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OLDER PERSONS HOUSING NEEDS MODEL: FIRST REVIEW

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THE OLDER PERSONS SPECIALIST HOUSING NEEDS MODEL UPDATE 2023

1.0 SUMMARY

1.1 Since the publication last year of the "Older Persons Housing Need Model by SPRU/DLP the model has been subject to further peer review and has been tested at Public Inquiry. In addition further evidence has also become available including the 2021 Census results and the Mayhew Review. This has led us to review the model and this publication updates the model and sets out the reasons for these changes.

1.2 In very simple terms the revised model does not apply the "levelling up" prevalence rates but instead aligns future needs with the projected trends in need resulting from the evidence. This reduces the overall level of the requirement caused by a reduced requirement for specialist older persons market housing without care but increases the requirement for specialist older persons market housing with care ('Extra Care').

1.3 The update takes in consideration the following:

a) The 2021 Census (ONS)

b) The Mayhew Report

c) Do the British wish to live in Integrated Retirement Communities? (ProMatura, UK Resident Survey)

d) Unlocking the retirement opportunity in a post-pandemic world (Octopus Real Estate)

1.4 Having taken into account the above the model has been adjusted to reflect the following:

a) The final model results are now reported across two tenures (Market and Social Rented) for two broad categories housing without care and housing with care.

b) A greater reliance is placed on the outputs of the research in terms of projected future prevalence rates (for market housing without care this means a move away from the levelling up or equalisation approach adopted from earlier models)

c) A change in the local adjustment factor which now takes into account the results of the 2021 Census and include health as well as tenure and property size.

1.5 The impact of the above on the model's outputs is as follows:

a) The projected level of need for market housing overall is reduced compared to the previous iteration of the model

b) The projected level of need for market housing without care is reduced compared to the previous iteration of the model

c) The projected level of need for market housing with care is increased compared to the previous iteration of the model

2.0 THE OLDER PERSONS SPECIALIST HOUSING NEEDS MODEL SPRU/DLP 2021

a) Introduction

2.1 This model (published in detail in the SPRU research report "The Older Persons Specialist Housing Needs Model"[1]) has been developed by Strategic Planning Research Unit at DLP Planning Ltd as a response to the need to update previous models used to estimate future specialist housing needs for older persons. It built upon the approach in the SHOP Resource Pack and the "Housing in Later Life" toolkit which consider levels of provision in the social sector as an indicator of the level of potential need in the market sector.

2.2 It is recognised that the prevalence rates in the "Housing in Later Life" report at the time still have currency in terms of planning decisions. It had the advantage of being both simple to understand and apply.

2.3 It was nevertheless over a decade old before publication of SPRU's report, and it is appropriate to review the approach based on a more up to date analysis of the actual changes in the rate of delivery since 2011 of different typologies or tenures. It is also considered to be worth revisiting the differences between the level of provision between tenures which may be indicative of unmet demand. There is also other evidence from the United States, Australia, and New Zealand, which have a longer history of providing market-based housing solutions for the older population and which may provide insights into the future level of demand as these products become more prevalent in England.

b) Research conclusions on surveys of potential need

2.4 The SPRU research report reviews a number of surveys undertaken to illustrate the likely demand for specialist housing for older persons and while none are definitive, all of them suggest that the level of potential demand for specialist older person housing is in the range of 250 to 470 units per 1000 pop 75+. It should be noted that the higher prevalence rates that may be derived from these results are in the same ballpark as the levels of existing provision in the US (calculated as 367 units per 100 pop 75+) and Australia and New Zealand (calculated as 281 units per 100 pop 75+).

c) Research conclusion on forecasting models for demand for older persons specialist accommodation

2.5 The SPRU research report recognised that the prevalence rates in the "Housing in Later Life" report still have currency in terms of planning decisions. It has the advantage of being both simple to understand and apply. Furthermore, as will be shown in the consideration of past trends in the next section growth in homeownership in this sector and especially in Extra Care provision has occurred. This proposed an uplift in prevalence rates from 141.6 units per 1000 pop 75+ (2001 based) to a future rate of 251 units per 1000 pop 75+ (2011 based).

2.6 For the market sectors the Housing in Later Life report proposed an increase from 28.4 to 120 units per 1000 pop 75+ in terms of sheltered housing and from 3.2 to

[1] The Older Persons Specialist Housing Needs Model SPRU/DLP 2022

30 units per 1000 pop 75+ in terms of Extra Care.

