Shropshire Council

Shropshire's Director of Public Health Annual Report 2026

More Than Money: *How Poverty Shapes Lives, Places and Health*

A review of rural poverty, hardship, and the normalisation of deprivation

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With Special Thanks to: **Jackie Jeffrey, Catherine Devaney and Citizens Advice Shropshire**

Designed by: **Phil Northfield and Mark Trenfield**

Data sources: *This report utilises the most recently available published information from a variety of data sources, these are available on the council's website. References are listed at the back of this report.*

www.shropshire.gov.uk - If you would like this information in a different format, please contact **0345 678 9000**



citizens advice Shropshire

Introduction & Foreword

Foreword from Rachel Robinson (DPH)

Hello and welcome to Shropshire's Director of Public Health Annual Report for 2026.

My Annual Report provides a vehicle for informing people about the health and wellbeing of our communities as well as providing information for local and national decision makers on health gaps and priorities that still need to be addressed. The report also provides us an opportunity to pause and reflect on the improvements that can be made when we work collaboratively.

While this report again describes current patterns of health and wellbeing across Shropshire, its main focus is **poverty**: an issue that is too often overlooked, particularly in rural areas such as Shropshire, but one that is vitally important to our health and wellbeing and very close to my own heart.

"Growing up in poverty in one of the most deprived areas of North-East England, I witnessed first-hand the profound impact that deprivation can have on us as individuals, our families and communities. I experienced daily the pressures poverty places on relationships, on our mental wellbeing and physical health, from the constant worry about making ends meet, to not always having access to the right food, not having the basics for your healthcare needs, the list goes on. Although those experiences are part of my past, their influence remains very real and continue to shape who I am today and similarly for the lives of many 1,000s across Shropshire living with poverty daily.

Despite these challenges, I feel incredibly fortunate. My mam often told me that while she had very little to give, she would ensure I received an education. That commitment changed the course of my life. Through education, I was able to move beyond poverty and create different opportunities for my own children. For that, I will always be grateful.

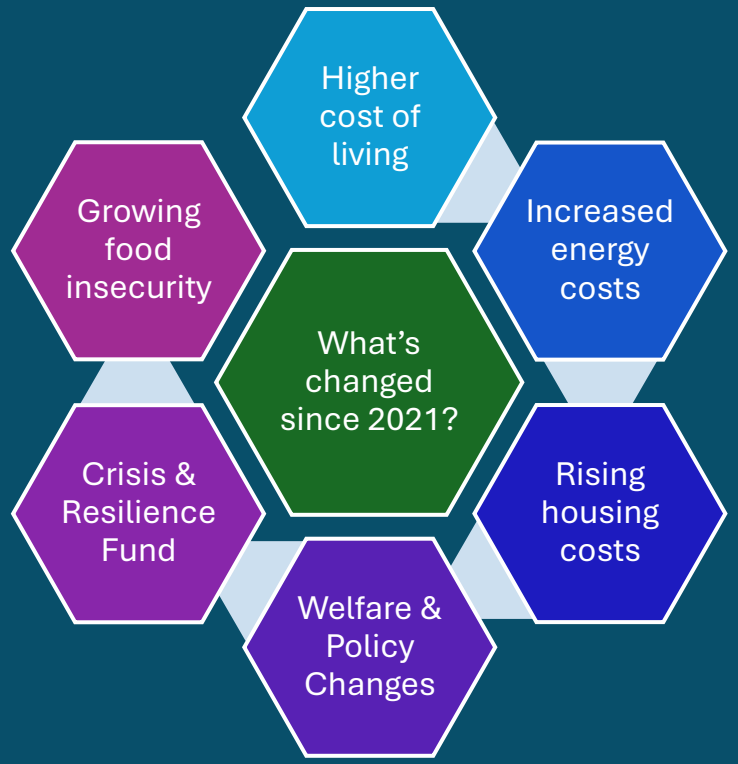
Those early experiences taught me valuable lessons about resilience, inequality, opportunity and the importance of giving people the support they need to succeed and the importance of the wider determinants of health in influencing outcomes at all stages of life. They also inspired my commitment to public service and led me to a career that I continue to love and feel deeply passionate about today."

As the Director of Public Health, my colleagues and I are dedicated to improving and enriching the lives of everyone living in Shropshire. Poverty or the absence of it, is an essential aspect of our overall health and wellbeing. In my previous report, I once again highlighted that as little as 10-20% of our health is determined by access to health services. The majority of our health and wellbeing is shaped by our economic, social and environmental conditions as our income, the education we receive, our housing and transport. **Poverty has severe consequences for individuals, communities, our Council, care system, and the wider economy.**

Rachel Robinson

(Director of Public Health)







Introduction/Foreword continued



Introduction from Cllr Ruth Houghton and Wendi Shepherd (DDPH)

Poverty affects every aspect of life. It influences our health, our opportunities, our relationships and our ability to plan for the future. While Shropshire is often seen as a prosperous county, this report highlights an important reality: poverty and hardship exist in every community, including those where they may be less visible.

The challenges faced by people experiencing poverty in rural areas can often be hidden. Higher transport costs, rising energy bills, limited access to services and the increasing cost of everyday essentials can place significant pressure on individuals and families. Many people experiencing these challenges are working, caring for loved ones, or contributing to their communities, yet still struggle to make ends meet. In this report it is therefore critical to understand that poverty is a major public health issue, particularly in rural areas where the costs of everyday life increases, food insecurity is a particular concern and rising housing prices, transport and energy are major challenges.

This report aims to improve our understanding of poverty in Shropshire, shining a light on the experiences behind the data and exploring the factors that contribute to financial hardship. It also highlights the fantastic work already taking place across the county, with local organisations, communities and partners working together to support residents and build resilience.

In addition, in rural areas poverty is often hidden because of small numbers, stigma and bias. In this report we seek to understand the patterns and types of poverty within our County to identify who is most impacted, determine how levels have changed over time and understand what future trends are likely to be. We also acknowledge demographic trends in Shropshire and how we avoid digitally excluding older residents or those without internet access by offering in-person or phone routes to support where possible, particularly a risk in more rural areas of the county.

Since the publication of the previous Director of Public Health Annual Report, we have continued to strengthen our partnership approach through programmes such as **Healthy Neighbourhoods, Family Hubs**, the **Family First Partnership Programme** and the **Crisis and Resilience Fund**. These initiatives recognise that improving health and reducing inequalities requires action on the wider factors that shape people's lives.

We also recognise the important work done to date with communities and partners to tackle this issue and make recommendations around what more can be done to make a difference together through our partnerships to quite literally transform lives and improve outcomes for individuals.

There is no single solution to poverty, and no organisation can tackle it alone. However, by listening to our communities, working collaboratively and focusing on prevention and early intervention, we can make a meaningful difference. We hope this report helps to inform future action and encourages all of us to play our part in creating a healthier, fairer and more inclusive Shropshire.



Cllr. Ruth Houghton

(Portfolio Holder: Public Health & Adult Social Care)

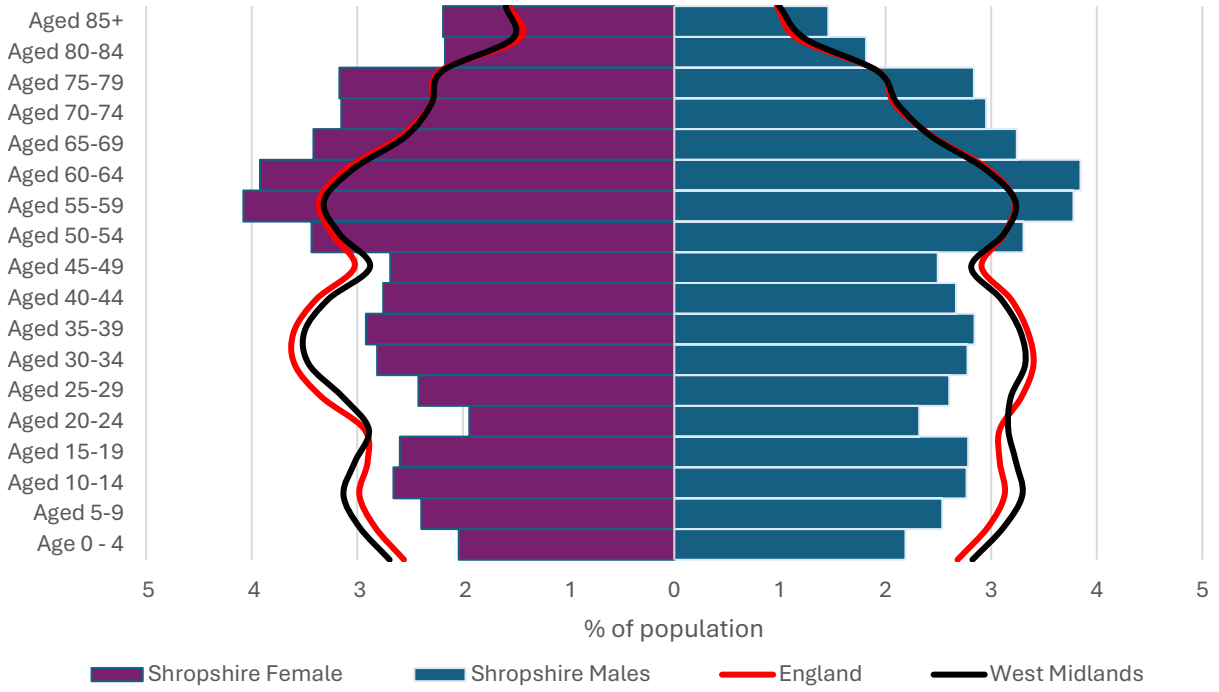


Wendi Shepherd

(Deputy Director of Public Health)

