

# Independent Living and Specialist Housing Provision Market Position Statement 2024 – 2034



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# Foreword

This Market Position Statement (MPS) outlines ACHSCP's vision, commitment, and expectations for accommodation across the city for people with specialist requirements, from 2024 until 2034, and sets out an aspiration that will help to ensure that accommodation provision in Aberdeen will meet the city's demographic need for the future. [The Housing for Varying Needs design guide](#) has been utilised since 1999 and sets out the design standards for mainstream housing to achieve and work to "barrier free housing". The aim is to provide a home that is flexible enough to allow a person to live independently for most of their life, and which meets the existing and future needs of the household.

The purpose of developing this MPS is to highlight to accommodation providers and service providers our understanding of the current and future needs in relation to specialist provision in Aberdeen.

This document will be used when Aberdeen City Council (ACC) is preparing its Local Housing Strategy (LHS) and the Strategic Housing Investment Plan (SHIP), and when Registered Social Landlords (RSLs) and social care providers are planning service provision in the City.

A short life working group was convened in Spring 2023 to oversee the development of the MPS, consisting of a wide range of stakeholders and partners from both within and outwith ACHSCP. Links were made with ACC's Housing for Varying Needs Steering Group and the Mental Health Forensic Accommodation Steering Group. Various workshops were held, followed by individual and groups meetings to gather and discuss the relevant information required. All of the stakeholders were consulted and contributed to the final draft of the MPS.

Acknowledging that needs will be continually developing and changing, and that not all relevant information is currently readily available, the MPS will be reviewed as part of the IJB Delivery Plan to ensure this remains relevant to emerging needs.

ACHSCP has worked with service providers, colleagues, and teams within ACHSCP, and more widely with partners to develop a detailed analysis and understanding, as far as possible, of the accommodation needs of our citizens with specialist requirements.

In addition to considering the links to the ACHSCP Strategic Plan, the ACHSCP Workforce Plan and Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP) were also considered when developing the MPS. It also references current projects delivered following production of previous single service statements such as the MPS for Complex Care.

The Independent Living and Specialist Housing Provision Market Position Statement has had due regard to the needs of the ageing population and unpaid carers, whose health and wellbeing can be greatly impacted when service users do not have safe and secure accommodation.

A thorough evaluation was undertaken of the needs of people living in:

- care homes;
- amenity housing;
- sheltered and very sheltered housing;
- forensic mental health accommodation; and
- their own home whilst receiving care at home.

The range of needs considered included:

- acquired brain injury;
- neurological conditions;
- bariatric needs;
- substance use;
- mental health and learning disability;
- those currently within children's social work services;
- homelessness

- justice social work; and
- young people with lifelong care support needs.

People with these needs tend to be disproportionately affected by lengthy delays in hospital, out of area placements and breakdown in community support services.

In developing the MPS, challenges were identified relating to the availability of suitable accommodation, funding, recruitment and retention of specially qualified workforce and data. ACHSCP is working closely with partners to understand these challenges and to overcome them, and will continue to involve providers, people who use services and their loved ones in this work.

ACHSCP want people to live in their local communities, in appropriate environments that will be their home for as long as they need it, and which allows them to access the best services most relevant to their needs. Our ambition is to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion. By clearly demonstrating the priority we place on this, and outlining how ACHSCP will work with partners, we hope to see significant and meaningful progress in the development of specialist accommodation for people in Aberdeen City.

## Context

The Independent Living and Specialist Provision Housing Market Position Statement aims to answer three main questions related to accommodation within Aberdeen City:

- What accommodation provision do we have now?
- What accommodation do we need in the short term?
- What accommodation do we need longer term to provide for future needs?

The intention is to identify any gaps in provision and the accommodation that will be required.

This Market Position Statement has been informed by the Population Needs Assessment 2023 of people across Aberdeen City. The impacts on those individuals with protected characteristics under the Equality Act 2010 have been considered. An Integrated Impact Assessment (IIA) (Appendix 2) has been completed and the recommendations from this have been incorporated into the Market Position Statement. It includes analysis of the current population who have unmet needs and anticipated projections of future demand for services, including the number of people in need of support and the budget available for the commissioning of services.

The focus of the MPS is those people who, by reason of a long-term health condition, require specialist provision in relation to their accommodation. It is recognised that, whilst it is not the purpose of this document, prevention and early intervention will greatly support people to remain in mainstream homes independently for longer. In addition, the increased use of Technology Enabled Care (TEC), enhanced Care at Home and Hospital at Home, and the provision of specialist equipment and adaptations to existing properties are all key enablers to support people living in their own homes for as long as possible, but there will always be a need for more specialist accommodation provision to meet particularly challenging needs.

By aligning the provision of specialist housing to the Getting It Right For Everyone (GIRFE) principles and embedding a human rights approach in the way we consider how care needs are met, we aim to ensure that people can live in their own homes with dignity and independence for as long as possible.

ACHSCP utilise a collaborative commissioning approach, which embeds the Ethical Commissioning Principles when procuring and commissioning future services. This approach includes engagement with providers, staff and people with lived experience when designing the service to be provided. The Independent Review of Adult Social Care outlined these principles focussing on achieving better outcomes for people.

Previous Market Position Statements that have been published have been referenced within this document. [The Complex Care Market Position Statement](#) and [Mental Health and Learning Disability Residential and Supported Living Market Position Statements](#) were produced to inform the market of current and future need, and detail opportunities for new provision or re-provision, in addition to setting out how services will be delivered in future. These can be found on the Aberdeen City Health and Social Care Partnerships website - [www.aberdeencityhscp.scot](http://www.aberdeencityhscp.scot).

## Whose needs are we looking to meet?

Supporting people to remain independent in their homes and in good health is central to our overall vision for the people of Aberdeen City. Having access to housing which is suitable and adaptable is essential to living independently. This can be challenging for some people who are affected by ill health or certain life circumstances, where mainstream housing is not able to meet their needs. Working with people with lived experience as partners recognises that no one is defined by their condition or the circumstances they find themselves in.

Having housing provision which is adapted to suit areas of identified need will reduce barriers for people, which can sustain increased independence and reduced levels of need. Not having this in place is likely to increase pressure on the health and social care system through delays in hospital discharges and unnecessary deteriorations in health which require higher levels of care and support. Gaps in provision for people in the following circumstances have been identified and are detailed below.

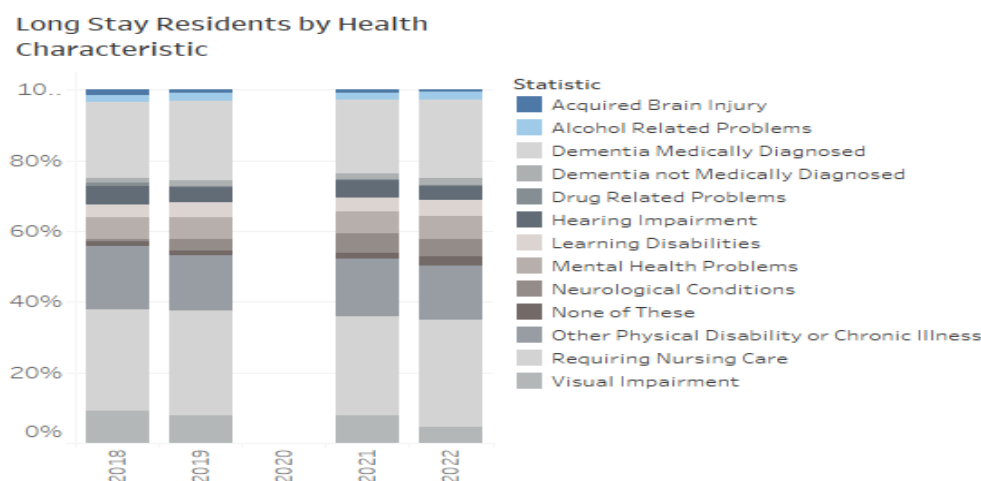
## Older People

In Aberdeen City it is projected that the number of people aged 75 years and over will increase by 28.2% by 2033. There will be a 16.1% increase in the number of people over 75 by 2038.<sup>1</sup> Aberdeen City Health & Social Care Partnership continues to develop approaches to ageing well which support all adults to consider what plans they should make for the future to support them as they age. This includes considerations around housing and future support needs. There are also options available that enable older people to remain in their own mainstream homes for longer, including access to adaptations, Housing Support, Care at Home, and Technology Enabled Care.

Whilst the majority of older people live independently at home throughout older age, many are affected by changes in health, cognitive ability, and mobility as they get older which may require different types of housing provision. Data for 2020-2022 from the National Records of Scotland show the average life expectancy of an adult in Aberdeen is 76.9 years for males and 80.7 years for females. The data for 2019 – 2021 shows that in Aberdeen City the average healthy life expectancy is 60.2 years for males and 61.4 years for females, which indicates a significant period where people will not be in the best of health.

Demand for social care services is increasing as people live longer and live at home with more complex needs. The number of people living with a long-term condition is also rising. It is estimated that in Aberdeen approximately 66% of adults over the age of 65 will be living with multi-morbidity.

In Aberdeen there are approximately 250 people with a medical diagnosis of dementia known to, and actively working with health and social care services. This indicates that the need for a range of housing provision is directly linked to conditions which are more common for older people. Recent analysis by the Networked Data Lab indicates that where an older person is admitted to hospital in Grampian they are doing so at an older age (median 80 years) and that they are sicker at point of admission than they were 5 years ago. A higher proportion are also affected by dementia/delirium at point of admission.<sup>2</sup> Suitable housing options are needed for older people to support timely discharge from hospital. Patients with longer stays (more than three weeks) in hospitals tend to have poorer health outcomes and may require more support upon discharge.<sup>3</sup> Deterioration in patients' general health due to lack of movement and loss of independence while in hospital are factors in this as well as effects on a patient's emotional state.



Source: Public Health Scotland Hospital Long Stays by Health Characteristic 2022

Frailty can affect people as young as 50 years old, but is more common for older people with 10% of people over 65 in Scotland living with frailty.<sup>4</sup> When a person is living with frailty, their body systems are gradually

<sup>1</sup> [Aberdeen City and Aberdeenshire Housing Need & Demand Assessment 3: 2023 -2028](#)

<sup>2</sup> NHS Grampian Health Intelligence

<sup>3</sup> [Han et.al Evaluation of the association of Length of Stay in Hospital and Outcomes](#)

<sup>4</sup> [Who we are, what we do \(ihub.scot\)](#)



losing their in-built reserves, leaving them vulnerable to significant changes in their health or circumstances.<sup>5</sup> Increased frailty is a common contributor to changes in functional ability for older people, affecting mobility and ability to carry out daily living tasks. This can lead to a need for more care and a change of accommodation that better supports this.

Dementia is a collective term for a range of diseases of the brain which cause damage over time leading to deterioration in brain and body health. Dementia accounts for 10% of the deaths in Scotland according to [National Records of Scotland](#). Like frailty, dementia is not an inevitable part of ageing, but it predominantly affects older people.<sup>6</sup> The effects of dementia may require environmental adaptations, additional support and accommodation equipped to meet these needs. [The Scottish Housing and Dementia Framework](#) sets out specific considerations which should be made when supporting people living with dementia such as incorporating dementia friendly design principles into new build properties. People living with early on-set dementia (under 65 years) experience additional challenges, particularly in relation to work, family life and finances which could affect their housing needs.

Where a person is living with advanced dementia, they may require high levels of care and support, including nursing level care as outlined in Scottish Government [Dementia in Scotland: Everyone's Story](#) . For some people this includes specialist dementia care provided in a secure environment and Aberdeen City has two services dedicated to care for those with dementia.

Nursing care homes fees on average in Scotland were £5,776 per month in 2023. In Aberdeen comparative costs were £7,396 per month. In the production of this Market Position Statement, care homes, nursing homes, amenity, extra care, sheltered and very sheltered housing provision have been evaluated to gauge capacity to deliver independent living which indicates the gap in housing need in the city.