2.7 It is noted that the level for Extra Care is much lower than that suggested by the model developed by Ball which would suggest a prevalence rate for owner occupied Extra Care of 69 units per 1000 pop 75+.

2.8 The overall prevalence rate suggested in "Housing in Later Life" is also at the very bottom end of suggested prevalence derived from a range of surveys which considered the potential level of demand for specialist housing for older persons.

2.9 While prevalence rates in "Housing for Later Life" still have currency in planning decisions some of the base data is now over two decades old, and it is appropriate to review the approach based on a more up to date analysis of the changes that have occurred in terms of the type and prevalence rate of provision and specifically to take into account new indicators of demand including the actual changes in the rate of delivery since 2001 of different typologies or tenures. It also considered to be worth revisiting the differences between the level of provision between tenures which may be indicative of unmet demand.

2.10 There is also other evidence from the surveys reviewed in section 2 of SPRU's original research and the experience from overseas markets such as the United States, Australia, and New Zealand, which have a longer history of providing market-based housing solutions for the older population and which provide insights into the future level of demand as these products become more prevalent in England.

2.11 The next section considered the past rates of delivery for different tenures and typologies of specialist housing for older persons.

d) The approach of the SPRU research

2.12 The SPRU research report starts by assessing the changes in the typology and tenure of specialist provision for older persons housing from 1991 (a date at which annual records of provision were started to be collected).

2.13 While it is acknowledged that other approaches have implicitly or explicitly attempted to bring into the projection other indicators, such as activity limitations and affordability, this research has taken the approach that modelling the rate of past provision and the changes to those rates incorporates these factors in terms of reflecting effective demand.

2.14 This analysis identifies a number of trends in terms of the rate of future provision as already described above, but these are both tenure and type specific.

2.15 The level of shared ownership is small and although it has been increasing this has not been modelled separately but is included as part of the ownership projections.

2.16 The approach considers 10, 20 and 30 year trends in the rate of provision by typology and tenure and relates these back to the 75+ population in order to calculate prevalence rates which can be used at a local level for projecting demand (the prevalence rate being units per 1,000 population which are aged 75+).

2.17 Three types of projection have been considered these are:

a) Average Annual Growth Rate (AAGR) – This calculates the percentage growth between each year and the next and then averages these percentage

changes over each of the 3 time periods (10, 20 and 30 years).

b) An exponential Growth projection (Growth) – This calculates the predicted exponential growth by using existing data for each of the 3 time periods (10, 20 and 30 years).

c) The application of the Average Annual Build Rate (AABR) – this is a linear projection that simply adds the average number of units that have been built over the period (10, 20 or 30 years) to the total units in the preceding year.

2.18 These results have been considered against the tenure specific prevalence rates and the degree to which the projections might suggest there may be an equal demand for particular types of provision across tenures. This is to investigate whether the present mismatch of supply between tenures of the same type of unit when compared to the tenure of the 75 and over population as a whole is a permanent characteristic of the market or a legacy of the past nature of the supply.

2.19 The level of potential need that could arise from mobility and poor health was investigated and this highlights that at the national level there are 81 people per 1000 pop 75+ who reside in social units who experience limited activity and/or bad or very bad health. This compared to a prevalence rate at the national level for the social sector of 95 units per 1000 pop 75+. This suggests that the overall level of demand for specialist accommodation is likely to also include a number of residents who are not displaying signs of poor health or mobility although it should not be assumed that all such persons wish to reside in specialist units.

2.20 In contrast 256 persons per 1000 pop 75+ residing in market tenures experience issues with limited activity and/or bad or very bad health, while the prevalence rate for the market sector for specialist housing is just 39 units per 1000 pop 75+. This again suggests that there could be a substantial level of unmet market need at a national level.