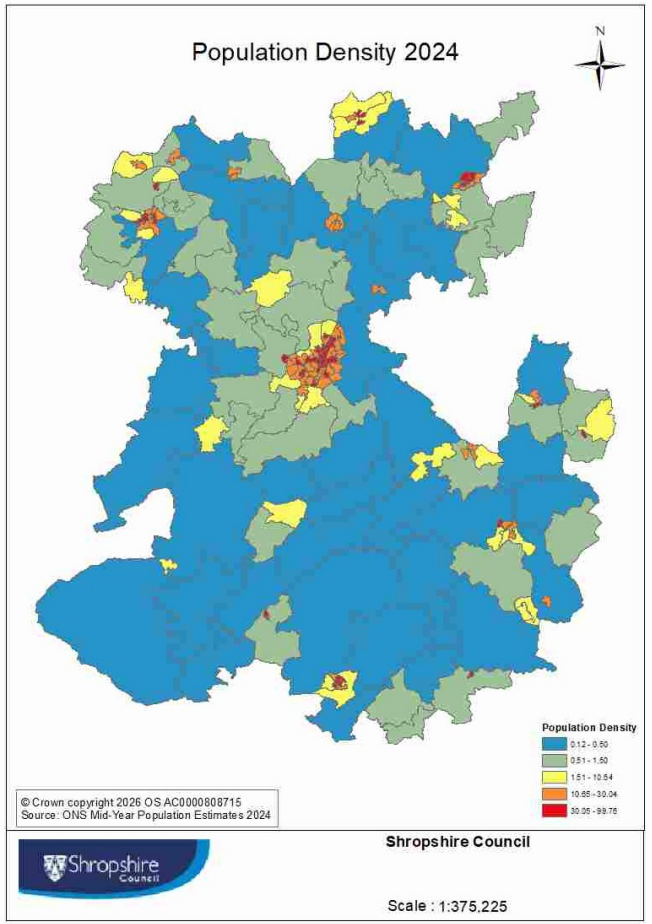
A profile of Shropshire

- Shropshire is a diverse, large, predominantly rural inland county with a wide range of land use, economic activities, employment and social conditions.
- The total population in Shropshire stood at **332,500** in 2024 having risen by an average of 0.7% per annum over the last decade.
- **Over half (57.4%) of Shropshire's population live in rural locations**. Therefore, Shropshire is classified as "Rural: Majority nearer to a major town or city". Given the rural nature of Shropshire, the ease with which people can access services such as work, healthcare, education and shopping is an important and challenging issue.
- Shropshire's population has a relatively high concentration of people in the older age groups. In 2024, 54.0% of the County's residents were aged 45 or over, compared to only 43.7% nationally (ONS 2024 Mid-year Estimates). 26.4% were aged 65 and above (18.7% in England), while 3.6% were 85+ (2.5% in England). **The median age of the population in Shropshire is 48 compared with 40 in England**
- Shropshire, like many parts of the country, has an ageing population. **The 65+ population has risen by 23.6% since 2014, while the 85+ population has grown by 31.2%**. In contrast, the 40-54 age band has declined, and there has also been a reduction in the number of people aged 0-4 and 15-29.



Demographic change will be one of the defining challenges for Shropshire in the coming decades. A growing older population, combined with a relatively smaller working-age population, may increase demand for affordable housing, social care and financial support, while also creating workforce shortages that could affect local economic resilience and inequalities.

Where do people live in Shropshire?



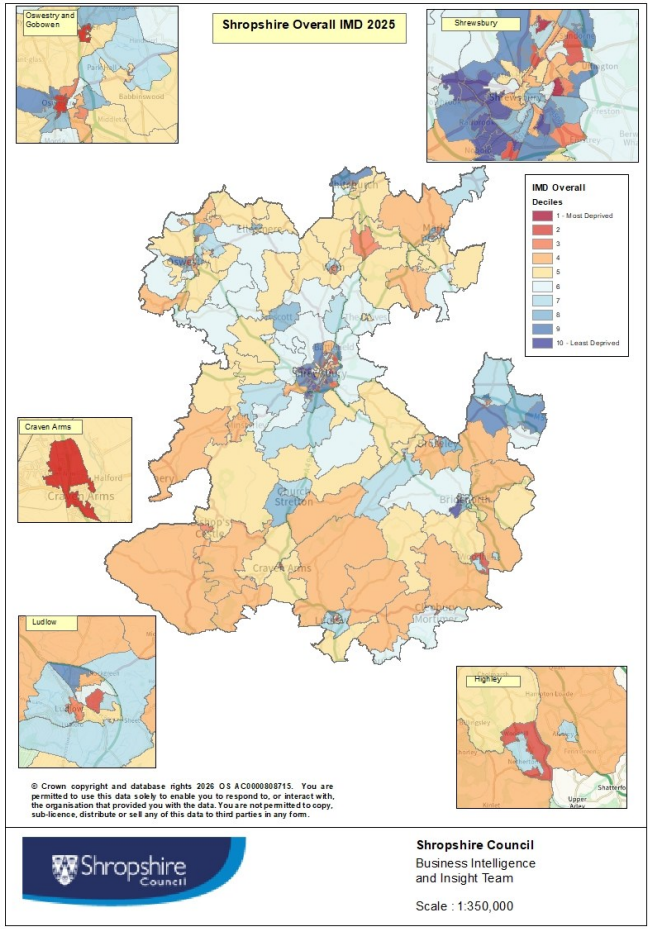
Populations of largest place plan areas *(as of 2024)*

Town	Average Age	Population
Shrewsbury	44	108,093
Oswestry	48	43,482
Bridgnorth	52	24,361
Market Drayton	46	24,005
Wem	48	16,758
Ludlow	54	16,340

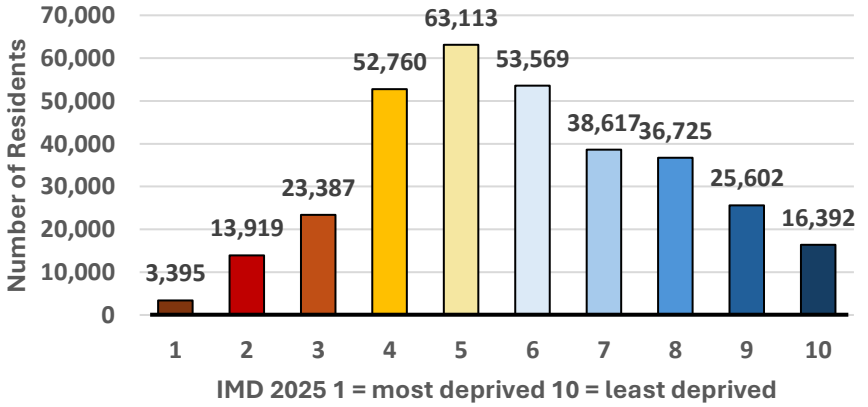
A profile of Shropshire continued

Index of Multiple Deprivation (IMD) 2025 for Shropshire

- The IMD was published on 31 October 2025 by the Ministry of Housing Communities and Local Government (MHCLG). The previous IMD was published in 2019. The IMD is the official measure of deprivation in England.
- Each of the 33,755 Lower- Layer Super Output Areas (LSOA) in England are scored against various indicators. LSOAs are non-political geographies that typically have around 1,700 residents in them. Once the scores of these LSOAs have been collected, the areas are ranked, with the bottom 10% considered the most deprived LSOAs in England and the top 10% are the least deprived 10%.
- Overall, **Shropshire ranks as the 154th out of 296** lower tier local authority in overall deprivation. However, there are areas of the county that are more deprived – two LSOAs in Shropshire are in the most deprived 10% in England (dark red on the map on the right) and nine areas are in the most deprived 20%
- In total, **1% or (3,395) people live in the most deprived 10% of LSOAs** nationally compared to 10.2% people in England. 5.3% or 17,314 people live in the 20% most deprived nationally (10.4%) in England.
- The various indicators are grouped into 'domains' that added together make up the overall score, The table below shows how Shropshire ranks against the other lower tier local authorities in each of these domains. The lower the score, the more deprivation.
- While Shropshire is towards the third least deprived of local authorities for income deprivation, Shropshire is in the lowest quarter of local authorities for the 'barriers to services' domain (which includes the physical proximity of local services and amenities as well as issues relating to access to housing i.e. affordability) and the 'Living environment' domain (includes measures about the quality of housing). These are important as it means Shropshire residents need to spend more time and money getting to places, find it harder to buy houses, and are more likely to be living in poor quality housing which might mean higher bills or more expenditure on repairs.
- In my last report, we also highlighted the challenges of using the IMD in a rural County such as Shropshire and other measures of deprivation, where smaller numbers can mask inequalities and issues such as poverty and more broadly deprivation.