## Current Provision and Future Requirements

### Care Homes

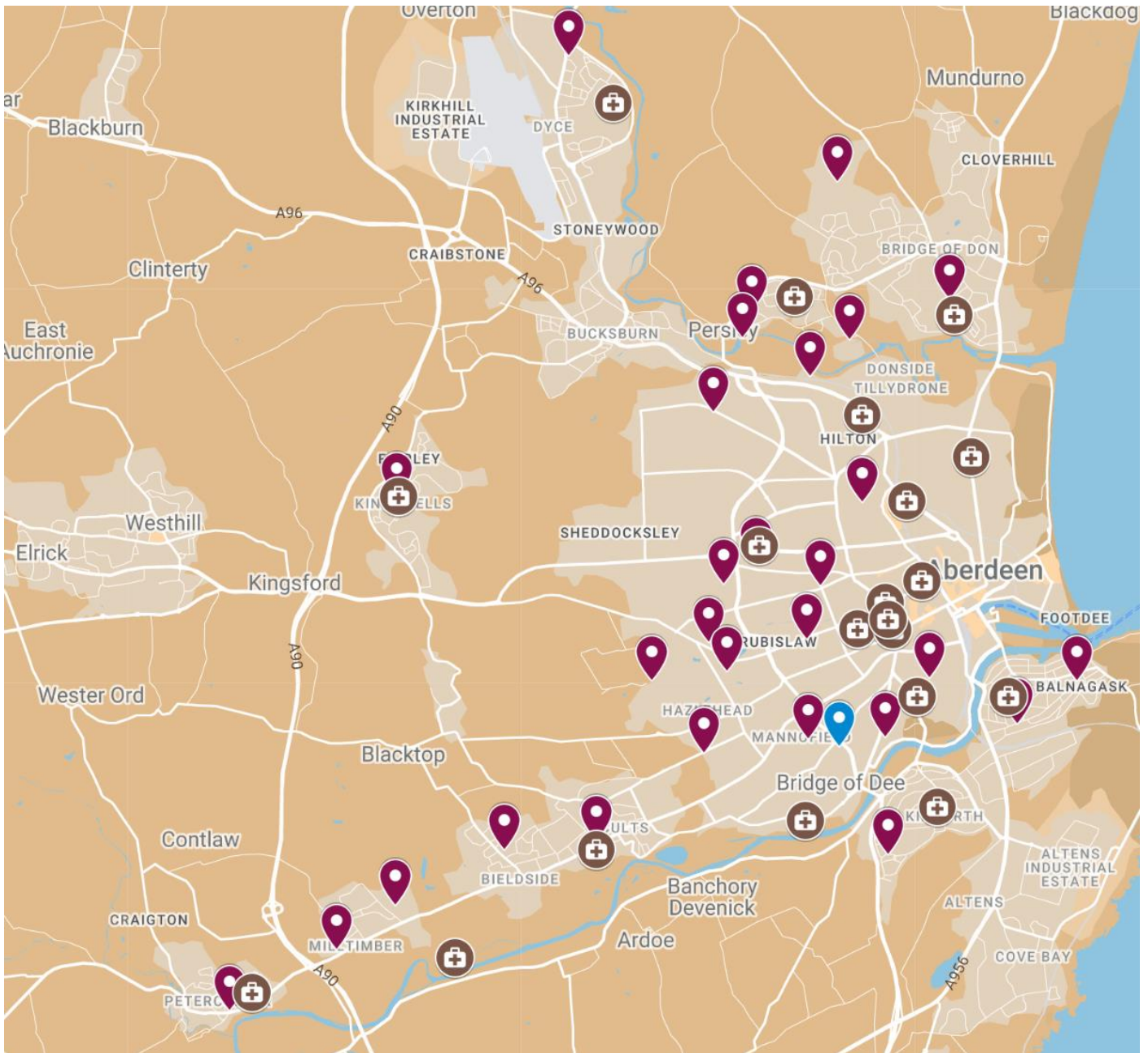
Public Health Scotland's [Care home census for adults in Scotland](#) highlights that demand for care homes has declined. Aberdeen City has a similar trend, with a 22% reduction in demand in 2011 and the number of registered places has reduced by 18% in 2023 which is more than the national average. The reduction in care home demand is due to many reasons such as affordability, improved estate planning for retirement, better outcomes in other care settings and lack of local authority funded places.

Aberdeen City has 30 care homes registered to support over 65's which are split over the three localities Central, North, and South [Care Homes: Aberdeen City – Google My Maps](#)

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<sup>5</sup> [Ageing Frailty Draft Standards April 2024.pdf \(healthcareimprovementscotland.scot\)](#)

<sup>6</sup> [Care home census for adults in Scotland](#)



All of the remaining care homes in Aberdeen operate at near capacity, with on average, 4 or fewer vacancies per home. The ACHSCP Care Management Team often have waiting lists for local authority funded beds due to shortage of local authority funded beds, unlike private beds which are more readily available, but are dependent on demand from self-funding service users.

Within Aberdeen City there is a gap in provision of care home places for people under the age of 65 who require 24-hour care but are dependent on services provided within a care home setting. The majority of care homes have specialist beds where they provide dementia care, but more often than not data is not recorded in relation to their use as residents are in care because of other age-related care needs<sup>7</sup>. With the decline in available care home beds, rising costs of nursing care, and the complexities of varying registration to cater for the needs of under 65's within a care home setting, it is essential that the existing capacity is maximised.

It has been identified that specialist housing provision to support other independent living models with a focus on meeting people's specific specialist needs without age restrictions is required to meet future demand. This could include increased provision of Technology Enabled Care and models such as very sheltered housing. ACHSCP does not intend to develop its own residential care homes nor significantly increase funding on

<sup>7</sup> [Care Homes and GP Practices: Aberdeen City – Google My Maps](#)

local authority funded beds. However, there is still a need to meet the requirements of self-funded citizens who wish to have a residential setting, and it is anticipated that this demand will grow.

Any proposed future private care home builds should include cognisance to the availability of the area infrastructure at the pre-planning stage. For example, difficulty can be caused by not engaging with General Practitioners with regard to their patient list capacity and the capacity to enrol more patients at the practice.

## Amenity, Sheltered and Very Sheltered Housing<sup>8</sup>

Amenity housing is designed for people who are usually 55 years and above with functional and support needs. There are two main types of amenity properties: stand-alone cottages, which are sometimes referred to as 'pensioners cottages', and the amenity/amenity plus properties that are located in former sheltered housing accommodation. The latter are fitted with a telecare/warden call system that enables people to call for assistance when required. People living in this type of accommodation are likely to have a lower level of care and support needs, compared to those living in sheltered housing.

Sheltered housing is designed for people of pensionable age in grouped developments. Most developments have common areas to allow people to meet and socialise and include facilities such as laundry. A 24-hour call system is available for emergencies.

Very sheltered housing provides an enhanced level of care and is allocated to people of pensionable age. Staff are available on-site 24 hours a day and tenants may choose to benefit from a cooked meal daily. A similar level of care and support is provided in extra care housing however, there is no age restriction for this type of accommodation.

## Independent Living for Older People

Castlehill Housing Association introduced an independent living model for older people across six sites in Aberdeen. This replaced the sheltered housing provision that was previously delivered at these sites. The model is designed for people aged 55 years and over and aims to provide a safe and secure environment for tenants.

The properties provide a range of accessible features and may include communal facilities. Tenants can access community alarm in emergencies if appropriate. An enhanced housing management is provided by staff on site who can provide support with signposting to other services that may be required.

## Current Provision and Future Requirements

There are six very sheltered housing services and one extra care housing service in Aberdeen (where the pensionable age restriction does not apply). The Health and Social Care Cost Benefits of Housing Older People report outlines NHS, Local Authority and Health and Social Care Partnerships collaborative working which provides better outcomes for older people being accommodated in very sheltered and extra care housing. Some of the benefits are reduced loneliness, improved psychological wellbeing, mental health and memory, unplanned hospital stays, reduced number of hospital callouts to NHS111, fewer community nurse visits, and residents are 22% less likely to enter long term care.

Aberdeen City Council are experiencing lower demand for multi storey sheltered accommodation, and this has been the case for some time. This has given rise to a Special Lettings Initiative in order to more effectively utilise the available housing stock, but this has only partially addressed the issue. There may be mileage in considering the available housing stock for this target group alongside the growing demand for additional support, for example, Very Sheltered Housing and Extra Care housing (supported living for people of all ages). It will be important that these considerations take account of the increasing demand from citizens to live well at home for as long as possible, and the necessity to design services around the service user needs, for example, hybrid living with care that increases as the needs of the individual increases.

It is anticipated that there will be a growing demand for Very Sheltered Housing in Aberdeen to meet the increasing complex needs of an older population. To this end, ACHSCP, ACC, and relevant partners have initiated early discussions to progress a proposal to increase the volume of very sheltered housing units in the city whilst reducing the number sheltered housing units. This aligns with the focus referred to above to help enable people to live within their own homes. It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.

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<sup>8</sup> [Definition of Terms Page 226 - Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment 3](#)

## People living with Disabilities

Disability is defined in the Equality Act 2010 as a long-lasting health condition that limits daily activity. Identified areas of need related to specific disabilities are included where there are identified gaps and a need for further consideration and development of provision.

## Children and young people with lifelong care and support needs

Children and young people with lifelong support needs and their families have been included in this Market Position Statement because by the time these children are 12 years old it can usually be ascertained if they will require lifelong care.

There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and these needs will continue into their adulthood. The nature of the care and support needs are broad, including but not limited to learning disabilities, cognitive/sensory impairment, mental health challenges, complex autism, extensive trauma background, and complex physical health disability. Life-long targeted specialist health and care support can be required to sustain the young person throughout their adult years in a home setting or alternative residential/24-hour care setting.

For a small, but significant proportion of children supported by the Children's Social Work service in Aberdeen, the specialist care will be crucial to supplementing the support provided by unpaid carers, usually family members, and to allowing the young person/young adult to remain within their home and continue to be part of their family network. Where this support is not provided, crisis can arise and result in a requirement for residential care. For other young people with complex needs, the specialist care will be to support the young adult in a more independent residential setting on a life-long basis.

## Specialist Support

The home-based specialist support in place at present for children and young people with lifelong care and support needs can range from social care to more specialist nursing care. Support often requires to be bespoke and can be up to and including 24 hours per day, often requiring more than one specialist carer at a time. Some people are likely to have progressive and/or life-limiting illnesses, although there can be considerable unpredictability to these, hence it is often vital to prepare for care in the longer term. In addition to the self-directed, commissioned, or social work support that is in place, some children meet the high eligibility criteria for receiving NHS Homecare up to the age of 18, usually but not exclusively for children who require ventilation overnight. This support allows parents/carers to sleep and negates the need for hospitalisation. This is a provision that is not replicated by the NHS when this group reach adulthood, therefore resourcing defaults to statutory social work services to provide as a means of retaining this group within family and kinship care settings.

Some of these young people will have been cared for by the local authority during their childhood years and as *Looked after Children under the Children (Scotland) Act 1995*, they may be eligible for Continuing Care packages, for example, to remain supported in the care setting they were living in on their 16<sup>th</sup> birthday, up until they reach the age of 21, where it is proposed that this extended care will allow them to progress towards more independent living.

Looked after children may well be disconnected from their birth family and community links, and a number will have experienced a background of trauma which can compound their presenting needs on a lifelong basis. Some may be living within foster families and this commitment will not routinely be sustainable beyond the young person reaching adulthood. Whilst fostering 'payment for skills' is restricted to 18 years of age, (or to the age of 21 for some children who can be then supported to live more independently) alternative means of offering financial support to this group of carers may allow some arrangements to continue into adulthood where this negates the need to source alternative residential care for the adult with such complex needs.

## Residential Support

Demand for residential support for children and young people with lifelong care needs outstrips available resources in the city. There are a number of children with the most complex of care and support needs, who require to be placed in residential children's homes or residential schools out with the city. Due to a shortage of carers recruited, trained, and supported by Aberdeen City (a situation which is reflective of the national picture), there is also a reliance on sourcing foster families from independent fostering agencies, many of which again are out of the area. This geographical distance can increase professional challenge in identifying resources which will meet needs for this group in adulthood. The struggle to secure care and intensive support within the city can be specifically challenging due to the complexity of needs exhibited by this group of children, including those with complex health and disabilities, learning difficulties, mental health challenges, cognitive impairments and those whose trauma background compounds their capacity to manage day to day living without intensive support.

## Current Provision and Future Requirements

The Scottish Government's [Mental Health and Wellbeing Strategy to 2034](#) outlines, among other groups, the care of young people with lifelong care and support needs. To contextualise, it is relevant to note that in recent years, parents and carers are requesting specialist housing and care support when their child is younger than had previously been the case. The reasons for this are likely to be multi-faceted, linked to increased life expectancy of children with life-limiting/complex health needs, an increase in mental health challenges of parents and carers which can impact on capacity to be cared for in a family setting, increased knowledge and diagnosis of health needs confirming a view that specialist intervention should be provided by statutory services.