2.21 This part of the research concludes the following:

a) That while the level of provision for all older persons housing has increased since 1991, the rate of increase has not kept pace with the growth in the 75+ population and as such the prevalence rate (the number of units per 1,000 75+) has fallen since 1991.

b) The level of provision for those in the social rented sector, who may wish to move into social rented specialist accommodation, is over 8 times higher than that available to homeowners who wish to move into specialist accommodation while maintaining their present tenure. In terms of tenure specific prevalence rates there are 47 market units per 1000 pop 75+ for those who currently reside in market units compared to 516 social units per 1000 pop 75+ for those who currently reside in the social sector.

c) The rate of provision of new market-based specialist accommodation exceeds that of new socially rented provision by a factor of 3 to 1 (3,090 social rented completions compared to 9,281 market units).

d) Extra Care is the fastest growing type of specialist accommodation across both tenures.

e) Market Extra Care is growing faster that Social Extra Care and is growing

exponentially.

f) Despite the growth in provision the total level of provision is below that required to keep pace with the aging population and as such the overall prevalence rates have been falling since the early 1990s.

g) While overall prevalence rates have been falling since the early 1990s this is not the case for all types and tenures with the prevalence rates for Ownership and Shared Ownership units increasing with the fastest rates of increase in Extra Care.

h) If recent rates of growth in the home ownership options continue then it is possible that for Enhanced Sheltered and Extra Care (both 'housing with care' typologies), at least, the level of provision of specialist older persons accommodation for homeowners will match that currently experienced by those in the social rented sector and may in fact exceed it.

i) Even the highest rates of growth presently projected for Extra Care home ownership options will not result in the level of provision that is currently experienced in overseas markets such as the United States, Australia, and New Zealand.

j) If those sectors and tenures which are projected to grow perform in line with the higher of the recent projections, then rather than getting progressively worse the overall level of specialist provision for older persons provision may return to the levels experienced in the early 1990s. This will be achieved by the increase in the provision of units for owner occupation and shared ownership across all types of specialist accommodation but particularly Enhanced Sheltered and Extra Care.

k) Even if these levels of growth are achieved and the level of provision of older persons accommodation per 1000 pop 75+ is returned to levels experienced in the early 1990s, it will still be below the level of provision that presently available in the United States, Australia, and New Zealand.

2.22 Taking past changes to the rates of provision into account and noting the evidence from the analysis of tenure specific prevalence rates and the potential need arising from market tenures from those with mobility or health issues, as well as other assessments of need including those based on international comparisons, a number of general conclusions can be drawn:

a) The "crises" in supply identified by the government will progressively worsen unless future provision exceeds recent past rates of provision.

b) The market-based housing options have both the most capacity for growth (as they have very low tenure specific prevalence rates) and the proven potential for growth (as illustrated by recent past rates of growth which have exceed the changes in the social rented sector).

c) Extra Care has demonstrated the most potential for growth across all tenures.

3.0 NEW RESEARCH AND SURVEYS

a) The Mayhew Review

3.1 The Mayhew Review[2] (2022) suggested that the need for extra care would be the following:

a) 10k homes a year Baseline

b) 30k homes a year Minimum

c) 50k homes a year Target

3.2 By contrast our favoured projection for specialist older persons market housing with care provides an average of 22,925 dpa to 2041.

3.3 By adding these proposed annual build rates to the known level of provision for the period to 2043, and comparing the resulting supply with the 75+ population (as calculated by the 2020 interim projections), suggest the following national prevalence rates by 2043:

a) 10k homes a year Baseline = 36/1000 75+

b) 30k homes a year Minimum= 87/1000 75+

c) 50k homes a year Target = 137/1000 75+

3.4 The use of a national prevalence rate for housing with care of 71 (68 Extra Care and 3 Enhanced Sheltered) as generated by SPRU's updated research is modest compared to these recommendations and indeed below the minimum level being recommended by the Mayhew Report.

b) Do the British wish to live in Integrated Retirement Communities? (ProMatura, UK Resident Survey)[3]

3.5 For this survey respondents were recruited from an internet survey panel of age- and income-qualified households residing in the UK.

3.6 Each respondent answered screening questions to ensure they met the criteria to participate. Respondents were categorised into three groups based on their likelihood of moving to an Integrated Retirement Community (IRC) in the future.

3.7 The table below presents the findings from this survey.

Table 1. Completion Rate Likelihood of Moving Groups and % Who Completed the Internet Survey (Exhibit 1)

Group	Count	Percent	Survey Type
Probable	123	13%	Entire survey
Possible	352	36%	Entire survey
Improbable	491	51%	Partial survey
Total	**966**	**100%**	

Source: Do the British wish to live in Integrated Retirement Communities? (ProMatura, UK Resident Survey)

3.8 This survey suggests that almost 50% of respondents would at least consider

[2] The Mayhew Review – Future-proofing retirement living: Easing the care and housing crises
[3] Do the British wish to live in Integrated Retirement Communities?

moving into an integrated retirement community.