2025 IMD Domain	Shropshire's Rank (out of 296) – Lower = more deprived
Overall	154
Income	193
- Income sub-domain: Children in Income Deprivation (IDACI)	173
- Income sub-domain: Older People in Income Deprivation (IDAOPI)	190
Employment	189
Education	165
Health	169
Crime	255
Barriers to Services	37
Living Environment	75



Poverty in Shropshire at a glance...

INFLATION

27.6% between Jan 2021 and Jun 2026

57.4%

live in rural areas in 2022 – 187,931 people. Rural areas account for 97.3% of Shropshire's land mass

12.8%

of households are in fuel poverty (18,500 homes)

16,000

households are in a negative budget

30%

households without a broadband connection *(22)*

36%

of households are in Transport Poverty

£2,210 lower gross average earnings per year than England average

68%

of children (1,865) achieved a good level of development before starting school in 24/25.

For children on FSM this is only 43.7% (135 children)

23.4%

of children (12,249) in relative poverty after housing costs in 2025

14%

of households are in food poverty/food insecurity

(2021 UoS Study)

Only 63% of residents can access a GP practice within 15 minutes using public transport. Over 88,993 can't

£113.90 average weekly transport spend in rural Shropshire Vs £76.20 in Urban areas

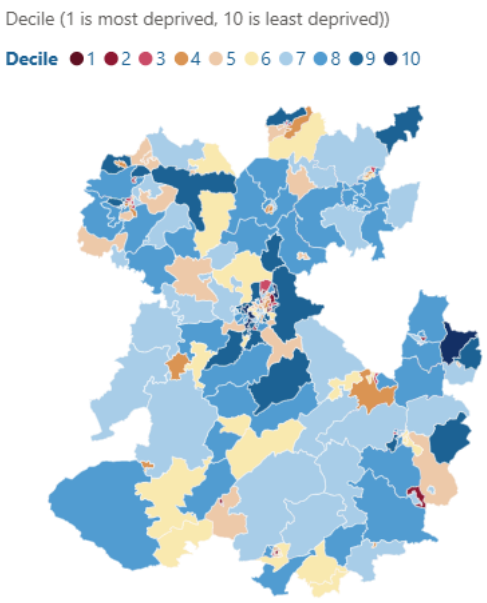
A profile of Shropshire + Infographics

A "decile" refers to a 10% group, with 1 being the lowest 10%, and 10 being the top 10%

These are calculated the same way nationally, allowing comparison between different areas across England

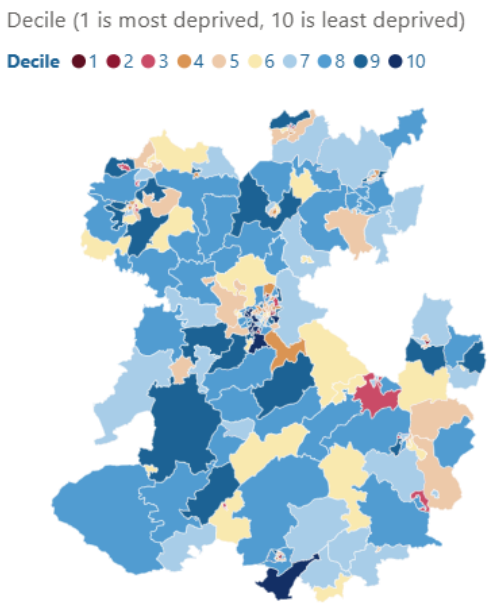
Index of Multiple Deprivation (IMD) 2025 for Shropshire

Income Deprivation



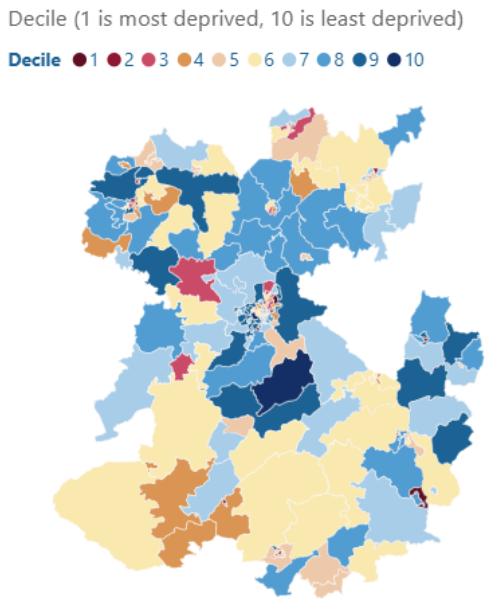
Income deprivation measures the proportion of people living with low incomes or receiving income-related benefits. This map shows how levels of income deprivation vary across Shropshire, helping us understand where financial hardship is most concentrated.

Income Deprivation affecting older people (IDAOPI)



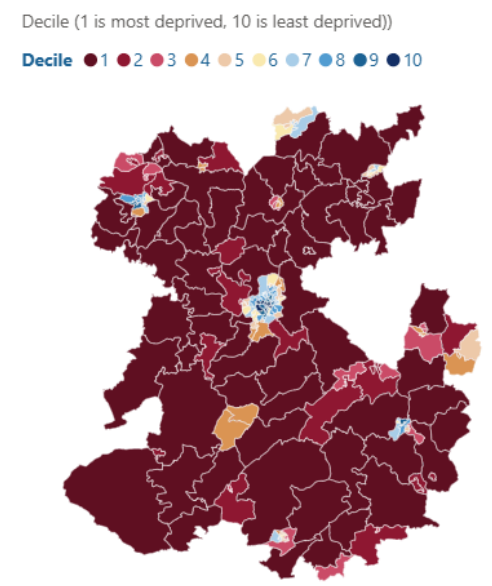
The Income Deprivation Affecting Older People Index (IDAOPI) highlights areas where older residents are more likely to be living on low incomes or relying on income-related benefits. It helps identify communities where older people may be at greater risk of financial hardship.

Income Deprivation affecting children (IDACI)



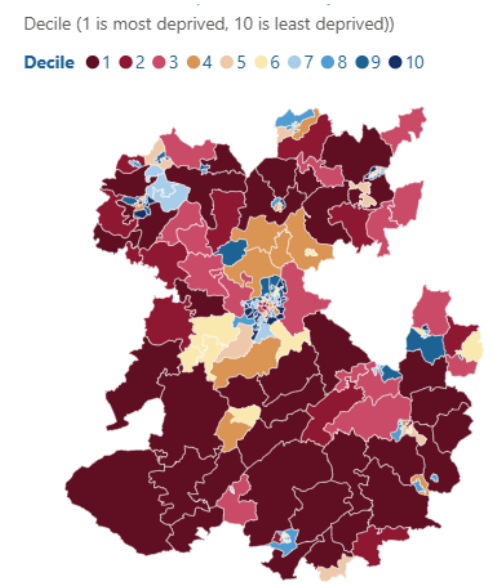
IDACI measures the proportion of children aged 0 to 15 living in income-deprived families. This map shows how child income deprivation varies across Shropshire, helping to identify areas where children may be at greater risk of poorer outcomes linked to poverty.

Barriers to Housing and Services



The Barriers to Housing and Services map highlights communities where finding affordable housing or accessing everyday services is more difficult. In rural areas, this can reflect the extra time, cost and distance involved in reaching key services.

Living Environment



This measure looks at the quality of people's homes and local surroundings. It helps identify areas where housing conditions or environmental factors may create additional challenges for residents and contribute to poorer health outcomes.

Chapter 1: What is poverty and what causes it?

What is poverty?

The Joseph Rowntree Foundation defines poverty as a person's resources being insufficient to meet their minimum needs. It is a complex, multifactorial, national problem that is difficult to define, especially as much of the poverty in the UK is hidden *(1)*. This is especially true in rural, affluent appearing areas, such as Shropshire.