Whilst Adult social work will not have had scope to confirm their assessment of need for all transitioning young people, the demand for those who will age out of children's social work provision within the next 3 years is largely known already. Twenty young people currently have needs that indicate specialist housing and care accommodation will be required (by 2027) when this group reach adulthood. Specialist care refers to those who require care to be provided by those with an increased level of skill, training, and experience. By nature, these carers usually require to be recruited via the commissioning of services, or through the use of specialist care agencies, and are costed accordingly. This data does not include the wider number of young people who are supported through the use of Personal Assistants, financed through their receipt of a Direct Payment at the standard rates of allowance.

This group of young people with the most complex of needs, and their parents and carers, can struggle when case responsibility transitions from Children's Social Work to Adult Social Work. This is in part due to the differing duties, rights, and responsibilities in relation to the care of children, as well as to the fact that children's services and adult services have their own respective eligibility criteria in operation. Additionally, the transition to adulthood comes at the same time as attendance within specialist education provision is ceasing. This coupled with what parents and carers tell us is an increasing sense of isolation and panic, renders the transition to adulthood as vulnerable to crisis and care arrangement breakdown.

Predicating demand beyond the initial 3 year period with any certainty presents greater challenges. For most parents with a child with a disability/complex health needs, the teenage years are the most challenging. While parents/carers may, with support, be able to meet the needs of their pre-teen child, for safety, health or protection concerns as adolescence progresses such arrangements can become unsustainable.

The forecast in the medium term (by 2030) is that 19 children will age out of children's social work and will require specialist housing and care accommodation. In the longer term (up to 2034) current forecasting indicates that 16 children will require specialist provision. It should be noted that intervention and support continues to take place, to build resilience and skills with these young people, striving to ensure that where it is possible, as many can be supported to remain in the care of their family networks when they reach adulthood. This potential is maximised through implementation of Self Directed Support (SDS) packages of care.

In the production of the Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026, of the 8 Care homes which provided information in the service provider survey in 2021 only 1 (with 20 placements within it) was fully in line with the expectations of the current Market Position Statement. All others required varying levels of upgrading. Of the remaining seven services, two are Aberdeen City Council owned and are the focus of this Market Position Statement in the short to medium term forecast as our statutory landlords. The remaining five care homes are owned by Registered Social Landlords (RSL) with the operators of the buildings being a mixture of the RSLs themselves, third sector organisations and an independent care provider.

Many of the properties within the Learning Disability Portfolio have been operational for at least 15 years and at time of development met the needs of those who they were developed for. The care and support needs of Adults with Learning Disabilities has changed over the years resulting in a number of issues within the current properties. Managing compatibility across this client group is more challenging nowadays resulting in shared communal areas causing stress and distress at times, steep stairs to bedrooms, small floor space in key rooms in the house limiting those who are wheelchair dependant. Vacancies also exist in properties where there is contract non-compliance and poor Care Inspectorate Grades.

Aberdeen City Council delivers new homes and works with Registered Social Landlord partners to deliver the required affordable housing. Successful projects that have recently been delivered in partnership with Hillcrest Housing Association and Sanctuary Scotland include Newton of Charleston and North Anderson Drive, where specialist provision homes have been delivered through the Strategic Housing Investment Plan (SHIP) for ACHSCP with no capital costs being required from Aberdeen City Council or ACHSCP.

It is anticipated that there will be a growing need for care and support with mental health and learning disability requirements in Aberdeen as life expectancy increases within the relevant population.

This will likely require additional resource allocation towards MHLD placements and to addressing current environmental conditions.

## Brain Injury

Acquired Brain Injuries (ABI) are caused by conditions such as strokes, tumours, blood clots, seizures, infections (encephalitis, meningitis), anoxia (lack of oxygen to the brain), metabolic disorders, drug use and neurotoxic poisoning. ABI is not hereditary, congenital degenerative or caused by birth trauma.

Traumatic Brain Injury (TBI) is defined by Headway UK as a jolt or blow to the head or penetrating head injury that disrupts the normal functioning of the brain. Causes of TBI are road traffic accidents, falls, gunshot wounds, sports related injuries, military actions, physical violence, and injuries caused by trauma.

Causes of Acquired Brain Injury - [Headway UK ABI Information and Statistics](#)



## Neurological Conditions

A neurological condition is any condition that affects the brain, spinal cord, and/or nerves. Neurological conditions can be caused by a variety of factors, including genes, the environment, bacterial or viral infections and traumatic injuries or accidents. It's not always possible to tell what causes a neurological condition, although research is ongoing.<sup>9</sup>

An integrated rehab network across Grampian state there are gaps in appropriate long-term housing and care provision that supports individuals with ongoing cognitive support and behavioural support needs. There is a lack of provision across Grampian that will provide support, which has led to out of area placements or trying to create options within current providers.

## Current Provision and Future Requirements

ACHSCP hosts Neuro rehabilitation for Grampian. This means that ACHSCP hold responsibility for the delivery of this service on behalf of NHS Grampian, Aberdeenshire Health and Care Partnership and Moray Health and Social Care Partnership.

A decision was taken by the IJB in March 2022 to shorten the notice period on the contract for the transitional living arrangements in Craig Court. This created the conditions to repurpose the budget and provided an opportunity to enable a full review of the neurorehabilitation pathway. This has included exploring how best to provide transitional living support in different ways to support the needs of patients across Grampian.

<sup>9</sup> [What is a neurological condition? – The Neurological Alliance \(neural.org.uk\)](#)



From co-creating a revised pathway with a range of stakeholders in line with principles of good rehabilitation, an exploration of how transitional living could be delivered differently, using a localised community rehabilitation model as opposed to a centralised bricks and mortar model was agreed.

From examining patient profile of usage of Grampian Specialist rehabilitation, looking at 2022 data, a total of 1,514 patients went through ARI ward 203/204, acute neurological settings, and a total of 81 patients from Grampian through Neuro Rehabilitation Unit (NRU) at Woodend.

ARI responds to acute admissions whilst NRU offers step down from ARI and a small number of step up from wider community into a rehabilitation focused environment.

From reviewing patient recovery destinations, 75% patients go home directly, some with ongoing care.

A number are suitable for a HomeLink approach whereby a multi-disciplinary therapy team support the patient at home, allowing rehabilitation goals established on ward to be transferred to the much more applied environment of a patient's own home.

When reviewing the pathway, a limiting factor identified was therapy capacity within NRU. Timely access to rehab and the intensity of rehabilitation provided has an impact upon outcomes and length of stay.

It is anticipated that the re-modelling of the neuro rehab pathway could be delivered in two phases. Phase one would focus upon investment in additional staffing to support a rehabilitation in community model. After an evaluation to consider impact, a second phase would focus on investing on additionality of what has worked and targeting any identified clinical or geographical gaps. Consideration will be given to proceeding with the plans in full having due regard to the developing financial environment.

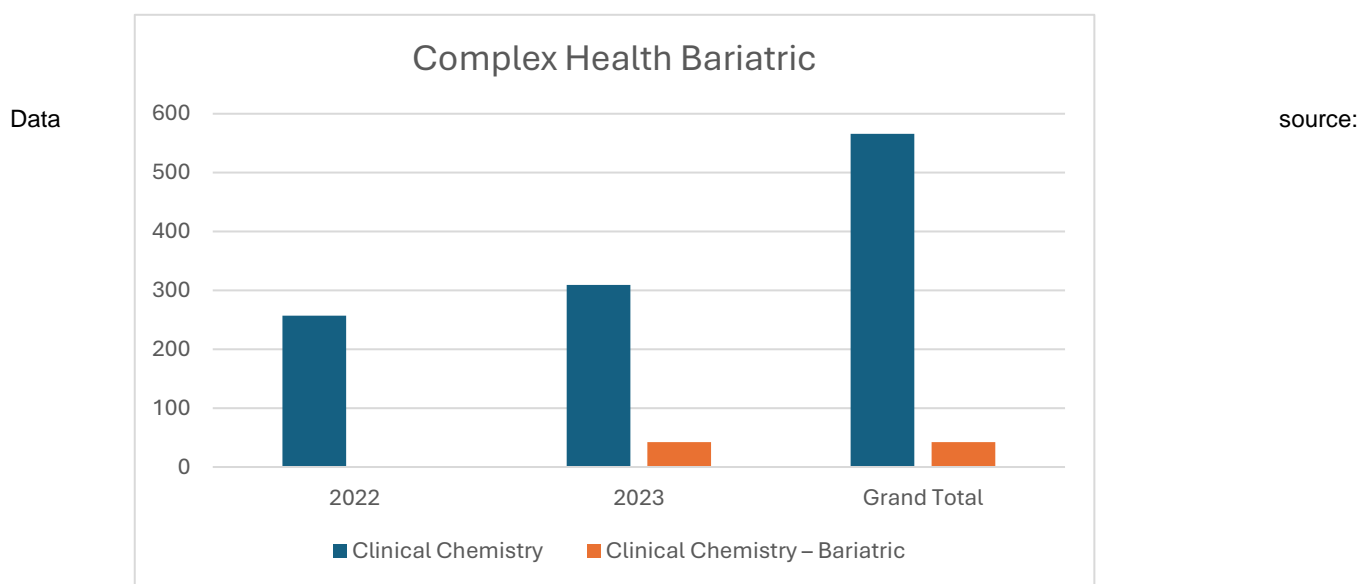
Across Grampian, there are several providers who offer long term care placements and have a Care Inspectorate registration recognising their ability to support individuals with neurological conditions. However, providers have not been operating at full capacity and have existing waiting lists that include individuals from Aberdeen City and across Grampian. The ACHSCP Contracts Team have supported in commissioning bespoke care packages that have enabled individuals to remain in their communities, either in supported living or nursing home care environments. A broader geographical range of resources are required that can provide skilled quality care in an individual community.

There needs to be a response to the evaluation of phase one of the Neuro rehab pathway in order to understand impact of an increased community rehabilitation model and respond to gaps and opportunities identified by the stakeholders around this.

There needs to be sufficient adequately trained staff in care homes, that can be agile and responsive to individuals with neurological needs. Alongside this is a recognition of the need to access very specialist care for a small number of individuals annually. Exploration is required regarding how best and where to meet these needs.

## Bariatric Care

Bariatric care is the care of people who typically weigh 25 stones or more. Obesity and its related conditions can significantly affect individual health and wellbeing. 29% of adults in Scotland would be considered obese<sup>10</sup>. The ACHSCP's wider priorities around early intervention and prevention are also directed at tackling poor health related to obesity.



[https://www.nhs.scot/dataset/Bariatric care](https://www.nhs.scot/dataset/Bariatric%20care)

There has been an increase in the number of people requiring specialist bariatric care. In some circumstances, bariatric conditions can result in a loss of mobility and the need for additional space standards and specialist aids. There may also be a need to increase the number of carers to manage care safely to enable people to live independently. Mainstream housing does not always accommodate these requirements and specialist provision is therefore required. Care workers and Occupational Therapists currently have concerns on planning for the future in how we care for those with bariatric needs.

Two 'bariatric standard' properties were delivered as part of the Aberdeen City Council's new-build programme in recent years. These benefit from additional space standards, robust fittings and accessibility features. An evaluation report highlighted tenants experienced improved levels of independence and a reduced requirement for care and support as a result of the design. In addition to the two new build properties, significant adaptations have been carried out to deliver a bariatric standard property in a sheltered housing development.

Those adults requiring bariatric care may also be subject to discrimination and stigma and may be susceptible to poor mental health. Housing requirements should not be considered in isolation of this, and a holistic and sensitive approach needs to be taken when determining need.<sup>11</sup>

Work is underway to meet the current unmet need through the Aberdeen City Local Housing Strategy (LHS) and the associated Strategic Housing Investment Plan (SHIP).

The SHIP sets out local authority strategic investment priorities for housing over a 5-year period, specifically for affordable housing, with these strategic investment priorities being aligned with the priorities and outcomes set out in the local housing strategy.

<sup>10</sup> [prevalence causes impact 1920 data f 2023 updated version.pdf \(obesityactionsotland.org\)](#)

<sup>11</sup> [obesity-and-mental-health-final-report-with-cover.pdf \(obesityactionsotland.org\)](#)

The future need for bariatric care is difficult to predict, because robust data is not available to support future planning for this type of homes, but the Housing Need and Demand Assessment identified an unmet need for 10 individuals living in Aberdeen City.

ACHSCP Dietetics Service and ACC Housing Service will continue to work collaboratively to identify and support individuals who may require specialist bariatric provision, and ensure early consideration is given to future housing needs. To support this Aberdeen City Council's Housing Service is changing the way it records information to support identification of need in future.