3.9 The report used these results to calculate an increasing level of "probable" movers from those 55+ with £60,000+ annual household income of 18,102 households per annum by 2027/28 (however with the 3% margin of error, it may range from 17,559 to 18,645).

3.10 This increased to approximately 30,000 households headed by someone 55+ years of age with £40,000 - £59,999 annual household per annum

3.11 These "probable" movers represent a significant uplift in the average rate of provision of specialist older persons market housing with care of 3,489 dpa.

3.12 These probable movers compare to the projected long term outcome of the favoured projection for specialist older persons market housing with care of 22,925 dpa to 2041.

c) Unlocking the retirement opportunity in a post-pandemic world (Octopus Real Estate)

3.13 The research was conducted by Opinion Matters, with 2,005 UK homeowners (either mortgagees or outright homeowners) who do not currently live in a retirement community, are aged 55+ and guaranteeing at least 250 respondents per age group 55–59, 60–64, 65–69, 70–74, 75+. The research was conducted between 20–26 January 2021. Opinion Matters abide by and employ members of the Market Research Society, which is based on the ESOMAR principles.

3.14 There are three important findings:

a) Almost 79% of respondents had not even considered moving to a retirement community

b) What people think about retirement communities

i) 33% couldn't identify what a retirement community was

ii) 21% thought a retirement community was similar to a care home, just with more independence

3.15 More than 1 in 4 of homeowners aged over 65 surveyed would "definitely or maybe [be] likely to move to a retirement community", after being shown the lifestyle on offer. This would be equivalent to a prevalence rate of 250 persons per 1000 65+ for homeowners.

3.16 Possibly the most important result from the survey is the finding that a third did not know what a retirement community was while a fifth considered a retirement community to be similar to a care home. This lack of knowledge of alternative forms of housing is important for two reasons. Firstly for older people to be able to select the type of housing most suitable to them they need to be aware of the options and clearly they are not. Second if older people are unaware of some of the newer forms of housing that could be available to them they are unlikely to identify such homes when asked about their future housing needs. This is important for estimations of future need based on survey results are highly likely to under represent the potentiation need for these newer types of housing particularly specialist older persons housing market with care as over half the respondents will either not know what this is or think it is like a care home.

3.17 This Report concludes that:

> *"Education is going to be key. What is striking in our research is the number of respondents who were unaware that the lifestyle they desire in retirement is at the very heart of retirement communities. And once they were made aware of what living in a retirement community was like, their perceptions changed."*

4.0 THE CALCULATION OF FUTURE NEED – THE REVISED NATIONAL PREVALENCE RATES

a) Introduction to changes to the SPRU Model

4.1 Since the Older Persons Housing Model has been introduced SPRU has been engaged with promoters, operators and local authorities in discussing the output of the model. The model has also been subject to examination at Planning Inquiry.

4.2 In addition there has been the publication of the 2021 Census and the Mayhew Review which looked specifically at the need for older persons housing with care.

4.3 In light of the above SPRU are considering making the following the potential changes to Older Persons Housing Needs Model, and in particular moving away from the equalisation or levelling up approach and instead relying on the projected changes in need based on actual decisions made by real households in terms of meeting their housing needs in older age. In summary these cages are as follows:

a) Move away from the “equalisation” approach in Housing in Later Life, and referred to as “levelling up” in the SPRU OPHN Model, to use the results of the evidence of how actual households are choosing to meet their housing needs in later life as follows:

i) Use the average of 10 year projections for the average Annual Growth Rate (AAGR) and the Growth projections for all Prevalence Rates (this is detailed in the table below).

ii) Impact – lower overall need, lower need for market sheltered accommodation but higher need for market extra care accommodation

b) Change second local adjustment factor to include health of residents as well as tenure and occupancy:

i) FROM ratio of percentage of total HH with HRP over 75 in market 3 bed properties locally compared to England

ii) TO ratio of percentage of population over 75 in market properties with 3 beds or who are disadvantaged by health or disability locally compared to England.

iii) Impact – differs between LPA’s but there appears to be a closer alignment at national and local level so uplift and reductions are more modest.

4.4 A summary of the prevalence rates now proposed to be used as a starting point for the assessment of need is set out in the table below.