*"People may be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income. In the IoD [Index of Deprivation], '**deprivation**' refers to people's unmet needs, whereas '**poverty**' refers to the lack of resources required to meet those needs or socially perceived necessities. These needs and necessities may change and evolve over time, but relative deprivation remains" (2)*

What is Hardship?

Hardship is the day-to-day experience of going without essentials or struggling to make ends meet. It can be a result of poverty, low income, debt, high living costs, or a sudden financial shock. It is **not** restricted to those who are not in work, have disabilities, or are retired.

What is Deprivation?

When we talk about deprivation, we mean more than a lack of money. It describes the range of challenges that can make life harder for people and communities, including poor health, limited job opportunities, lower educational attainment, difficulties accessing housing or services, and the quality of the local environment. The Index of Multiple Deprivation (**IMD**) combines these factors to show where disadvantage is most concentrated and where additional support may be needed.

What causes it?

Poverty, hardship and deprivation are caused by a wide range of social, economic and political factors, including low incomes, rising costs, poor housing, limited access to services, and unexpected life events. These pressures can build up over time, making it difficult for people and families to afford essentials and maintain their health and wellbeing. This report looks at these causes that are particularly prevalent within Shropshire, such as rurality, access to services, lower average wages, fuel poverty, food insecurity, and what work is being undertaken to address them.

Poverty is not always obvious. In Shropshire, many people experiencing hardship may be working, living in rural communities, or appear financially secure from the outside. Understanding and addressing hidden poverty is critical to improving health and wellbeing across the county.

Relative Poverty

Relative poverty occurs when a household's income is significantly below the average income of the society in which they live, limiting their ability to participate fully in everyday life.

Absolute Poverty

Absolute poverty occurs when a household does not have enough income to afford necessities such as food, clothing, heating and shelter, regardless of how wealthy the rest of society is.

Poverty is not <u>one</u> thing. It can be experienced in different ways.

In-work Poverty

In-work poverty occurs when people are employed but their earnings are still insufficient to meet their basic living costs.

Rural Poverty

Rural poverty describes poverty experienced in countryside and sparsely populated areas, where additional costs and reduced access to services create challenges.

Hidden Poverty

Hidden poverty occurs when people experience financial hardship, deprivation or poor living conditions that are not immediately visible to others and may not be reflected in traditional measures of deprivation.

How does poverty manifest/how is this report structured?

- **Fuel Poverty & Energy Costs**
- **Transport and Rurality**
- **Food Insecurity and Cost of Essentials**
- **Housing & Population Inequalities**
- **Employment & Earnings**
- **Welfare and Policy changes**
- **Demographic & Environmental change**

Health & Wellbeing Strategy 2027-2030 – Marmot Approach

Almost everything in our lives affects our health and how long we live. This includes our jobs, living conditions, access to education and transport, and whether we face poverty or discrimination. Health is influenced by lots of influences, not just visits to the hospital or a GP or any medical ailments we may suffer from.

For example, having a secure and well-paid job, living in a warm and safe home, having good schools nearby, being able to access reliable public transport, and living in a community where people feel safe and included can all improve health. On the other hand, unemployment, poor housing, low income, limited access to services, and experiences of discrimination can harm health.

Together, these influences are known as the wider determinants of health and can **influence as much as 90% of our health outcomes**.

Poverty has a significant impact on health and wellbeing, often leading to significantly worse outcomes in a range of wider determinants. Improving rates of poverty and supporting people to become more financially stable directly improves both physical and mental health and wellbeing.

Tackling inequalities, both health and otherwise, will directly support to reduce some of the influences and drivers of poverty as well as improve health and wellbeing.

As part of the Health & Wellbeing Board (HWBB) priority setting workshop, moving towards making Shropshire a **"Marmot Place"** was agreed and will be part of the next Health & Wellbeing Strategy informing all Public Health and wider strategies across the organisation. This strategy is currently under development, but is due to launch in 2027, and cover the next 5 years of policy within Shropshire.

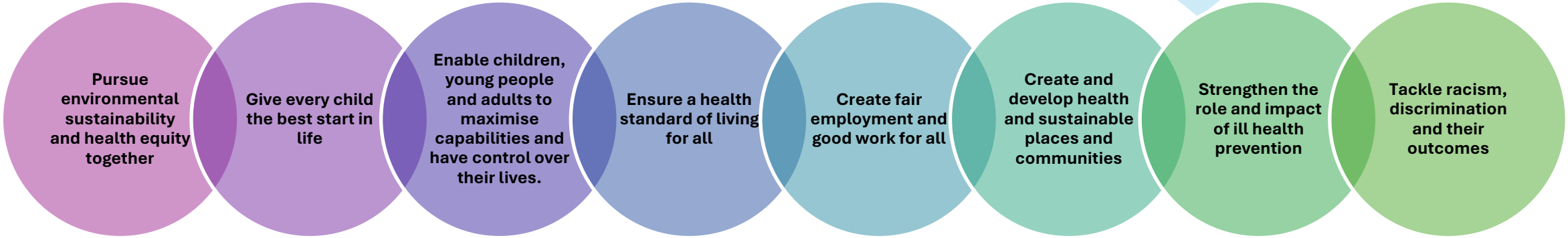
The Marmot Review (2010) *(3)* – sets out key ideas to improve health and reduce inequalities. These 8 "principles" are below and will be embedded within this new strategy.

A key mechanism for embedding these principles across the Local Authority will be through implementing a **Health in All Policies (HiAP)** approach across the council, considering health impacts (positive and negative) in all council policies and strategies, and mitigating negatives, or enhancing positives where appropriate. This moves from a reactive style, into a preventative, and early intervention approach. The rollout of this policy is a key priority for the Council moving forward.

Ultimately, dealing with health issues before they escalate is better for residents, the health & care sector, and the local authority, freeing up capacity and finance to provide more specialised and targeted support.

Good health is everyone's responsibility.

The 8 Marmot Principles



Fuel Poverty and Energy Costs

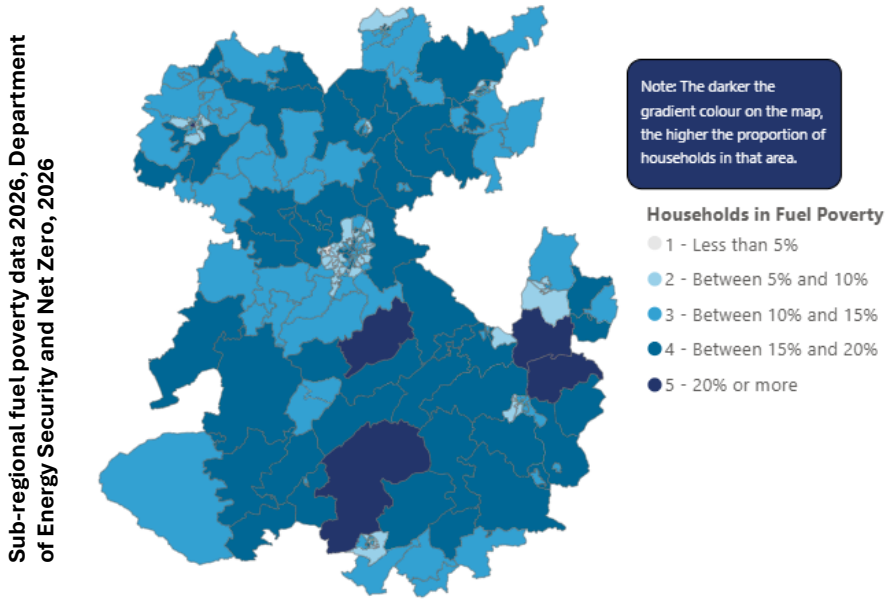
What is fuel poverty?

Fuel poverty occurs when a household cannot afford to keep its home warm, safe and healthy at a reasonable cost. Shropshire faces specific additional challenges increasing rates of fuel poverty due to:

- A high number of households fuelled by heating oil or otherwise off-grid (LPG etc) combined this is around 21,400 properties. Recent price-spikes in the cost of oil due to geopolitical issues has seen the price of an average fill increase by around **£350**. A support programme has been implemented to assist the most vulnerable with financial support.
- Older housing stock, which is less energy efficient and insulated. EPC data held by the Council shows that almost 108,000 dwellings (75%) have an EPC with a Band D, E, F or G. The average Standard Assessment Procedure (SAP) score across Shropshire is just under 58, which equates to an EPC Band D *(4)*
- Lower average earnings due to a lower-wage economy (see **Employment & Earnings**)

The sub-regional fuel poverty data 2026, based on 2024 data shows that around **18,500** (12.8%) of households within Shropshire *(4)* are believed to be in fuel poverty, this is worse than the England average of 9.9%, and one of Shropshire's most pressing concerns. These are predominantly focused in the south, and more rural parts of the county.