## Current Provision and Future Requirements

Currently there are three homes provided in Aberdeen City Council's housing stock designed specifically for bariatric care. The [Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment: 2023 -2028](#) identified the need for a further ten homes to meet existing and unmet need in the short term (up to 5 years) and predicted data shows that a total of 30 homes would be required to meet the increasing needs of the city by 2034. The issue of bariatric accommodation provision will require a whole system solution. ACHSCP will seek to contribute to the growing need through partnership working as opportunities arise.

## People living with Alcohol and Substance Use

The Aberdeen City Alcohol and Drug Partnership (ADP) have a central role in reducing the use of and harm from alcohol and other drugs by supporting the delivery of the [Alcohol Framework](#) and delivering the Scottish Government Strategy "[Rights, Respect and Recovery](#)"

Within this context the ADP has three functions:

1. To identify the current issues and gaps where plans or improvements are needed
2. To co-ordinate efforts and work in partnership to deliver measurable improvements
3. To performance-manage and report achievements of the partnership.

Problematic alcohol and drug use disproportionately affects deprived communities, where health outcomes are already poorer. Alcohol consumption directly impacts on population health with proven links to breast cancer, heart disease, type 2 diabetes, injury, stroke, and premature death.<sup>12</sup> Drug use also contributes to poor health and early death. Poor health as result of alcohol and drug use can lead to physical disability requiring additional support and treatment including nursing care. Older people who have used alcohol or drugs for many years are likely to present with complex co-occurring conditions.

There is a national commitment to preventing and reducing harm from the use of alcohol and drugs through methods such as high-quality early interventions. In January 2021, the Scottish Government launched the Residential Rehabilitation programme (2021–2026) to help improve access to residential rehab for individuals who use alcohol or drugs. The Scottish Government's stated aim is that access to residential rehab should be available in Scotland for everyone who wants it – and for whom it is deemed clinically appropriate – at the time they ask for it, in every part of the country<sup>13</sup>. ACHSCP has identified housing as an instrumental part to aid and support recovery.

## Current Provision and Future Requirements

The Scottish Government response to unacceptably high levels of drugs deaths in Scotland was to launch [National Mission: Alcohol and Drugs](#) and [Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy](#). A new development of 23 units has been secured and funded for 3 years by the Scottish Government in relation to drug use. The North East Residential Rehabilitation facility, which is located in Aberdeenshire, has a dedicated programme for Aberdeen City residents to move back to the community.

Placements in this residential rehab facility are fully funded until 2026. There is uncertainty, and therefore a risk, in relation to the ongoing funding and demand for residential rehab after the three-year contract and for the 'moving on' accommodation. Whilst North East residents will be prioritised for placements, the provider will generate income from accepting referrals from all over the UK which potentially has an impact for their capacity for city residents. The 'moving on' capacity is at the request of the provider and is an ask of all City Housing providers. Commissioning the provision of housing sits centrally with Scottish Government, there is the potential for duplication in community provision as well as additional demand on the service from out of area placements.

Future requirements going forward in Aberdeen ADP and Aberdeen City Council's Housing Service, and other housing providers will be collaborating on a pathway that looks at future requirements based on needs and risks of individuals, as illustrated below. Future work will look at capacity and demand in collaboration. National models of stabilisation and supported accommodation that is technology enabled to respond to potential drug and alcohol overdoses and harm will also be considered.

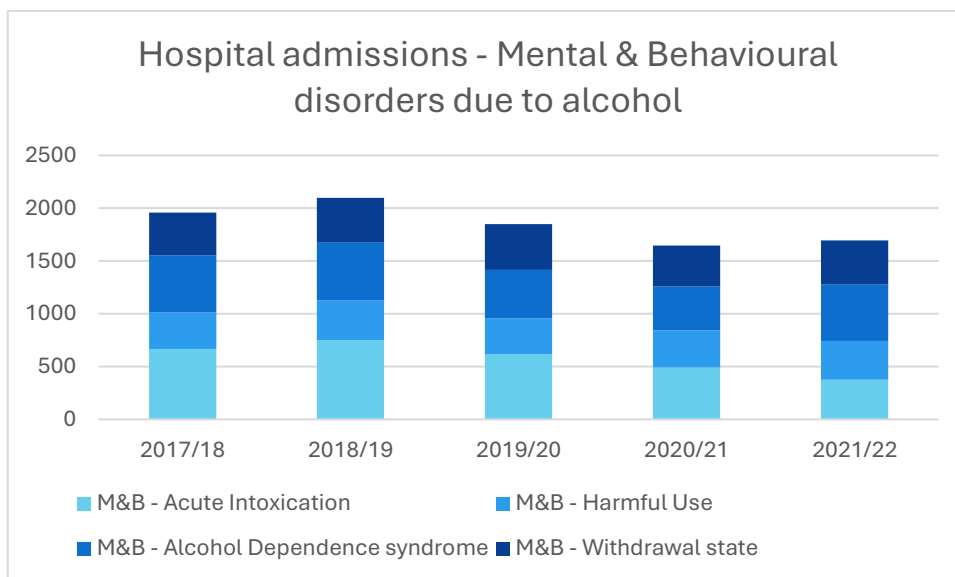
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<sup>12</sup> [Policy briefing: alcohol \(publichealthscotland.scot\)](#)

<sup>13</sup> [National mission - Alcohol and drugs - gov.scot \(www.gov.scot\)](#)

	Acute Risk	Engagement	Stable	Recovery
Situation	People who are homeless; people with housing difficulties, people using substances but not in treatment; very chaotic drug / alcohol users; high risk drug/alcohol users	People looking for or coming into structured treatment especially prescribing via outreach / Timmermarket	People maintaining engagement in treatment	People looking to maintain drug free lifestyle away from potential neighbours / suppliers / dealers / acquaintances

Aberdeen City has one alcohol related residential facility, and the service has been identified as in need of being replaced. The facility currently has 17 places that require to be reprovisioned for people with alcohol addiction. This facility is always operating at capacity. Waiting lists fluctuate but there are usually between 2 and 4 people waiting for access as any one time. Work is ongoing with Registered Social Landlords and service providers to find an alternative site for service provision and to progress with this development through the Strategic Housing Investment Plan. The process of commissioning a new service will look at best practice in relation to service model, design, and size to accommodate the needs of this group.



Source: Public Health Scotland Acute Hospital Activity 2023

## People requiring forensic mental health support

Forensic mental health is the specialist response to assessment, treatment, and risk management of people with a mental disorder who are currently undergoing or have previously undergone court proceedings. Most mainland territorial health boards provide low secure services. In Aberdeen, services are comprised of:

- The Intensive Psychiatric Care Unit IPCU <sup>14</sup> - 8 bed spaces (2 designated specifically for female forensic patients)
- The Forensic Acute Ward which has 8 beds for males
- The Forensic Rehabilitation Ward which has 16 beds for males and 2 surge beds<sup>15</sup>.
- Step down accommodation which has 8 beds for males

It should be noted that there is very little or no provision for female forensic patients.

The resources currently available in the Aberdeen City Forensics estate do not always meet the needs of the patient group with gaps in services/pathways, particularly for females and those requiring specialist services (e.g. Acquired Brain Injury (ABI), Autism, Older Adult). This results in out of NHS-/out of area placements. Out of area placements were recently reviewed by the [Mental Welfare Commission](#) (MWC) for Scotland. This review recommended regional solutions based on the following findings:

- The impact that out of area care had on patients, families, and barriers in returning to the local communities.
- The significant costs in relation to out of area placements.
- The length of out of area placements due to the difficulty identifying community care.

### Community Provision

Current community accommodation for forensic mental health, including the use of general supported accommodation services, do not meet needs and are becoming harder to access due to perceived risk. This results in longer hospital admissions and readmissions due to 'failing' in supported accommodation as the support is not tailored to needs. The process of accessing supported accommodation has no specialist forensic input, and therefore does not always have a good understanding of the needs and aims for this patient group, with unrealistic expectations. To address this issue, a Forensic Mental Health Environmental Specification has been created, providing detail on the needs of this group in relation to accommodation settings. In general, standard accommodation such as council or private lets would be appropriate to meet the needs of the majority of this population, as the main concern is usually based around risk and relational security rather than functional ability. Specialist or supported housing may also need to be considered when an individual's level of risk and/or complex support needs requires this. There are other Environmental Specifications for complex needs such as dementia and autism that should be referred to for a more specific advice and recommendations. However, forensic patients with complex care needs will need to be considered when developing complex care accommodation or consider how care provision for this specialist group would be met in forensic settings. It is of key importance that the least restrictive option for housing and support is met as outlined in the Millan principles under the Mental Health Act (2003).

The Advance Statements in Forensic Mental Health Services in Scotland (January 2022) found that, of the 503 patients in forensic settings, forensic intensive psychiatric Care Units (IPCUs) and rehabilitation settings, the vast majority were male (92.3%) with an average age of 44 years. Most people receiving care and treatment in forensic mental health services have a diagnosis of a mental illness (75.1%), followed by intellectual disability (15.5%). 2% had a diagnosis of a personality disorder and for 7% their diagnosis was unknown.

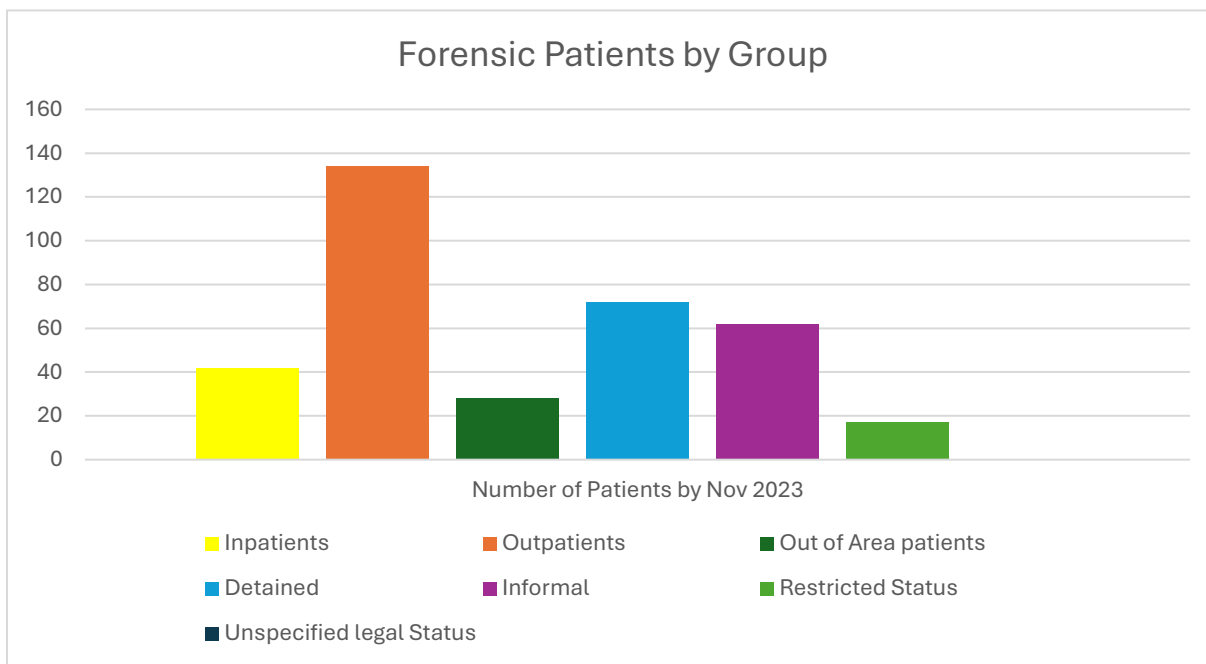
The Renewal of Forensic Mental Health Services Review and Report was undertaken on request from the Chief Officers of Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire Health and

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<sup>14</sup> At times patients may be residing elsewhere within Royal Cornhill Hospital (RCH). As of November 2023, there were 42 inpatients receiving forensic services, up from 38 in March 2022.