Table 2. Table average of growth projections and average annual build rate projections for 2011 to 2021

Type	Tenure	Proposed National Prevalence rates	SPRU OPHN Model Table 12
Age Exclusive	Social	14	Average of 10 yr AAGR and Growth 13.9 and 14.1 = 14
	Market	6	Average of 10 yr AAGR and Growth 6.0 and 5.9 = 6.0
Sheltered Housing	Social	42	Average of 10 yr AAGR and Growth 42.1 and 42.2 = 42.1 round down to 42
	Market	25	Average of 10 yr AAGR and Growth 25.2 and 25.4 = 25.3 round down to 25
Enhanced Sheltered Housing	Social	1	Average of 10 yr AAGR and Growth 1.1 and 1.1 = 1.1 round down to 1
	Market	3	Average of 10 yr AAGR and Growth 3.6 and 3.3 = 3.4 round up to 3
Extra Care 24/7 support	Social	20	Average of 10 yr AAGR and Growth 20.3 and 19.2 = 19.7 round to 20
	Market	68	Average of 10 yr AAGR and Growth 62.2 and 73.8 = 68
Sum of individual projections		**179**	

Source: DLP/SPRU Older Persons Housing Needs Model 2022

4.5 Overall the impact of the new proposed national prevalence rates calculated above is a lower level of overall need (but higher than existing), but it reflects the trend of the choices being made by actual households over the last decade on how they wish to meet their housing needs in later life.

4.6 It is noted that occasionally these new rates will indicate a lack of future “need” for housing without care (‘housing with support’) but this is due to the increasing preference being demonstrated for housing with care and support for those wishing to remain in their existing home typically when their specialist housing needs are less acute. Based on the details of existing stock there are some areas where a greater number of people might have already chosen to occupy specialist accommodation than predicted at the national level or indeed at the locally generated level relative to the modelled prevalence rates. Areas that have a greater supply are therefore reflecting the level of need in that area as currently satisfied by specialist housing based on factors such as housing stock and the pattern of delivery. All the model suggests is that this level of supply may not need to be increased or increased by so much in order to reflect the projected trend in the total population of older people and modelled prevalence rates.

b) Reasoning for changes to proposed prevalence rates

4.7 In applying the model in practice the "levelling up" of market provision for sheltered housing was generating levels of need that did not appear to reflect the changes being experienced by providers in terms of the recent trend towards market housing with care. In effect the use of the earlier ratios pins future provision of market units back to the equivalent level of provision for social dwellings as at 2021 (this appears to be the approach adopted by "housing in later life" but in that case the ratio was set as at 2011). While this was an improvement on models that use 2001 data it is still essentially looking backwards at past patterns of provision and not modelling the emerging patterns forward.

4.8 Informal feedback from the Mayhew Review (2022) was that the "levelling up" or equalisation assumptions model appeared to overestimating the future need for market housing without care and underestimating the future need for housing with care.

4.9 The Mayhew Review (2022) suggested that the need for extra care would be the following:

a) 10k homes a year Baseline

b) 30k homes a year Minimum= 80/1000 75+

c) 50k homes a year Target = 133/1000 75+

4.10 By adding these proposed annual build rates to the known level of provision for the period to 2043 and comparing the resulting supply with the 75+ population (as calculated by the 2020 interim projections) suggest the following national prevalence rates by 2043:

a) 10k homes a year Baseline = 36/1000 75+

b) 30k homes a year Minimum= 87/1000 75+

c) 50k homes a year Target = 137/1000 75+

4.11 The use of a national prevalence rate for housing with care of 71 (68 Extra Care and 3 Enhanced Sheltered) generated by SRPU's updated research is modest compared to these recommendations and indeed below the minimum level being recommended by the Mayhew Report.

c) Local Adjustment factor

4.12 The justification for this change is that it builds in a health element which was missing from the earlier assessment and is possible because of data available form 2021 Census which allows age / tenure / bedrooms to be considered as a combined group. The health element was omitted from the earlier version of the model as it was considered that the mismatch between those disadvantaged by health and disability who occupied market accommodation and the supply of market housing with care was so great that it would not be a significant factor in determining local needs.

d) Inputs to the Model

4.13 The proposed inputs to the model are as follows:

a) The population projections used are the principal projections in the 2018 subnational population projections (2018 SNPP).

b) The results of the 2021 Census

c) The existing level of provision of specialist accommodation for older persons will be taken from the Elderly Accommodation Counsel (EAC) database.