Households in Fuel Poverty by LSOA



Fuel poverty has a direct and devastating impact on public health and causes thousands of hospital admissions. In a Fuel Poverty Action UK *(5)* survey of UK healthcare workers:

7 in 10 health workers surveyed said that they regularly see patients going without energy in their homes because they are unable to afford bills.

68% of UK health workers say high energy bills contribute to avoidable hospital admissions.

45% have sent patients home knowing that their housing situation would make them ill again.

Homes in the UK are generally older and less energy efficient than most of Europe, losing more heat over a shorter time when compared to other European countries after heating is switched off. When combined with expensive energy costs this becomes a significant driver of poverty.

To compensate, UK households may elect to disconnect from supplies, fail to pay bills, or risk not using heating during colder months, leading to:

Impacts on health:

Fuel poverty can lead to or worsen several health issues.

- **Respiratory illness**: Cold, damp homes are associated with increased rates of asthma, bronchitis, chest infections, and pneumonia.
- **Cardiovascular disease** (CVD): Exposure to low indoor temperatures can increase blood pressure and the risk of heart attacks and strokes.
- **Mental health impacts**: Financial stress, anxiety about bills, and living in an inadequately heated home can contribute to poor mental wellbeing, anxiety, and depression
- **Worsening existing health conditions**: Cold homes can aggravate long-term conditions, including musculoskeletal (MSK) disorders and respiratory diseases
- **Impacts on children**: Children in cold homes may experience poorer physical health, increased school absence, and reduced educational attainment. Poverty and poor housing conditions can affect health throughout life
- **Impacts on older people**: Older adults are more vulnerable to cold-related illness, falls, and excess winter deaths. Shropshire's older population makes this a particularly important issue locally

Transport and Rurality

Why does transport matter?

Transport is a crucial **determinant** (or influence) on health. In a county as rural, large, and as sparsely populated as Shropshire, transport, whether private or public allows access to work, education, healthcare, shopping, and more.

The cost of driving can often be prohibitive (particularly for younger people), as well as older people or those on low-incomes or in poverty. Lack of affordable, reliable and timely public transport can lead to people becoming more isolated, developing mobility, or mental health issues, and a feeling of being 'trapped' within their homes or local communities.

29%
Of Shropshire is within a 30-minute walk of a train station
West Midlands average = 48%

81.8%
Households within Shropshire have access to gigabit broadband *(FTTH/FTTP)**

37%
Of Shropshire cannot access a GP within a 15-minute public transport journey

57.4% of people in Shropshire live in Rural Areas

**Average broadband speeds by place plan area are included on page 14.*
30% of homes do not have a broadband connection as of 2024 (22).

Why does rurality matter?

Rurality leads to what is often called a "rural premium" *(6)*. Residents may face additional costs worsened by being rural because of: Longer commutes, higher fuel spending, limited public transport, higher energy costs, digital connectivity challenges and more.

Access to in-person support services is also amplified by the rural nature of Shropshire. This also extends to younger and working-age residents struggling to get to employment opportunities if they do not have access to private transport, limiting their earning capacity, and increasing the chance of being in poverty. Digital services can mitigate this to some extent, and ensuring a strong digital front door and skills training for residents is a key council plan moving forward whilst balancing against the need to avoid digital exclusion.

Within Shropshire, placement of new services or facilities is informed by this access data amongst other information on need, ensuring an evidence-based approach. A key example of this being the Highley Health & Wellbeing centre opened in April 2024.

Data & map: Bus Service Improvement Plan (2024) (7)

36% — **Households in Transport Poverty**

£113.90 — **Average weekly transport spend (Rural)**

£76.20 — **Average weekly transport spend (Urban)**

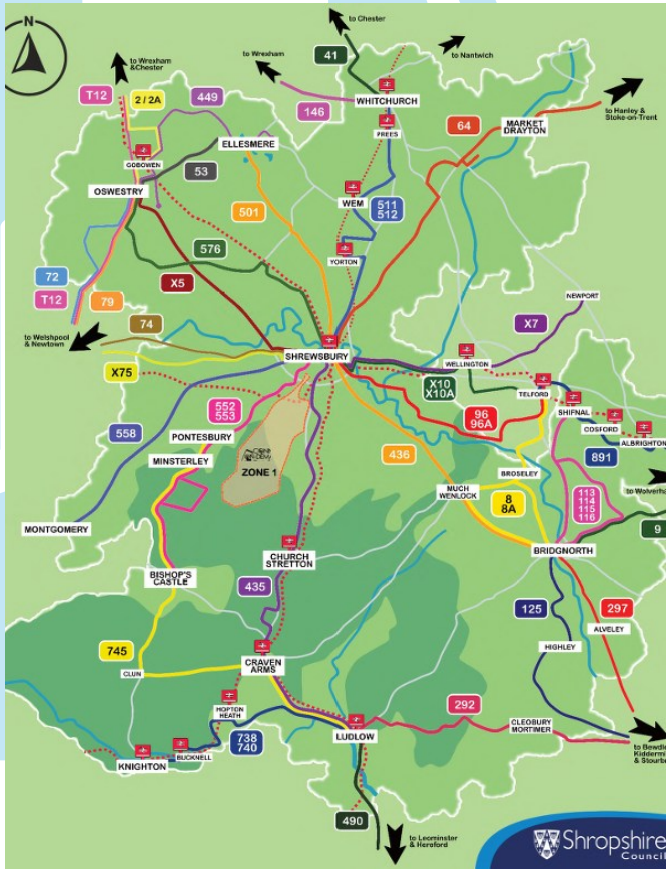
12% — **Lower wages than urban areas**

***Transport poverty** means not being able to get where you need to go safely, affordably and when you need to.*

England Rural Buses

Nationally, across England, in hamlets and isolated dwellings, **buses account for less than 1% of journeys**. Bus usage in rural areas is seen to be at a historic low in terms of service use and coverage as of 2025.

Findings show that only **50%** of eligible pensioners in the most rural areas now use concessionary bus passes (nearly 70% in Urban Conurbations). They have faced reductions in the concessions being provided, as well as declines in overall bus service provision.



Map (right) – Shropshire Public Transport map, as of 2024 – gaps in provision, particularly in the south of the county are noticeable. Shropshire's next Local Transport Plan (LTP4) is currently in development.

Food Insecurity and Cost of Essentials

What is food poverty?

Food poverty is the inability of individuals or households to access enough healthy and nutritious food because of a lack of financial resources or access to affordable grocery stores. It may occur as a short-term crisis or persist over longer periods as a chronic issue.

There are currently **14** foodbanks located within Shropshire. With demand primarily focused on Shrewsbury, Bridgnorth, and Oswestry. The map to the right showss areas at risk of food poverty across the county, however it can (and does) occur anywhere within Shropshire.

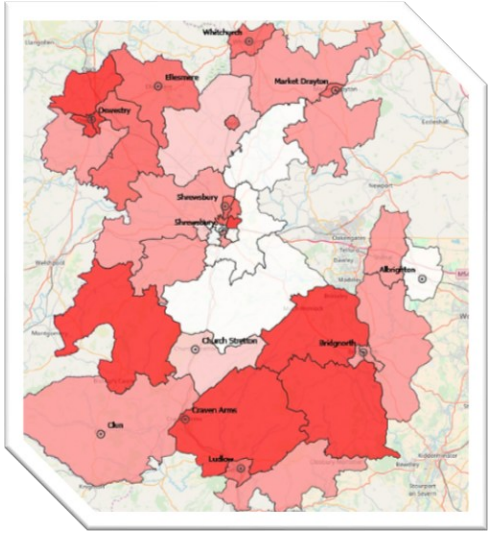
What causes food poverty?

The causes of food poverty are complex and often interconnected. For people with limited financial resilience, an unexpected life event such as illness, job loss, or a household emergency can quickly lead to financial hardship and difficulty accessing food. In many cases, food poverty results from a combination of factors, including low income, rising living costs, barriers to accessing food, and wider economic pressures.

The cost of essentials is not static, and changing or dynamic prices mean that household costs can rise or fall over relatively short periods. The figures in this report therefore provide a snapshot in time, while recognising that the financial pressures experienced by households may continue to change.