<sup>15</sup> Surge beds – service user numbers exceeds capacity

Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM), as a response to the findings of the Barron Report) found in November 2023:



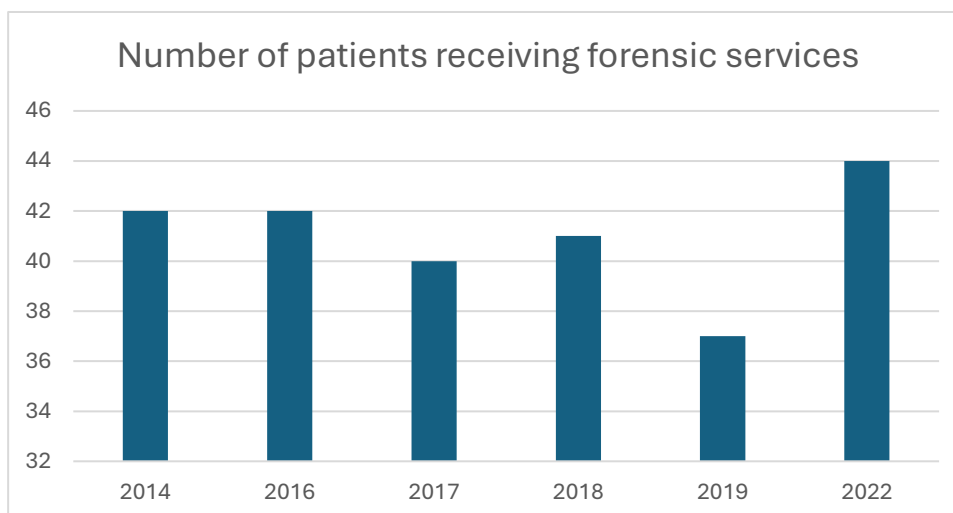
Source: [Scottish Government Mental Health in patients bed census](#)

Of the 204<sup>2</sup> patients in the care of Grampian’s forensic settings, forensic intensive psychiatric care units (IPCUs) and rehabilitation settings, the vast majority are also male. 70% of the people receiving care have a primary diagnosis of a mental illness in the form of schizophrenia/schizoaffective disorder or bipolar affective disorder. The national statistics in Scotland for Forensic Mental Health accommodation make for difficult reading and Aberdeen City is no different.

The Forensic Services Steering Group has highlighted the following challenges:

- An overall lack of appropriate accommodation in Aberdeen City to support people with a Forensic Mental Health need.
- A lack of staff to work in forensic units with the necessary specialist knowledge and skills required when working in a ‘24/7’ forensic service.
- Forensic rehabilitative support services need to be improved and supported.
- There are currently small numbers of patients experiencing delayed discharge, with others progressing towards discharge into a community setting.
- Forensic patients discharged to community settings, with a care/support provider, can often be required to move every few years. This can result in a change of care-/support provider, impacting upon the stability of their rehabilitation and care, and the relationships that have been formed.
- Following on, if these patients are being discharged from a custodial sentence, their lives previously undertaken with routine and with other issues such as substance misuse, a lack of appropriate accommodation and support could accelerate a return to chaotic lifestyles.
- A lack of funding to specify and build appropriate, bespoke accommodation.
- Existing accommodation is not fit for purpose for both inpatient accommodation or regarding community environment specifications.
- Forensic programmes need to expand to meet demand and needs.

Forensic Services data includes patients managed primarily by Forensic Services within their NHS Board. The presented information includes data for the whole of NHS Grampian. There is a significant population in custody, out of area and a number of individuals inappropriately placed within the community.



Source: Mental Health and Learning Disability Inpatient Census 2022<sup>16</sup>

## Current Provision and Future Requirements

Of the 204 patients open to the service, around 93 patients would benefit now and/or in the future from supported accommodation:

- i.* Restricted patients require the most support and can face limitations related to accommodation e.g. they may have multi-agency public protection arrangements (MAPPA) and cannot be placed near schools or specific individuals. They may be at risk of absconding and require 24/7 support.
- ii.* Complex patients may have a variety of behaviours or challenges, in addition to their mental illness, which require supported accommodation. This could be a single room with shared facilities or their own property within a larger development. Behaviours or challenges could include substance misuse, violence and arson.
- iii.* Standard patients are considered low risk and require standard housing, with some patients requiring support at home. Otherwise these patients would continue to engage with their multi-disciplinary team as regularly as required from within their community.

Around five+ additional admissions each year are likely to require supported accommodation.

Several patients currently out of area in specialist community services would require accommodation but their needs cannot yet be met locally. It is anticipated that the current number of people requiring forensic support and suitable accommodation is likely to remain similar for the foreseeable future. However, due to the lack of suitable community housing provision, less people are able to move on from inpatient Forensic Services. So, while inpatient admissions continue to grow, so will the community accommodation need.

Further concerns related to inpatient and community housing provision for Forensic Services are:

- The strategic direction of housing services
- The 'cost of living crisis'
- The Scottish Government's strategic direction

There are approximately 23 inpatients who may be considered delayed discharge. Of these, two patients are likely to meet current definitions of delayed discharge, five did not have access to an appropriate community setting, which then required their admission for further rehabilitation. A stepdown service is required to accommodate these numbers.

The following need has been outlined by Aberdeen City/Hosted Forensic Services. However, this has been challenging, because the definitions of inappropriately placed/delayed discharge are not clear:

<sup>16</sup> In November 2023 there were 42 inpatients receiving care within Aberdeen City/Hosted Forensic Services, up from 38 in March 2022



- Around 38 inpatients (inclusive of the above 23 inpatients and 5 additional admissions each year likely to require supported accommodation) have been identified as benefitting from supported accommodation from 2024 - 2027.
- A further 47 patients (inclusive of 12 current inpatients and 5 additional admissions likely to require supported accommodation) would benefit from supported accommodation from 2027 - 2034.
- An additional 9 patients (current inpatients) would benefit from supported accommodation beyond 2034.
- Low or community setting provision is required to alleviate the pressure from the current provision being provided within a Grampian and Highlands and Islands.

## People subject to justice orders including those who are leaving prison

The Justice Social Work (JSW) service is diverse, complex, and busy and consists of [Caledonian](#), Community Payback Orders (CPO), Connections, Pre-Disposal, Throughcare, Unpaid Work, Support Work and Admin teams. It's primary remit is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on diversion from prosecution to very high level, usually with multi-agency support, for the "critical few" who pose significant public protection concerns.

In Aberdeen City Justice Social Workers supervise approximately 1,020 Community Payback Orders, 60 post-release licences and 120 Bail Supervision Orders at any one time, many of whom experience severe and multiple disadvantages including housing issues (see Hard Edges Scotland Report 2019). Approximately 25% of those who completed Supervision Exit Questionnaires say that housing was an issue for them before their order. However, as Exit Questionnaires can only be collected from those who have successfully completed their orders, it is likely that those who did not complete their orders due to a breach or breaches were those who had the most complex needs, including lack of stable and safe accommodation.

The main issues in JSW providing specialist accommodation are:

**Bail Supervision:** The Scottish Government is committed to reducing the number of people in prison. Courts may therefore make people subject to Bail Supervision and/or Electronic Monitoring (tagging) as a direct alternative to remand, both of which require the individual to have a suitable address. Court based social workers are required to assess suitability within a short time frame and will contact housing services for information to inform the assessment including, if the person is homeless, whether housing can be provided. (N.B. Temporary accommodation within hotel accommodation is not suitable for this group.)

**Changes in the prison population:** In December 2023 The Prison Reform Trust published the Scottish Prisoner Advocacy and Research Collective Scoping Report which informs that there has been a 46% increase in prisoners over 60 years old since 2017 in Scotland. It is recognised that there are increasing numbers of elderly prisoners and those with increasing mobility issues which is attributed in part due to longer prison sentences and a rise in the number of those convicted of serious and organised crime as well as historical sex offences.

SPS processes for prisoners who will be subject to statutory supervision on release include multi agency meetings (Integrated Case Management meetings) held annually and 3 month pre-release. Part of this will discuss the individual's health, personal care needs, social care needs, mobility and identify specialist housing needs. Following the pre-release meeting and as part of the planning process, Justice Social Work make appropriate referrals to community partners such as Occupational Therapy, Care Management and Housing to support with planning for the needs/risk management plan for the individual's transition to the community. Within Aberdeen this is undertaken on a case by case basis, current numbers are low and average less than such case one per year.

**National Accommodation Strategy for Sex Offenders (NASSO):** This strategy applies to the housing of sex and high-risk offenders managed under the Multi Agency Public Protection Arrangements (MAPPA). Environmental Risk Assessments are undertaken on all tenancies under consideration for individuals in this client group. Sometimes multiple assessments are undertaken to find the best tenancy for an individual. Given the paucity of available housing these decisions sometimes come down to the "least bad" option.

**Individuals released from prison and subject to statutory supervision** by Justice Social Work such as Parole Licence (average 60 at any one time). Although services usually have prior knowledge of release dates for these individuals and can plan towards them, they are currently not allocated tenancies until the

day of release (at times this includes MAPPA cases dependent on availability of accommodation). This can cause considerable anxiety for some people as it does not allow for the person to visualise themselves in the tenancy.

**No Recourse to Public Funds.** There is a small but increasing number of individuals with no recourse to public funds but, as JSW funding is ring fenced for work with offenders, housing and associated costs cannot be met. Nonetheless, these costs are currently being charged to Justice Social Work.

**The Sustainable Housing on Release for Everyone (SHORE) Standards:** Promote a nationally consistent approach in meeting the housing needs of individuals in contact with the justice system and this approach is person-centred, trauma-informed, and prevents homelessness at liberation.” As the Scottish Government say, “evidence suggests that people who have access to stable housing are less likely to reoffend.”

**Early Prevention:** Wherever possible there is work undertaken to prevent individuals from going to prison in the first place through Diversion, Problem Solving Structured Deferred Sentences, Bail Supervision and the delivery of robust interventions in line with risk and need. Access to safe and affordable housing and productive multi-agency working underpins all of this.

## Current Provision and Future Requirements

Justice Social Work requirement is to have access to housing for MAPPA clients and for those released from prison on licence who are subject to statutory supervision. Having stable accommodation reduces the risk of recidivism and enables justice social work and partner agencies to support the individual and more effectively manage any risk to the public. The number of people released from prison on Licences/Orders is on average 50 per annum, the majority of whom will require approved accommodation.

In many instances, MAPPA partner agencies are aware of an individual's planned date of release. It would be of benefit to the individual and partner agencies to have a suitable permanent tenancy identified 2-4 weeks prior to release. This would support timeous registration with a GP practice, identify support services local to the address and opportunities for community integration at an early stage.

For some prisoners who are released subject to statutory supervision every year, occasionally they will have accommodation, however, the majority will not. Most will require to be accommodated in a temporary tenancy whilst awaiting a permanent offer. Their status will depend on whether they have prison discretion, and whether they have a determinate release date. If they are eligible to apply for parole from the mid-point of their long-term prison sentence, usually annually, accommodation has to be applied for at each stage of the parole process and often they are not released. It is hard to predict the future requirements, however utilising previous years as a benchmark, it is anticipated maintaining 50 tenancies per year would continue to meet needs.

## Homelessness

### People Experiencing Homelessness

Demand for homelessness assistance in the city reached a peak in 2022-23 seeing the highest number of applications received since moving to delivery of a housing options model in 2011/12. Homelessness is influenced by a multitude of personal and socio-economic factors and for this reason is unpredictable, as seen by the fluctuations experienced during this period falling to a low of 1,285 in 2015/16, and a high of 1,772 in 2022/23. It is within the last few years where the city has experienced arguably its greatest homeless challenge, when applications rose by a sharp 26% in 2022/23, caused primarily by the ongoing effects of COVID-19 and the cost of living crisis that are still being felt today. Since this position, applicant demand has begun to plateau with 1763 applications received in 2023/24. As at 31st August 2024 no further change in trend is evident, and a similar position is expected to be reported at year end 2024/25 with demand remaining high.

Single member households are most at risk of homelessness in the city where approximately 72% of applicants applying each year are from this group, the majority of whom are male. Applications amongst the youth population in the city rose in 2023/24 and are higher than the national average. Homelessness among the over 60s is also on the rise increasing by 58% since 2021/22 (+34).

Whilst the number of homeless applications received has been on the rise, levels of homelessness in the city have remained more constant, increasing by a more modest 5% (+53) from 1225 in 2011/12 to 1278 in 2023/24. During this period the median levels of homelessness is 1,232 and provides a reasonable indication of year on year statutory homeless demands.

### Demand for Temporary Accommodation

The rise in applications experienced over the last 2 years has led to increasing numbers of households requiring temporary accommodation. In 2023/24, 1,104 households applying were placed in temporary accommodation, up almost a third (+251) on 2021/22. To meet demands and ensure compliance with statutory instrument, the temporary stock profile has increased from 395 units on 31st March 2022, to 592 on the 31st of March 2024, a rise of almost 50% and the highest level seen since 31st March 2018.

Despite a further 100 furnished mainstream units being introduced into stock during this period there remains significant reliance on use of hotel rooms to ensure accommodation is provided to all who require it. Currently (as of November 2024) there are 60 hotel rooms occupied, 63 fewer than at the 31st March 2024, but while these continue to be used there remains significant financial and compliance risks.

