes and communities
  - Increase provision for complex care, where there is growing demand, especially nursing and placements for adults with complex needs or behaviours
  - Increase and evolve community-based services such as domiciliary care and other services that support the adult to remain independent at home
  - Develop a wider range of accommodation options that can provide community-based alternatives to residential care, such as supported living services and extra care schemes
- **The Essex Transport Strategy**

  The location of housing within a place and its local infrastructure are very important to supporting people to live independent and healthy lives. Public transport can be difficult to navigate and is not always accessible to people with disabilities. The new Essex Transport Strategy is a draft document to be published and adopted in 2026. It sets out three key themes and nine outcomes which are key to delivering the wider ambition for Essex's transport network. The following three outcomes are particularly important for those living in supported and specialist housing and accommodation:

  - People have inclusive and affordable access to key services
  - The transport network is safe, and feels safe, for all users
  - All places support the transport needs of all residents

The Essex Transport Strategy and accompanying implementation plans are seeking to deliver these outcomes through:

- Promoting the work of the independent charity Rural Community Council of Essex in tackling hidden deprivation and social isolation in our villages and rural areas
- Designing new and improved infrastructure and promoting well-designed new neighbourhoods which feel safe and secure to use and are sustainable from the start
- Tackling barriers to travel, such as accessibility, complexity and security to support greater use by everyone
- Developing and delivering mobility hubs to facilitate convenient access to public transport services, shared mobility solutions, and active travel options. In rural locations, these could combine transport, retail and community services
- Working with the bus and rail industries to secure further improvements to the accessibility of public transport and passenger assistance on buses, trains and at bus and rail stations
- Supporting the expansion of Demand Responsive Transport (DRT) services, such as DigiGo, to aid the vulnerable and those in underserved areas who have limited travel options

The availability of good quality pedestrian and cycle routes is also important to enabling people to move around their local area independently and safely.

Alongside the Transport Strategy, we have developed 13 area-specific implementation plans. These plans set out how we aim to deliver our vision and outcomes in different parts of Essex.

- **The Essex Caring Communities Commission**

  The Caring Communities Commission was established by Essex County Council in September 2024 to review and make proposals to tackle the pressing challenges in health and social care at source, by igniting local leadership to transform public services so that they are more preventative, and community based and led, while influencing Whitehall to deliver a supportive national framework.

  In recognition of the role of housing in promoting health and wellbeing, one of the 23 Commission actions focusses on increasing the supply of specialist and supported housing to meet needs. An action plan is due to be finalised by April 2026, and activity will be overseen by the Essex Health and Wellbeing Board.

Appendix 4

How evidence and collaboration shaped ECC's Strategic Approach to Supported and Specialist Housing and Accommodation

The first draft of this document was developed as part of preparations for a CQC Inspection in 2024, to evidence delivery of the Enabling Independence ambition from the ECC Housing Strategy. It formed part of a wider programme of work to improve ECC's engagement with the housing and planning system and achieve better outcomes for service users.

Partnership working with district, borough and city councils across Essex was a vital component of this work, including the establishment of a Supported Housing Partnership Board. Projects arising from this work included improving responses to planning applications and commissioning a Needs Assessment for people in need of care and support from ECC. Following consultation with local housing authorities, the scope of the Needs Assessment was expanded to include residents who require supported housing, but who do not meet Care Act (2014) criteria for ECC support.

The document has been further developed to reflect the findings from the Supported and Specialist Housing and Accommodation Need Assessment (2025), changes in national policy and legislation, and to align with plans for Devolution and Local Government Reorganisation in Greater Essex. In particular, the document will act as an essential starting point for engagement with district partners in developing Local Supported Housing Strategies as required by the Supported Housing (Regulatory Oversight) Act (2023). It will also inform Supported and Specialist Housing providers and other stakeholders of ECC's intentions and to support ECC commissioning teams' strategic thinking as they plan for future demand.

This document was developed with support from ECC Commissioners, Operational teams and Procurement colleagues, and was informed by insights provided by the following teams and partners involved in developing the Supported and Specialist Housing and Accommodation Need Assessment (2025):

- Borough, City and District council housing and planning officers
- Public Health
- Health (ICBs, Healthwatch)
- Registered Providers
- Voluntary and Community Sector organisations

Every housing experience is unique, but some residents from across Essex shared their lived experience and supported housing aspirations to inform ECC's approaches. We used the Healthwatch Collaborate Forum to hear directly from residents with varying support needs who live in, or require, supported and specialist housing and accommodation.

Additional lived experience insights were captured through feedback routinely gathered by commissioning and operational teams, the Early Help and Wellbeing Service and the Summit Autism Navigation Service. These teams use structured mechanisms to gather resident insight, ensuring lived experience is consistently reflected in ECC's strategic approach to supported and specialist housing and accommodation.

As ECC works with district, borough and city partners to develop Local Supported Housing Strategies, we are committed to ensuring that lived experience continues to have a meaningful and influential role in shaping the future of supported and specialist housing and accommodation across Essex.

Appendix 5

Supported and Specialist Housing and Accommodation-related Spend for 2025-26 and projected Spend (Medium Term Resource Strategy) for 2026 to 2028

	Original 2025-26 Budget £	26-27 MTRS £	27-28 MTRS £
Shared Lives			
Learning Disabilities	1,230,282	1,223,448	1,463,618
Older People	0	0	0
Physical & Sensory Impairment	28,398	26,323	26,923
Mental Health	0	0	0
	1,258,680	**1,249,771**	**1,490,541**
Extra Care			
Learning Disabilities	783,896	816,626	835,241
Older People	4,764,863	5,065,393	5,177,717
Physical & Sensory Impairment	1,189,157	1,274,214	1,303,259
Mental Health	48,349	49,718	50,850
	6,786,265	**7,205,951**	**7,367,067**
MH Supported Accommodation			
Mental Health	9,598,141	7,000,185	7,141,718
	9,598,141	**7,000,185**	**7,141,718**

Continued on next page

	Original 2025-26 Budget £	26-27 MTRS £	27-28 MTRS £
Nursing Care			
Learning Disabilities	1,833,589	1,738,389	1,768,783
Older People	50,568,065	51,488,146	52,591,058
Physical & Sensory Impairment	5,335,477	5,567,863	5,665,207
Mental Health	1,285,834	1,821,670	1,853,519
	59,022,965	**60,616,068**	**61,878,567**
Residential Care			
Learning Disabilities	99,753,530	106,579,969	109,391,704
Older People	151,646,474	164,890,117	173,333,310
Physical & Sensory Impairment	13,509,289	14,266,436	14,553,765
Mental Health	10,663,498	13,382,400	13,531,492
	275,572,791	**299,118,922**	**310,810,271**
Supported Living			
Learning Disabilities	97,393,551	115,368,154	117,661,394
Older People	294,987	267,661	273,762
Physical & Sensory Impairment	2,741,426	2,943,105	3,010,189
Mental Health	4,468,195	3,768,265	3,865,874
	104,898,159	**122,347,185**	**124,811,219**
	457,137,001	**497,538,082**	**513,499,383**

Essex County Council

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