Agriculture and food production – impact on nutrition

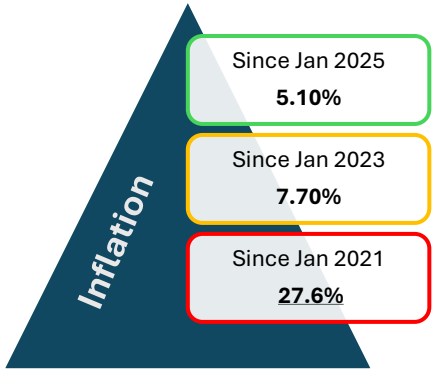
- In 2023/24, **11% of the UK population were living in food insecure households** (defined as a household which cannot "...acquire an adequate quality or sufficient quantity of food in socially acceptable ways" *(10)*
- According to a University of Sheffield study *(21)* conducted in 2021, in Shropshire, this figure was **14%, or around 19,500 households.**
- We know there is a negative relationship between income and access to cooking facilities **" 8% of households with an income below £10,000 per year have no cooker and 16% have no freezer"** and a positive relationship between low income and availability of fast-food, "nearly one in three food outlets in the most deprived areas are fast food, compared to one in five in the least deprived areas". The relationship between deprivation and poor diet is propagated in this way, which we know leads onto diet related health problems such as heart disease and diabetes *(11)*.
- Given the food chain instability globally at present, the forecast for food insecurity in the UK looks set to rise. The BBC report that it can take 7-13 months for the increased food supply chain costs to be reflected supermarket pricing *(13)*.



Areas at risk of food poverty:
For more info, click here (10)

General inflation in the last 5 years...

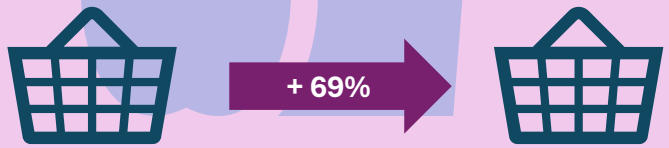
Inflation is when the price of things goes up over time, so the same amount of money buys less than it used to. For example, if a chocolate bar costs £1 today and £1.10 next year, that price increase is inflation.



**Inflation figures provided by the Bank of England, calculated between Jan of each year and Jun 2026 (9)*

Citizens Advice Shropshire compared the cost of the same basket of basic food in rural shops in south Shropshire in 2022 and then again in 2026. This shows how local prices have changed and the extra challenge faced by residents who have limited choice about where they shop. **69% average price increase for local South Shropshire grocery store** *(Appendix 1.)*

- 37% **average price increase** for ASDA online
- Ludlow Tesco experienced the **highest price increase since 2022 of 87%**, closely **followed by Craven Arms Tuffins at 83%**
- Clun Spar again is the costliest grocery store assessed with a food basket total of £68.18



2022 Cost = £35.43 **2026 Cost = £59.81**

Citizens Advice Shropshire updated what was formerly a Shaping Places research project evaluating the cost of a basic shopping basket for Shropshire households. The results of this analysis are included at the back of this report as Appendix 1.

Housing and Population Inequalities

Housing Data: Office for National Statistics (8)

Averages in Shropshire:

House price - £281,000

The average (median) house price in Shropshire was **£281,000** in May 2026 (provisional), up 3.1% from May 2025. This was higher than the rise in the West Midlands (2.7%) over the same period where the average price was £248,000.

Monthly rent - £817

Private rents rose to an average of **£817** in June 2026, an annual increase of 3.9% from £786 in June 2025. This was lower than the rise in the West Midlands (4.4%) over the year.

Average rent by number of bedrooms:

- One bedroom: **£603**
- Two bedrooms: **£763**
- Three bedrooms: **£946**
- Four or more bedrooms: **£1,390**

First-time buyers - £227,000

The average price paid by first-time buyers was **£227,000** in May 2026 (provisional). This was 3.2% higher than the national average of £220,000 in May 2025 (revised).

Housing Affordability Ratio

Ratio of median house price to median gross annual residence-based earnings, April 2025. How many years average salary are required to buy a house outright.

- Shropshire – **7.4**
- West Midlands Average – **6.8**

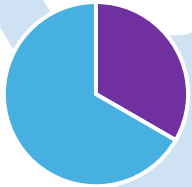
Number of Social Properties in Shropshire at start of 25/26

- **16,668** properties considered rental stock for general needs
- **280** properties considered rental stock for supported housing
- **2,421** properties for older people
    - Total of **19,369** rental stock
- **1,233** homes low-cost home ownership
- **A total of 20,602** social houses in Shropshire owned by registered providers

Housing & Health

Housing is a **major** determinant of health. When housing is too expensive, overcrowded, or in poor condition it can increase the risk of physical illness, poor mental health, financial stress, and wider inequalities. Poor quality, badly located housing or having insufficient nearby support services can also make it harder for people to access employment, education and essential services, leading to a cycle that contributes to, and is worsened by poverty. Local Authorities can influence several of these factors for the better, including better planning policy, greater transport connectivity, better access to facilities and more. Public Health aims to influence the wider council on their plans & strategies through a process known as "**Health in All Policies**"

The Marmot- '10 years on executive summary' reports on the risks of air pollution, and that its impacts are worse for: *"...deprived communities and places, showing these places had 'a higher exposure to air pollution and a greater burden of poor health increasing susceptibility to the impact of pollution."*



1 in 3 households in the private rental sector fall into poverty because of their housing costs.

Unaffordable housing also damages health: "**21 percent of adults in England said a housing issue had negatively impacted their mental health, even when they had no previous mental health issues, and housing affordability was most frequently stated as the reason**. The stress levels resulting from falling into arrears with housing payments are comparable to unemployment.....**one-third of households in the private rental sector fall into poverty as a result of their housing costs**" *(14)*

At present, **England's most deprived populations can expect to live almost one decade less, than if they had been born into England's least deprived communities** (3) . This is further exacerbated when the systems that support our communities are stretched ; The King's fund reported that in 2022,Covid-19 mortality "...was 2.6 times higher in the most deprived than the least deprived tenth of areas" *(14)*

Housing and Population Inequalities

A "place plan" is one of 18 places used to differentiate the various areas across Shropshire, allowing for greater analysis than if data were collected and averaged county-wide. "Median House Affordability" refers to how many years average wages (in that area) are required to buy an average house (in that area) outright.

Red = higher than England affordability average (2025) of 7.6.

Orange = higher than West Midlands affordability average (2025) of 6.8

Place Plan	Median House price sales 2024	Median Gross household income 2024	Median House affordability 2024	Average Broadband Speed (Mbit/s)
Albrighton	£306,500	£43,910	7.0	*433.2*
Bishop's Castle	£304,500	£40,843	7.5	*113.0*
Bridgnorth	£278,975	£45,382	6.1	*326.3*
Broseley	£225,000	£40,015	5.6	*387.0*
Church Stretton	£442,500	£45,443	9.7	*187.0*
Cleobury Mortimer	£295,000	£46,228	6.4	*128.4*
Craven Arms	£317,500	£41,221	7.7	*165.2*
Ellesmere	£257,748	£40,479	6.4	*361.5*
Highley	£212,500	£36,646	5.8	*447.5*
Ludlow	£230,000	£39,216	5.9	*385.7*
Market Drayton	£251,250	£41,485	6.1	*368.8*
Much Wenlock	£270,500	£45,540	5.9	*154.2*
Oswestry	£387,500	£42,470	9.1	*211.5*
Pontesbury and Minsterley	£221,250	£40,464	5.5	*406.6*
Shifnal	£262,250	£44,815	5.9	*414.9*
Shrewsbury	£255,000	£43,005	5.9	*439.2*
Wem	£247,500	£43,047	5.7	*317.6*
Whitchurch	£240,000	£38,483	6.2	*405.2*
Shropshire Average (2024)	**£265,000**	**£42,238**	**6.3**	***209.5***

Data as of August 2024, apart from Average Broadband Speed from 2025

Population Inequalities – *graphic data correct as of 31st August 2026*

Housing is often a household's largest expense. When housing costs consume a significant proportion of income, families have less money available for food, energy, transport and other essentials. High housing costs can therefore increase the risk of financial hardship, even among people in employment. Housing costs across Shropshire vary dramatically within the county.

Demand for affordable housing continues to exceed supply in many areas. While **Shropshire has over 20,000 registered provider homes**, access to affordable housing remains challenging for many residents, particularly in rural communities where new housing delivery can be limited.

Shropshire's population is projected to age significantly, increasing demand for suitable, accessible and affordable housing. Without sufficient housing options, older residents may face higher costs, difficulties maintaining their homes, fuel poverty and social isolation.

Households in temporary accommodation	**246** (of which 172 are single-person households)
Houses of Multiple Occupancy	**78** Registered HMO's, PRS registration not active until 2027/8
Households owed a duty	**521** (of which, 306 are single-person households)

Hidden homelessness is often overlooked in rural areas because it is less visible than rough sleeping. Rough sleeping levels in Shropshire are relatively low, and primarily focused in the larger towns (particularly Shrewsbury). Many people may be staying temporarily with friends or family ("sofa surfing"), living in overcrowded homes, remaining in unsuitable accommodation, or delaying leaving unsafe living situations because there are few affordable alternatives. In rural counties such as Shropshire, homelessness can be dispersed across villages and market towns, making it harder to identify and support those affected.