Hotels have been commissioned as a short-term option to provide accommodation on an emergency basis, however, over time this has become a more medium term option, with average placement times rising from 9 days in 2022/23 to 64 days currently. The increase has subsequently led to 540 breaches of The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 being reported in 2023/24, the highest level on record.

It is not only hotel placements that have increased over the last 2 years. The average stay in a temporary furnished flat has increased by 31 days to 142 in 2023/24 and hostel by 25 to 56 days. The increase in placement times has been caused by a slowdown in throughput, which has led to increasing levels of occupancy. As at 31st March 2024 there were 442 homeless households accommodated in temporary accommodation a rise of 67% when compared with the same period in 2022. There are, however, signs that pressures might be beginning to ease with occupancy rates at 31st August 2024 receding to 408, a fall of 8% on year end.

In April 2023 the Scottish Government published a Framework for Temporary Accommodation Standards (Temporary Accommodation Standards Framework ([www.gov.scot](http://www.gov.scot))). These standards are in addition to the

Unsuitable Accommodation Order and set out criteria in relation to 4 standards and overview of the provision under each standard is below:

**Physical** – accommodation that meets the needs of any disabled persons, complies with relevant housing quality standards, has units that are secure, has sufficient bedroom space, adequate cooking, laundry facilities and exclusive toilet and personal washing facilities and affordable heating systems.

**Location** – consider proximity to main essential services, access to employment, formal and informal support networks, religious and cultural needs, and an assessment of personal safety specifically for households experiencing domestic abuse.

**Service** – creating psychologically informed environments, ensuring staff have been trained in trauma informed care, offer support for households, conduct regular home visits to allow unmet needs to be identified, and support to access different types of accommodation allocated on the basis of gender.

**Management** – legally compliant occupancy agreements, clear communication about tenants' rights, housing support provided at the point of entry (rather than on completion of homeless assessment), information provided on repairs, notice agreement, how to report anti-social behaviour complaints procedure and information to support move on from temporary accommodation.

Continuation of hotel use in the city would be in direct breach of these 4 standards, particularly when considering the physical standards, and service standards. When reviewing these standards against our temporary flatted accommodation, the current provision in the city, would in some instances not meet the physical standards when considering larger families (households that require 4 bedrooms and above) and some cases which have physical disabilities that require temporary accommodation which is fully wheelchair accessible. The location of temporary properties is spread across the city, but with an average of 15 temporary furnished flats becoming available to let each week Aberdeen City Council is not currently in a position that employment, religious and cultural needs could be met in all instances.

### Support Needs for Homeless applicants

As part of the assessment when a person presents as experiencing homelessness they are given the opportunity to self-disclose a support need. In 2023/24, 39% of statutory homeless households contained a member assessed as in need of support (495), a fall of 30% when compared with the 69% identified as requiring support in 2021/22 (775). Fewer households are now being assessed as in need of basic housing support, with a 30% fall evident during this period. However the proportion of homeless households with a member requiring support for mental health continues to rise with 215 identified in 2023/25 equivalent to 17% of the homeless population. Among those requiring support, the number identified with multiple needs is also on the rise with 269 reported in 2023/24, equivalent to 21% of this population, a 3% increase since 2021/22.

## Current provision and future requirements

### Supply Gap

Using a calculation introduced to support planning for a rapid rehousing approach, current gap analysis estimates suggest that an additional 452 properties are required to meet the needs of all homeless households who required to be permanently rehoused each year. Even if the council were to achieve its target and reduce homeless applications by 10% by 2026 this would still leave a forecasted shortfall of approximately 363 properties. Having sufficient supply of housing is essential to bridging this gap and achieving the principle aim of rapid rehousing policy - to rehouse homeless households as quickly as possible. In 2023/24 the average homeless journey time was 166 days, 44 more than the previous year.

### Support Provision

The current options are available to provide support to a person experiencing homelessness are:

Specialist Support for Young People: Foyer Accommodation Based Support provides supported accommodation for 27 Young People (aged between 16-25) within a supported block. This service also provides resettlement support for young people for a short period after their service within supported accommodation has ended. A further service for young people is Foyer Nightstop for young people who are threatened with becoming homeless. It provides short-term support within hosts' homes for young people who are unable to stay in their family home. This aims to provide a period of respite to allow the young person to consider more fully their options, which may result in a return to the family home. Last year of the 481 young people who had a recorded outcome after presenting to the local authority as homeless, 82 returned to previous accommodation or made their own arrangement.

Long term housing support is provided through our Housing First programme in the city for up to 50 individuals. As an approach, Housing First prioritises providing permanent settled accommodation. This is open ended and intense housing support for statutory homeless individuals with a history of cyclical homelessness and multiple complex needs. This includes, but is not limited to, issues with alcohol and other drugs, offending behaviour and anti-social behaviours. Those referred are considered by a multi-agency triage panel. They must be statutorily homeless at the point of referral, and must have access to public funds in order to be considered. The service is provided by Turning Point Scotland.

Outreach Housing Support provides medium to long term housing support to those either at threat of homelessness or going through the homeless process. Support is also provided to those in mainstream council tenancies who have been identified as needing longer term housing support need by their Housing and Support Officer. Whilst the service supports those with other needs (mental health, financial, criminal justice etc), support is tailored to maintaining and sustaining tenancies. As such, identified support needs must be relevant or in the context of tenancy support. The contract is provided by Turning Point Scotland and supports in the region of 500 individuals across the course of a year.

Our offering related to support provision for people experiencing homelessness has aligned with the key approach to ending homelessness and rapid rehousing, prioritising prevention. If homelessness occurs then households are provided with appropriate settled housing as quickly as possible, paving the way for focussing on faster access to mainstream housing, and the support necessary to sustain their tenancy.

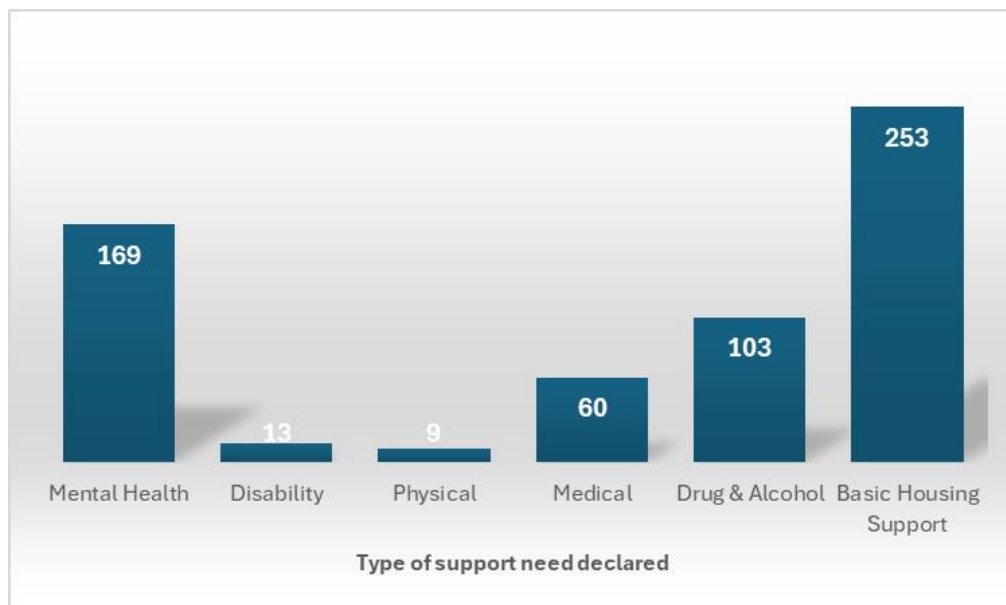
More recently however, a report published regarding supported housing ([Supported Housing Task and Finish Group Report](#)) has reviewed and presented recommendations related to supported housing. The report outlines that around 2-5% of those households who make a homeless application to their local authority would be the best fit for permanent supported housing.

Our current offering in the city aligns with the recommendations in this report, as we move away from our existing accommodation-based support service for adults. This was offered on a short Scottish secure tenancy basis, involving a move on from one property to another, and continuing with the specialist provision for young people which is provided in accommodation on interim basis. Aberdeen City Council identify the potential for a developing gap for those that do not view permanent accommodation as the goal. Aberdeen do not currently have an offer for people experiencing homelessness, with multiple and complex needs who do not wish to progress into permanent accommodation, but currently attempt to fit these individuals into the Housing First model, whereby the outcome is permanent accommodation with wrap around support. We lack a firm data set to evidence this small cohort of individuals, however a review of individuals who have interacted with the Housing First service but not reached the panacea of long term settled accommodation is being undertaken to help understand this unmet need.

In addition, Aberdeen City Council do not have a permanent supported accommodation service for adults, which can be accessed through a housing options/homeless pathway. The Supported Housing task and finish report clearly recommends that there should be jointly planned and commissioned supported housing as a response to homelessness, between Health and Social Care Partnerships and Local Authorities. Aberdeen City Council do not currently jointly commission provision in the city, however, given the growing number of people presenting as homeless with complex and multiple needs, there would be value in exploring this approach and adopting a health rather than purely housing led approach to homelessness.

As evidenced by data, there is an increasing number of people who are experiencing more than one area of support need, with some recent case examples of individuals experiencing homelessness, substance use,

mental health and physical disability. Whilst the data to evidence this gap in provision of short term supported accommodation provision is not fully developed, it is understood that there is increasing complexity of need, and an increasing level of abandonments from secure tenancies. The chart below illustrates the type of support need declared by 269 people in 23/24 who indicated that they had multiple support needs.



### Forthcoming legislation

The Housing (Scotland) Bill is currently at stage 1 of the parliamentary process. Scottish Government states that the package of reforms 'will help ensure people have a safe, secure and affordable places to live while contributing to the ambition to end homelessness in Scotland'. Part 5 of the Bill relates to the prevention of homelessness and places duties on relevant bodies such as health boards and Police Scotland to ask if an individual is homeless or at risk of homeless and requires them to take action if they are. The overarching aim is to make homelessness prevention a shared responsibility across the public sector. Local authorities will also have to act sooner to prevent homelessness by providing support to households threatened with homelessness up to 6 months before homelessness appears imminent rather than the current two months. The 'ask and act' duty within the Bill raises concern of a potential increase in homelessness presentations with the potential that it could be seen as an 'ask and refer'. With current operating systems, including siloed databases, there will be a challenge around mapping a person's journey, touch points across services and identifying preventative steps taken by services. However, given what is known about a person's increasing contact with medical services as they escalate towards a housing crisis, there is real opportunity for a more cohesive, person centred approach across housing and health.

### Displaced Households

Along with other Local Authorities across the UK, Aberdeen has striven to meet the challenges presented by the rapid influx of displaced people seeking support and refuge, and is currently home to around 2,000 displaced people, having witnessed a ten-fold increase in arrivals over the last 2 years. Aberdeen City Council remains committed to welcoming and supporting displaced people in line with the New Scots Refugee Integration Strategy, yet recognises challenges which may be exacerbated by the increase in migration such as pressure on housing supply, increases in homelessness presentations, lack of school places and the provision of primary care and mental health services.