4.14 The results are generated by typology and tenure, however in recognition that the boundaries between the typologies is becoming blurred then it is proposed that the results could also be amalgamated with Age Restricted and Sheltered as one typology ('housing without care') and Enhanced Sheltered and Extra Care ('housing with care') as a second typology that also encompasses the increasing diversity of this sector (for example Integrated Retirement Community delivery models). The need for both typologies will be based upon social and market tenures.

4.15 The proposed national prevalence rates are set out in the table below.

Table 3. Proposed National Prevalence Rates for England

Type	Tenure	SPRU Proposed National Prevalence rates (2023)	SPRU Proposed National Prevalence rates (2022)	"Housing in later life" Prevalence Rates 2011
Age Exclusive	Social Landlord	14	14	
	Ownership	6	6	
Sheltered Housing	Social Landlord	42	42	60
	Ownership	25	140	120
Enhanced Sheltered Housing	Social Landlord	1	2	10
	Ownership	3	7	10
Extra Care 24/7 support	Social Landlord	20	20	15
	Ownership	68	44	30
Housing based provision for Dementia				6
Total		**179**	**275**	**251**

Source: SPRU/ONS/EAC

e) The Calculation of Future Need using Local Prevalence Rates

4.16 Having concluded the appropriate national prevalence rates to reflect future demand across the different types and tenure of specialist housing for older persons SPRU's research considers how these national rates might be adjusted to reflect local circumstances. These two adjustments seek to reflect local circumstances with regard to tenure, size, health and price of housing when compared to the national position, with both factors have an impact on demand for market specialist older persons housing:

a) House Price: Existing values are a factor in determining the level of potential demand for specialist older persons market housing in a local area. This local adjustment applies a ratio based upon whether the median house price is higher or lower than the average for England to reflect the greater ability to afford the move into specialist housing.

b) Tenure, property size and health: The 2021 Census provides data for the existing tenure, property size and health, all of which may be a factor in determining the level of demand for specialist older persons market housing in a local area. This local adjustment applies a ratio based upon whether the percentage of the population over 75 who are homeowners of properties of 3 or more bedrooms and are disadvantaged in terms of health or disability is higher or lower than the average for England. This reflects an important

source of need for those seeking to right size.

4.17 The local adjustment applies the average of these two ratios to the national derived prevalence rate. It is of note that these two factors can at times counterbalance each other rather than simply reinforce each other.

5.0 CONCLUSION

5.1 This review updates the approach to calculating future older persons housing needs to that set out in the original publication "Older Persons Housing Need Model" by SPRU/DLP.

5.2 Since its publication the model has been subject to further peer review and has been tested at Planning Inquiry. In addition further evidence has also become available including the results of the Census 2021 and further reports on the sector including the Mayhew Review. This has led us to review the model and this publication updates the model and sets out the reasons for these changes.

5.3 In light of the above and other evidence it has been concluded that the moderation of the outputs of the original research by applying a "levelling up" prevalence rate to the projections for older persons market housing was incorrectly skewing the results heavily towards the provision of specialist older persons market housing without care, which was contrary to the findings of the research in terms of actual delivery and to other emerging evidence including that of the Mayhew Review and of operators within the sector.

5.4 In simple terms it is proposed to remove this element of the model and instead rely upon the actual projected trends in need resulting directly from the evidence. This reduces the overall level of the requirement as there is a reduced requirement for specialist older persons market housing without care but there is an increase in the requirement for specialist older persons market extra care.

5.5 Having taken into account the above the model has been adjusted to reflect the following:

a) The final model results are now reported across two tenures (Market and Social Rented) for two broad categories housing without care and housing with care.

b) A greater reliance is placed on the outputs of the research in terms of projected future prevalence rates (for market housing without care this means a move away from the levelling up or equalisation approach adopted from earlier models). This models forward the actual decisions made by real households about the type of accommodation they wish to occupy in their old age.

c) A change in the local adjustment factor which now takes into account the results of the 2021 Census to include health as well as tenure, property size.

5.6 The impact of the above on the model's outputs is as follows:

a) The projected level of need for market housing overall is reduced compared to the previous iteration of the model.

b) The projected level of need for market housing without care is reduced compared to the previous iteration of the model.

c) The projected level of need for market housing with care is increased compared to the previous iteration of the model.

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