HMOs can provide an important source of lower-cost accommodation for people on low incomes, younger adults, and those experiencing housing insecurity. However, some HMOs can be associated with overcrowding, limited privacy, poorer housing conditions and increased pressure on physical and mental wellbeing if standards are not maintained.

A shortage of suitable housing can force families to live in homes that do not meet their needs. This may include children sharing bedrooms for longer than intended, multi-generational households, or families living in properties that are too small for household size.

Employment and Earnings

Income & Employment

Poverty and hardship are not limited to those who are on benefits, unemployed or retired. A household may be in work but still struggle due to: Low wages, part-time hours or underemployment, rising living costs, childcare costs, transport and housing costs or caring responsibilities.

These factors also lead to a lot of hidden poverty and deprivation within the county. Shropshire is a relatively low-wage economy, lower incomes, insecure employment and lower benefit uptake can leave households financially vulnerable, even where communities appear relatively affluent.

Additionally, stigma (from friends, family, colleagues and wider community) around needing to rely on support leads to a lot of support going unclaimed, or unreported.

78.8%

of 16 -64-year-olds are in employment

West Midlands = 75.2%

18%

Economically inactive

West Midlands = 21.2%

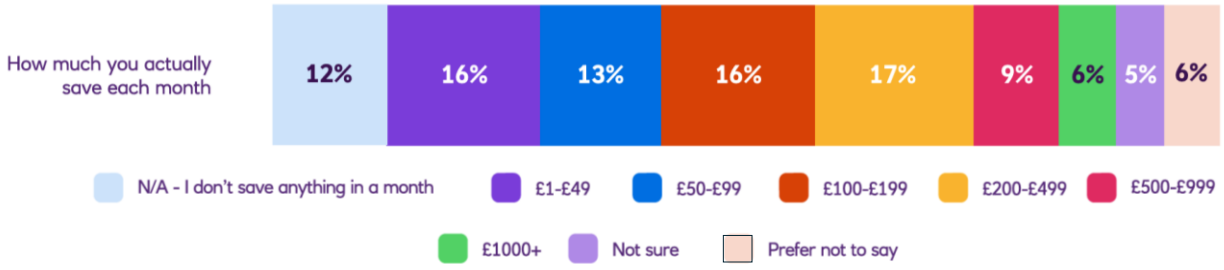
2.4%

16- to 64-year-olds who are claiming unemployment-related benefits

West Midlands = 5.3%

Savings

NatWest Saving Index 2026 (*16*) – National Survey of 2000 people



Average people save per month: £288

Average people think they should save per month: £384.70

43% said that rising food costs were behind their inability to save, with 35% blaming high energy costs

Employment and working conditions; Employment not only predicts life expectancy and quality of life; it also has knock-on effects for the next generation. Children growing up in workless households are *"almost twice as likely to fail at all stages of education compared with children growing up in working families" (10)*

We can see this effect persisting and influencing the rest of a child's life;

- being from lower working-class background is associated with the highest rate of young people Not in Education, Employment or Training (NEETs), at 22%, which is a big discrepancy when compared to the 9% rate seen with those from higher professional backgrounds. This clear social gradient in unemployment extends into adulthood and has implications for social mobility *(12)*.
- Shropshire is significantly better in this area than the national average, with a NEET (including "not-knowns") rate of approximately **3.2%** as of June 2026. *(15)*
- This has a direct impact on an individual's income; The proportion of the population in England not reaching the minimum income standard has risen from 25.7 (2008 - 2009) to 30.2% (2014 – 2015), and the figure rises to 45.7% among children. For children in lone parent families in Britain, the figure is 74.5%. *(10)*

Self Employment:

Self-employment levels within Shropshire are relatively high at 12.9%, above the national average of 9.4%. This is likely due to the large number of agricultural businesses and workers present within the county. Self-employment can potentially lead to less job security, reduced pensions, sick pay and more.

Shropshire Average Earnings

Median Hourly Pay for full-time Workers – excluding overtime (2025) - £18.41

This was in comparison to West Midlands (£18.47) and England (£19.78). **The hourly rate in Shropshire was £1.37 lower than the England average in 2025**

Gross Median Weekly pay for full-time Workers (2025) - £727

This was in comparison to West Midlands average *(£731)* and England average *(£769.50)*. **Shropshire full-time workers earn £42.50 a week less than England average, equivalent of £2,210 a year (£37,804 vs. £40,014)**

Data: NOMIS, 2025

Employment and Earnings

Education & Qualifications

Education can help people develop and build the skills and qualifications needed to access stable and well-paid employment. Lower levels of educational attainment are associated with lower incomes (though not the sole cause), higher unemployment, and an increased risk of poverty and financial hardship.

Lack of financial skills (often not taught in education) can directly lead to people taking on high-interest loans (such as buy-now, pay later **BNPL**), failing to understand debts, or mismanaging their budgeting. Where unavoidable expenditure outstrips income, this is referred to as a **negative budget, impacting around 16,000 households in Shropshire.**

72.2%

Have Maths/English GCSEs by 19

West Midlands average = 70.6%

7.7%

Of 16-64-year-olds have no qualifications

West Midlands average = 7.3%

1,497

Apprenticeship starts per 100,000 people

West Midlands average = 1,012

68% of children achieved a good level of development before starting school in 24/25.

For children on FSM this is only **43.7%**

Strong foundations of good health, wellbeing and future prospects are established early in life. Children who start school with strong communication, language, social and emotional skills are more likely to achieve well in education, gain qualifications, access employment and experience better health throughout adulthood. Conversely, children experiencing poverty are less likely to be school-ready, increasing the risk of poorer outcomes across the life course.

Good quality employment is one of the strongest protections against poverty, improving income, health, wellbeing and future opportunities for families. Through the Get Marches Working programme and wider employment support services, local partners are helping residents overcome barriers to work by providing careers advice, skills development, training opportunities and personalised support into employment. Recent national reforms are also placing greater emphasis on joined-up employment, health and skills support, recognising that many people face multiple challenges when seeking work.

In a rural county such as Shropshire, accessible employment support is particularly important, helping residents overcome barriers linked to transport, caring responsibilities, digital exclusion and limited local job opportunities.

Education + employment

A higher educational attainment correlates with a decreased incidence of chronic health conditions and self-reported poor health. UK Government figures demonstrate that, of the 14% of children eligible for free school meals across the UK, only a third achieved 5 good GCSEs. When compared with 60.9% of children not eligible for free school meals attaining this level, we can see the pattern of poverty and worse health outcomes repeating. This can be traced back to 'school readiness', which is the assessment for a 'good level of development' (**GLD**) at age 5. This involves the ability to pay attention, do simple sums and toilet and dress with a degree of independence. This poverty and low educational attainment can negatively reinforce one another across generations, making social mobility more difficult.

"From 2015 to 2016, 14.0% of children in England were eligible to receive free school meals (a proxy for low household income). Of these children, 45.6% did not reach a good level of development compared with 28.3% of children not eligible for free school meals" (11) ***Figures for Shropshire GLD are in the graphic to the left.***

Best Start in Life (BSIL) / Family First Partnership Programme (FFPP)

The Best Start in Life Programme **(BSIL)** aims to improve child development, strengthen support for families and increase the proportion of children reaching a Good Level of Development **(GLD)** before they leave nursery. The programme recognises that supporting children and families during the earliest years offers one of the greatest opportunities to reduce health inequalities and poverty over the longer term.

Investment in early years support can help improve speech and language development, parental confidence, school readiness and educational outcomes. These benefits extend beyond childhood, supporting future employment opportunities, financial resilience and health throughout adulthood.

The Family First Partnership Programme **(FFPP)** focuses on working with families earlier to address challenges before they escalate into crisis. By improving coordination between services and strengthening support for children and parents, the programme aims to improve child development, educational attainment, family wellbeing and long-term life chances, helping to tackle some of the underlying causes of poverty and inequality.

Welfare & Policy Changes

Since 2021

Many of the levers to address poverty are implemented at a national level by central government.

The removal of the two-child limit in Universal Credit means that eligible families can now receive support for all children in the household. The UK Government estimates this change **could lift around 450,000 children out of poverty** and provide additional financial support to families. As poverty is a key driver of poor health outcomes, this policy change has the potential to improve health and wellbeing for many children.

The UK Government's **Pathways to Work** programme includes significant reforms to disability and health-related benefits, alongside increased employment support for people with health conditions and disabilities. The reforms aim to help more people move into work, but concerns have also been raised about the potential impact on income and financial security for some disabled households. Given the strong links between disability, poverty and health inequalities, the effects of these changes will be important to monitor locally.