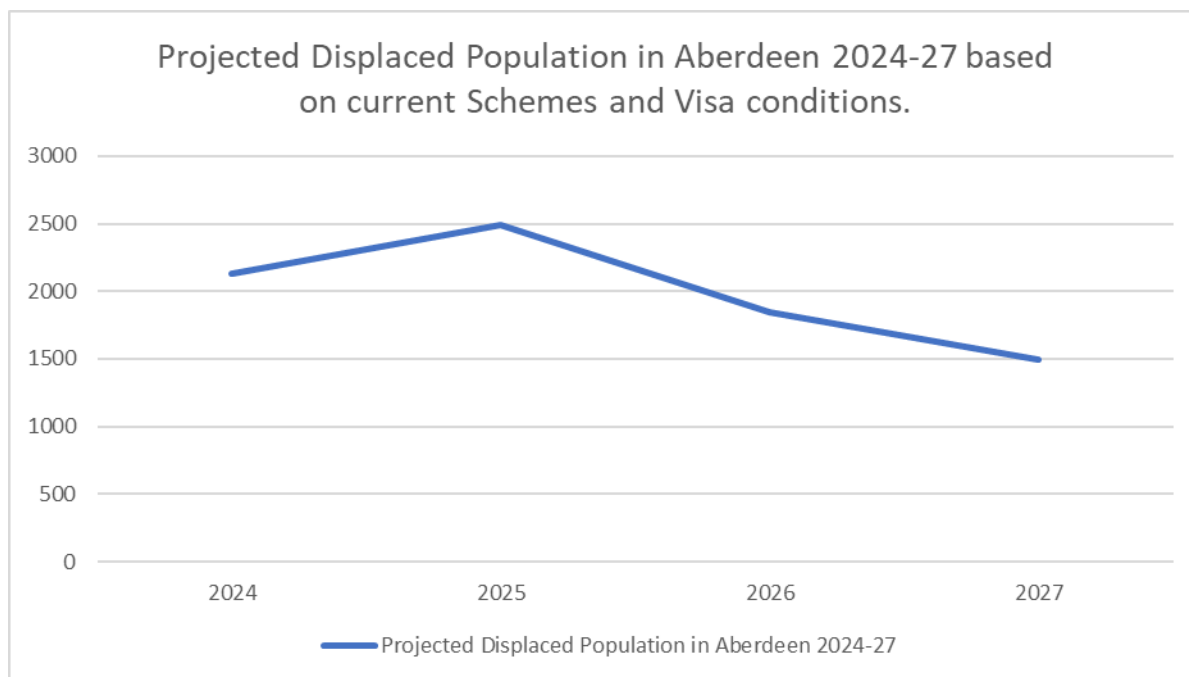
### Current Provision and Future Need

The number of displaced households making Aberdeen their home is projected to increase by circa 20% over the next 12 months due to the National Accommodation Plan V2 which will increase the number of dispersed bedspaces in the city, asylum backlog decisions, UK Resettlement Scheme (UKRS) and Afghan arrivals. There is also the possibility of a surge in Ukrainian arrivals due to imminent visa changes, which will likely require residency in the UK as a prerequisite for extending current visas for a further 18 months.

Thereafter, beyond 2025, a marked shift in population numbers is anticipated dependent on whether the Homes for Ukraine Permission Extension Scheme is further extended or not.

There are 2 potential population scenarios:

**Scenario 1:** No extensions to the Ukrainian Schemes

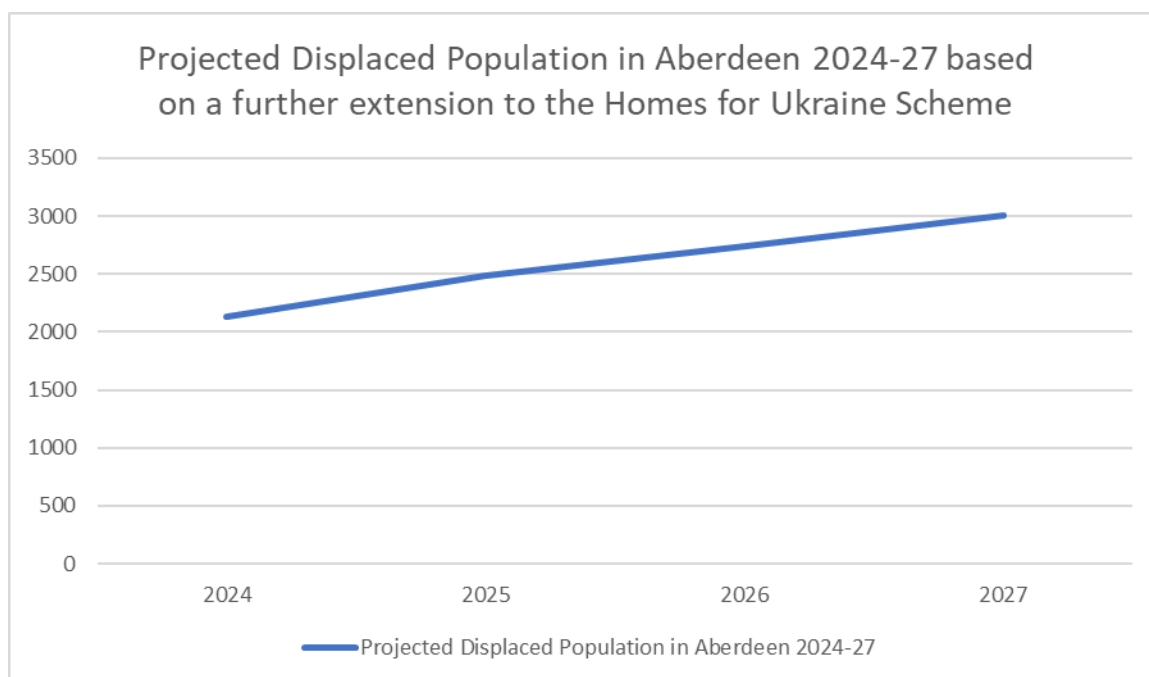


This population scenario assumes:

- No further extensions are granted for the Homes for Ukraine Scheme and those currently here will be required to leave based on their visa expiration date. Current expiration dates are staggered across 2026 to 2028.
- New arrivals via the Homes for Ukraine schemes continue at current levels.
- Increased demand from the arrival of Afghan Relocations and Assistance Policy (ARAP) households and a shift towards assisting those on UNHCR (The UN Refugee Agency) programmes, namely Afghan Citizens Resettlement Scheme (ACRS) and UKRS households.
- Increased demand from Asylum Refugees due to accelerated decision making, continued growth in the asylum-seeker population and a marked shift in focus from Contingency Hotels (CA) to asylum -seekers being based in dispersed accommodation.
- No further migration related to civil war, international conflict, climate, economic change or natural disasters.



## Scenario 2: Further extension to the Ukrainian Schemes



This population scenario assumes:

- The UK Government announces further provision to those on Homes for Ukraine visas beyond the current Extension Scheme and that approximately 95% of Ukrainians currently living in Aberdeen will stay here.
- New arrivals via the Homes for Ukraine schemes continue at current levels.
- Increased demand from the arrival of Afghan ARAP households and a shift towards assisting those on UNHCR programmes, namely ACRS and UKRS households.
- Increased demand from Asylum Refugees due to accelerated decision making, continued growth in the asylum-seeker population and a marked shift in focus from Contingency Hotels (CA) to asylum -seekers being based in dispersed accommodation.
- No further migration related to civil war, international conflict, climate, economic change or natural disasters.

There is likely to be a continued housing need that arises across the schemes, The 500 Aberdeen City Council owned properties that were allocated to people fleeing the conflict in Ukraine for up to a 3 year period would likely to continue to be used for this purpose, meaning they would be unable to be used to alleviate housing pressures elsewhere. The additional 120 properties provided outwith the Ukraine Long Term Resettlement Funding (ULTHF) scheme would also continue to be used as they are currently. In 2023/24 Aberdeen City recorded a 33% increase in homeless applications from people who were present in the UK having been granted refugee status or leave to remain, suggesting a growing number of people choosing to stay in the city after receiving a positive asylum decision.

## Unaccompanied Asylum-seeking children and young people

### Current Provision & Future Need

The arrival of Unaccompanied Asylum Seeking Children and Young People (UASYP) also poses challenges as these individuals also typically have high support needs due to their young age and the likelihood that they have experienced some form of trauma prior to arriving in the UK. Table 1.0 below shows the number of UASYP that have arrived in Aberdeen as well as the route of referral.

Table 1.0: UASYP in Aberdeen City as of 31<sup>st</sup> December 2023

Route of Referral	UASYP
Spontaneous Arrival	3
Hotel Dispersal	21
National Transfer Scheme	25
Total	49

Source: Social work service provision for Unaccompanied Asylum-Seeking Children and Young People (UASYP), [CFS/24/045](#), 20<sup>th</sup> February 2024

UASYP have the same status as other Looked After Children and Aberdeen City Council will fulfil its duty to provide care and support as a corporate parent to this group. UASYP can be from a wide range of age groups, however, the majority of UASYP in Aberdeen are between 16-18 years of age. The Council has worked with RSLs and other housing providers to source accommodation for UASYP, as well as with third-sector organisations to ensure that these groups receive appropriate aftercare support.

## Conclusion

This Independent Living and Specialist Provision Housing Market Position Statement has set out the future requirements for provision of specialist housing in Aberdeen, notwithstanding the current economic challenges. A key element of delivery will be the further engagement with service providers and those with lived experience of the various target groups with the aim of delivering the improved outcomes highlighted.

In developing the MPS, a number of challenges have been identified however, these also provide opportunities for improvement, particularly in relation to the data collected and how this can be used to enhance future updates to this document. The vision is for a flexible approach to housing provision that meets a variety of needs, and ensures people can live in the community of their choosing, throughout their life, in a home of their choosing, with the care or support they require. Working collaboratively with our partners will help achieve that vision.

Where care provision is required, co-locating people with similar needs provides opportunities for economies of scale in terms of staffing. This also helps to ensure consistency of care which improves understanding of needs, the quality of care provided, and confidence in that care from those receiving care and their loved ones. In order to make the best use of the resources available, existing models may be re-provisioned to meet the changing needs of the population. There is evidence to suggest care delivered in communities is more cost effective, as well as providing improved outcomes by maintaining independence. There is commitment to shifting the balance of care towards community and the use of digital solutions for the provision of support where this is appropriate.

Finally, aligning the provision of specialist housing to the Getting It Right For Everyone (GIRFE) principles, and embedding a human rights approach in considering how care needs are met, will ensure that people can live in their own homes with dignity and independence for as long as possible. In addition, ethical commissioning and collaborative stakeholder engagement will secure stronger outcomes for the people of Aberdeen via aligning the work Community Planning Partners are undertaking in relation to prevention of demand for various services.

## Next Steps

This MPS will be a working document which informs planning and delivery to close the gap in demand and supply in the short term, medium term and longer term. The closing of the gap is anticipated to come from a combination of public and private investment and may include adaptations, refitting, and bespoke builds. This will be supplemented with relevant lived experience and professional views, as well as improved data collection, interpretation, and forecasting of need. ACHSCP will continue to work in partnership across the city and beyond to deliver these changes and have already commenced solutions focussed work with partners.

The Disabled Adaptations Group is already underway in relation to the provision of equipment and adaptations in all tenures, which can help people continue to live safely in their own home for longer. This includes the promotion of early planning for long term housing needs. Once this work is concluded, consideration will be given to the impact of this on the Market Position Statement for Independent Living and Specialist Provision Housing.

### **Action**

**Forensic – Open dialogues on new secure stepdown accommodation**

**Sheltered, Very Sheltered and Extra Care Housing – Review Strategy and redesignation of stock where appropriate**

**Development of Mental Health and Learning Disability & Bariatric Accommodation**

**Replacement substance related residential facility**

**Preparation for Ask and Act Legislation**

**Complete the Housing for Varying Needs Review**

# Appendixes

1. Definition of terms
2. Summary table

## References

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- [National Health Wellbeing Outcomes Framework](#)

## Appendix 1: Definition of Terms

Care homes	Care home provision in Aberdeen City is delivered by the private sector and voluntary organisations in both privately owned properties and local authority owned properties. In Aberdeenshire, providers include private sector, voluntary organisations, and the local authority. The sector meets a range of personal and nursing care needs. Residents can be either long stay, short stay or respite.
Amenity Housing	Amenity housing or medium dependency housing is designed to be suitable for older people or ambulant disabled. This type of housing is specially designed or adapted to provide accessible accommodation.
	Some properties may have an integrated telecare system that is linked to an alarm receiving centre.
Independent living	Independent living provides for older and disabled people the same freedom, choice dignity and control as other people at home at work and in the community. It does not mean living by yourself or looking after yourself on your own. Independent living means a person has the right to practical assistance and support to participate in society and live an ordinary life.
Sheltered Housing	Sheltered housing allows older people or people with particular needs to live independently, with the right support, in a comfortable and secure environment. It also gives the opportunity for social contact and companionship through communal facilities. Sheltered housing is generally a self-contained, one bedroom flat in a main scheme or a one-bedroom linked property. Two-bedroom properties are available at some schemes. An alarm or telecare system is available. Support is provided onsite by support staff, sheltered housing officers or mobile service.
Very Sheltered Housing	Very sheltered housing provides a safe environment for people with higher level support needs to live independently. Tenants are usually aged 60 years or above and may have additional care needs or be vulnerable in their current accommodation. Younger applicants may be considered depending on their circumstances. Very sheltered housing has a dedicated team of care and support staff, available on-site 24 hours a day, seven days a week.
Extra Care Housing	Extra care housing provides a similar level of support to sheltered or very sheltered housing for adults with a range of disabilities. Each tenant is provided with agreed levels of care and support on site. Individuals have self-contained homes with access to communal facilities, and there is onsite accommodation for support staff.
Core and Cluster	Core and cluster housing is a model of supported living where tenants have self-contained flats and receive support, usually from visiting staff. The flats can be dispersed within housing schemes and may have on-site office facilities. The collocated individual tenancies help to reduce dependency and increase community participation without the stresses associated with communal living.
Group home	A property where a small number of adults live alongside each other, usually in groups of four and under. Facilities such as a kitchen and living space will typically be communal. Care and/or support will likely be provided 24/7
Housing Support	As part of our housing support, those tenants living in Aberdeen City Council Sheltered Housing that are entitled to receive assistance can expect the following from our Service Supervisor will receive some or all depending on assessment and level of need. Daily call or visit , Assisting with the security of the complex, Assisting with arranging repairs of the property , Helping to arrange appointments with relevant professionals, Liaising with families, Supporting good relationships with neighbours, Assisting to deal with letters, bills and benefit claims, Helping maintain and responding to fire alarms and emergency call system , Personal care in the event of an emergency, Assisting with social interaction and social activities, Checking and dealing with health and safety issues in the building, Developing, reviewing and monitoring individual support plans

House of Multiple Occupation (HMO)	House of multiple occupation (HMO) are properties where there are at least three or more unrelated adults who live in a property where bathroom, living or kitchen spaces are shared. HMO's offer a suitable option for individuals with a preference for supported group living.
Personal care	Personal care includes things like bathing, showering, hair washing, shaving, brushing your teeth, and nail care, going to the toilet, catheter and stoma care, skin care, incontinence laundry and bed changing, eating, special diets, and food preparation, mobility support, counselling, behaviour management, psychological support and reminding devices taking medication (like eye drops), application of creams and lotions, simple dressings and oxygen therapy, getting dressed, surgical appliances, prostheses, mechanical and manual aids, help getting in and out of bed and using hoists
Nursing care	nursing care, requires a qualified nurse to help you. For example, a nurse will give injections or help to manage pressure sores.
RSL	Registered social Landlord
Retirement housing	Retirement housing has similar features to sheltered housing but is usually provided in the private sector. Levels of care and support may vary from site to site.
Supported living	Supported living services for adults with learning disability or mental health problems have their own tenancy with appropriate care and support. This helps them to live as independently and safely as possible. Support can include assistance with activities such as personal care, managing bills and accessing social experiences.
Standalone services	Stand-alone services in mainstream housing provision with visiting support or overnight support can enable people to live independently. The levels of support can vary depending on individual's needs.
Unpaid carer, care partner	The term unpaid carer is used in this document as the term used by ACHSCP. Care partner is preferred by the National Dementia Lived Experience Panel

Appendix 2 – Summary Table

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<p><b>Care Homes (this includes Residential Care and Nursing Care)</b></p>	<p><b>Total bed numbers in Aberdeen City Older Adult Care Homes: 1446</b></p> <p><b>Total number of residents in Aberdeen City Older Adult Care Homes: 1353</b></p> <p><b>Total number of residents in Aberdeen City Older Adult Care Homes, receiving care funding via ACHSCP: 1074</b></p> <p>782 are funded at the full National Care Home Contract levels, and 292 are self-funders ( note: In Scotland, there is entitlement to free personal and nursing care. Therefore, no care home resident has to pay for the own personal and nursing care charges (currently £248.70 &amp; £111.90 per week respectively)</p> <p><a href="#">Free personal and nursing care: questions and answers - gov.scot</a></p> <p>.)</p>	<p>ACHSCP is not planning to significantly increase the proportion of spend on national care home rates contracts so far as possible and does not intend to commission new Local Authority Care Home(s). ACHSCP focus will be on enabling people to stay within their own homes to mitigate demand for care home placements with a view to potentially reducing residential care home placements at national care home contract rate.</p> <p>It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.</p>		



SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
	<p><b>Total number of residents in Aberdeen City Older Adult Care Homes, who are out-of-area placements:</b></p> <p>Approx. 279 of the residents do not have ACHSCP funding. This however can be due to placements being arranged directly without any local authority involvement.</p>			
<b>Sheltered Housing</b>	<p>2,194 (ACC 1873, RSL 321) units.</p> <p>Several multi-storey sheltered properties are experiencing low demand. This reflects an increase preference for people to stay at home with appropriate adjustments.</p>	<p>ACHSCP anticipates reducing the volume of sheltered housing units in Aberdeen. This is due to evidence of overprovision and the anticipated increased complexity of need. This will be achieved via working in partnership with Aberdeen City Council and relevant partners.</p> <p>It is not anticipated that there will be additional scope for independent provider investment at this stage.</p>		
<b>Very Sheltered Housing</b>	<p>280 Units (ACC 110, RSL 170)</p>	<p>It is anticipated that there will be a growing demand for Very Sheltered Housing in Aberdeen to meet the increasing complex needs of an older population. To this end, ACHSCP has initiated early discussions with partners to progress a proposal to increase the volume of very sheltered housing units in the city whilst reducing the number sheltered housing units. This aligns with the focus referred to above to assist and enable people to live within their own homes.</p> <p>It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.</p>		

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<p><b>Children and young people with lifelong care, support needs</b></p> <p>Factors which will impact on the forecasting data include:</p> <p>Migration – A small number of families each year (largely from the wider Grampian area) relocate to Aberdeen to be nearer specialist medical facilities. <b>Unpredictable demand.</b></p> <p>Migration - Inward migration of families from other parts of the world with a child with complex disabilities. <b>Unpredictable demand.</b></p> <p>There are children and young people with a life limiting condition who were not predicted to live for more than a few years but who, as a result of advances in medical science, are living well beyond this and into adulthood. <b>Growing population/demand.</b></p>	<p>Children with the most complex health and disability needs are currently cared for in various care settings.</p> <p>Most remain in parental care, with Self Directed Support (SDS) packages of support to meet need.</p> <p>Others are accommodated in residential care resources or within foster placements. These can be within or outwith the city.</p>	<p>Demand in the coming three years (2024-2027) is largely known –</p> <p>20 young people are likely to need specialist accommodation and/or care provision as they will neither be able to live independently within mainstream accommodation nor be able to remain in the care of family or their current alternative care networks.</p> <ul style="list-style-type: none"> <li>• 13 of these young people are currently looked after in residential or foster care placements which should end within 3 years (at 18 years of age)</li> <li>• Most of these 20 young people are likely to be able to be supported in some form of specialised supported housing and care (Various degrees of complexity of health and care needs so will require further assessment to determine what tier of service provision)</li> <li>• 10 of the 20 young people are likely to require lifelong 24 hour care due to the complexity of their needs. Whether these needs are met within residential care or specialist supported housing and care in the community will be dependent on availability of resource to meet need.</li> </ul>	<p>Predicting demand beyond the initial 3 year period with any certainty presents greater challenges. For most parents with a child with disability/complex health needs, the teenage years are the most challenging. While parents/carers may, with support, be able to meet the needs of their pre-teen child, for safety, health or protection concerns as adolescence progresses such arrangements can become unsustainable. For this reason, these numbers may increase.</p> <p>There are currently 19 children who are likely to need specialist accommodation and/or care provision within the next 3 to 6 years (2027-2030)</p> <ul style="list-style-type: none"> <li>• A small number of these children (4) may be able to be supported within their families if sufficiently robust bespoke packages of care can be mobilised. Intervention aims to support this option if feasible.</li> <li>• One of this group is currently in residential</li> </ul>	<p>There are currently 16 children who are likely to need specialist accommodation and/or care provision within 6 to 10 years (2030-2034). As for the previous group, this is based on knowledge of current children and their circumstances hence numbers may increase.</p> <ul style="list-style-type: none"> <li>• Most of this group’s needs are complex indicating they will require 24 hour care. Given the timeframe, intervention and support will continue to strive to build the necessary resilience and skills.</li> <li>• Only one of this group is currently within a residential care setting and one more is on the edge of care.</li> <li>• A small number of these children may be able to be supported within their families if sufficiently robust bespoke packages of care can be mobilised. Intervention aims to support this option if feasible.</li> </ul>

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
			<p>care and two more are on the edge of care.</p> <ul style="list-style-type: none"> <li>7 of the 20 young people are likely to require lifelong 24 hour care due to the complexity of their needs. Whether these needs are met within residential care or specialist supported housing and care in the community will be dependent on availability of resource to meet need.</li> </ul>	
<p><b>Mental Health and Learning Disability<sup>17</sup></b></p>	<p>93 Mental Health Care Home Placements</p> <p>Of the 8 Care homes which provided information in the service provider survey in 2021, only 1 (with 20 placements within it) was fully in line with the expectations of the current <u>Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026</u>. All others required varying levels of upgrading.</p>	<p>It is anticipated that there will be a growing need for care and support with mental health and learning disability requirements in Aberdeen as life expectancy increases within the relevant population.</p> <p>This will likely require additional resource allocation towards MHLD placements and to addressing current environmental conditions.</p>		

<sup>17</sup> People living with disability and complex Care see earlier MPS- Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026 and Complex Care Market Position Statement 2022 - 2027

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<b>Bariatric Care</b>	Less than 5 individual homes are provided by Aberdeen City Council	<p>A further 10 individual homes to meet existing and unmet need in the short term (up to 5 years) and predicted data shows that a total of 30 individual homes would be required to meet the needs of the city by 2034.</p> <p>ACHSCP will seek to contribute to the growing need via partnership working as opportunities arise.</p>		
<b>Substance use</b>	<p><b>Alcohol/Drugs use:</b> Current service has 17 places but requires to be re-provisioned for people with alcohol dependence. Currently at capacity with less than 5 people on the waiting list.</p> <p><b>Alcohol/Drugs use:</b> Phoenix Futures (3<sup>rd</sup> sector provider) has secured 23 units funded by the Scottish Government until 2026.</p>	<p>ACHSCP is working in partnership with the ACC housing service and third sector to identify a suitable alternative site to replace current accommodation for alcohol use. It is anticipated that technology enabled care will play an increasing role in supporting the needs of people. It is anticipated that 17 or less SMS residential/supported accommodation places would be sought for the future.</p> <p>Regarding drug use, there is currently no intention to replace government funding beyond the current funding arrangement to 2026.</p>		
<b>Forensic Mental Health Accommodation</b>	42 current places are provided at RCH. There are currently 29 people on the waiting list for a placement within the forensic mental health accommodation unit.	It is anticipated that 38 places will be required. This incorporates 23 patients currently considered delayed discharge and 5 additional admissions that will likely require supported accommodation, from years 2025- 2027.	It is anticipated that 59 places will be required. This incorporates 6 additional patients currently receiving care and 5 additional admissions that will likely require supported accommodation, from years 2028-2030.	<p>It is anticipated that 85 places will be required. This incorporates 6 additional patients currently receiving care and 5 additional admissions that will likely require supported accommodation, from years 2031-2034.</p> <p>Given the significant scale of current and anticipated demand, it is anticipated that this need will require local, regional and national cooperation across public, private and third sector stakeholders.</p>

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<b>Justice Social Work</b>	<p>The number of people released from prison on licences or orders is on average 50 per year.</p> <p>ACHSCP seeks to maintain 50 tenancies through ACC to keep people safe in the community and reduce reoffending.</p>		<p>It is hard to predict the future requirements, however utilising previous years as a benchmark it is anticipated maintaining 50 tenancies per year.</p> <p>Wider engagement and development of business case with National Accommodation Strategy for sex offenders which applies to the housing of sex and high-risk offenders managed under the Multi Agency Public Protection Arrangements (MAPPA)</p>	
<b>Homelessness</b>	<p>Temporary Accommodation- 592 Units, 72 of which are hotel accommodation.</p> <p>Support Provision – Outreach Housing Support for up to 500 people experiencing homelessness, Housing First support for up to 50 people with enduring complex needs, Foyer Accommodation Based support for up to 27 young people(aged 16-25).</p> <p>Mainstream need.</p>	<p>592 Units, 72 of which are hotel accommodation.</p>	<p>Increased provision of temporary furnished properties.</p> <p>Wider consideration required of a supported accommodation model that could be provided on a flexible basis for those with complex and multiple health needs, including mental health, physical disability and substance use. Compounded by challenges of cyclical and sporadic interaction with services (social work, treatment services)</p> <p>A gap in mainstream provision of 452 units is highlighted, with the upcoming introduction of Ask and Act Legislation and a potential risk of increase referrals into the homelessness service as a result brings a challenge of predicting future need. Despite increases in homeless applications, levels of homelessness have remained fairly stable in the city.</p>	

\*\* Acquired Brain Injury and Neurological conditions – Ongoing work has informed this market position statement.