From September 2026, eligibility criteria for access to Free School Meals (FSM), has been expanded to all families on Universal Credit. This is an increase in coverage. At the time of writing, the exact numbers affected are unknown, however, this is a positive change in terms of support. Free School Meals during school terms are funded by the Department for Education (DfE).

From 1st October 2026, VAT on electricity bills *(currently 5%)* will be removed from household bills until 31st March 2027. For households on the price-cap, this is expected to save approximately **£45** a year. **This does not cover non-electricity energy bills, such as LPG and heating oil, which is commonly used in Shropshire.**

From 1st January 2027, the £2 bus fare cap will be reintroduced nationally across England, through to the end of the calendar year. For residents making a bus trip twice daily, 5 days per week, working 48 weeks per year, this represents a saving of **£480** over a working year

As of April 1st, 2026, a new cost-of-living support package, titled the Crisis & Resilience Fund (**CRF**) was launched by UK Government, providing Local Authorities funding to provide targeted financial support and resilience schemes to at-risk groups, working closely with external partners. Details on this fund, including the plans within Shropshire are outlined on following pages.

Shropshire Council was one of a small handful of authorities across England selected to participate in the co-design and development of this fund.

Minimum & National Living Wage Changes 2021 to 2026

April 2021	April 2026	% Increase
23 and over = **£8.91**	21 and over = **£12.71**	21 and over = **42.7%**
21 to 22 = **£8.36**	18 to 20 = **£10.85**	18 to 20 = **65.4%**
18 to 20 = **£6.56**	Under 18 = **£8**	Under 18 = **73.2%**
Under 18 = **£4.62**	Apprentice = **£8**	Apprentice = **86%**
Apprentice = **£4.30**		

Inflation 2021 – 2026 = 27.6%

Between 1 April 2021 and 31 March 2024 the National Living Wage was for those aged 23 and over. Since 1 April 2024, the National Living Wage has been for those aged 21 and over. (17)

Rising National Living Wage rates have increased incomes for many lower-paid workers and may help reduce the risk of in-work poverty. However, **wage growth alone does not guarantee improved living standards**. For some households, increases in earnings have been outweighed by rising essential costs (not necessarily reflected in inflation figures), while fiscal drag resulting from frozen tax thresholds has reduced the amount of additional income retained by workers. Some people may have potentially suffered redundancies or a reduction in hours because of these rises in smaller businesses.

This highlights the importance of considering disposable/discretionary income, rather than earnings alone, when assessing financial wellbeing.

Citizens Advice Data

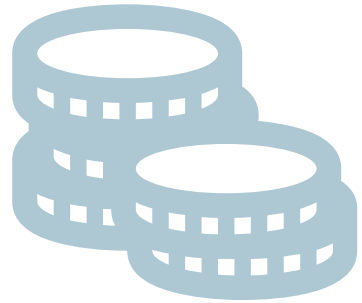
What are people struggling with?

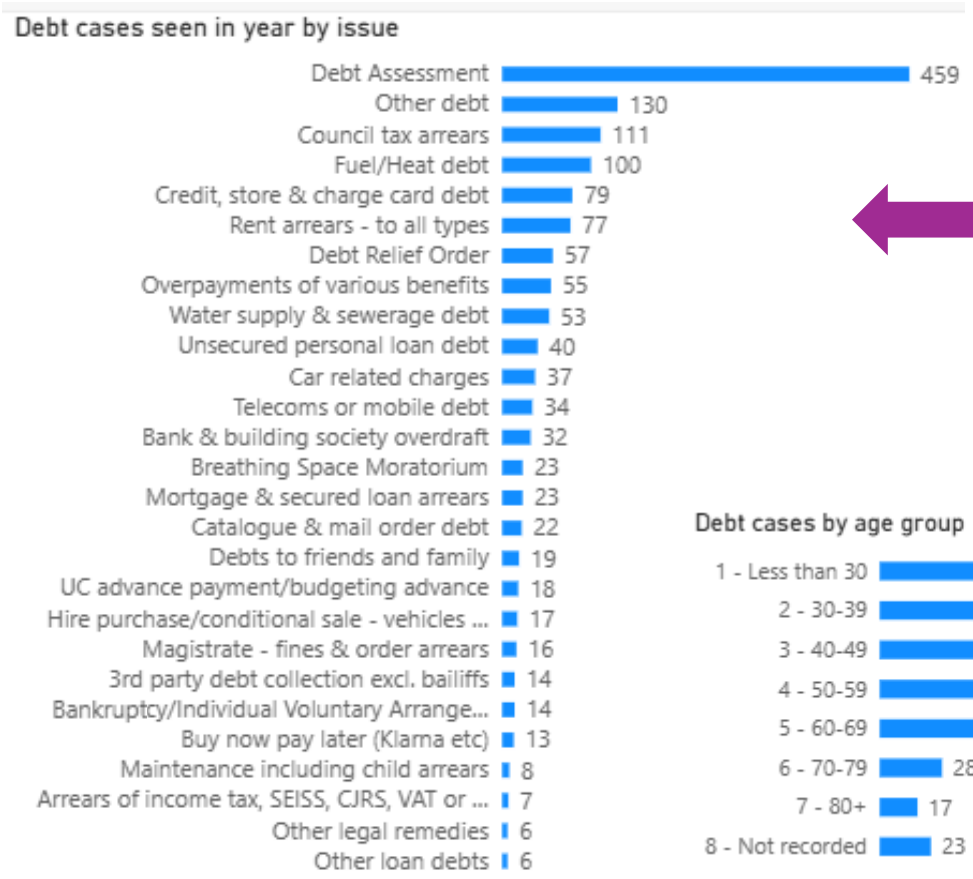
Between 6th August 2025 and 5th August 2026, Citizens Advice Shropshire had contact with **3,678 unique clients**, and a total of 4,783 cases – one client had 7 different cases in this period, with some of these cases resulting in more than one contact.

Within most of these cases, multiple issues were bought up and of the 4,783 cases, there were:

- **1,913 (40%) that were about benefits & tax credits**
- **815 (17%) about benefits, particularly Universal Credit**
- **672 (14%) that were about debt.**

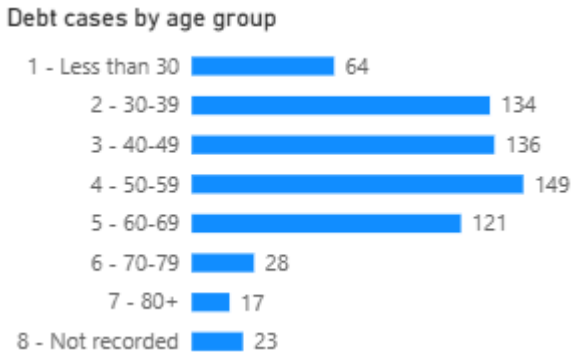


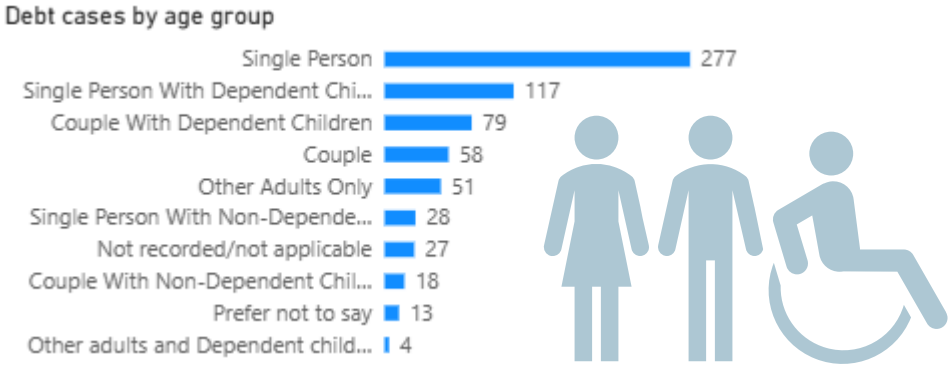




Of the 672 cases where debt was an issue, the graph on the **left** shows which aspect of debt came up during the contact – once again multiple aspects may have been bought up during each case. A debt assessment was carried out in just over two thirds of cases (459 out of 672). Other debts included, debts to gyms, vets, NHS, insurance, TV licence, student loans, gambling and social fund debts.

Of the people coming to Citizens Advice Shropshire about debt, around 50% were women and 46% men. **The average age was 48 years old**, with people ranging between 20 and 97 years old. **Most cases were single people**, be it without children, with dependent children or with non-dependent children.





Community Insights: *"the faces behind the data"*

All cases included are representative of true client stories that Citizens Advice Shropshire have supported. Client information has been anonymised for their privacy.

Case Study 1

Stan and Marie, a retired couple living on a low fixed income, sought advice after Stan's long-term health conditions and dental problems created significant financial strain. A **Citizens Advice Shropshire** Community Adviser helped them successfully claim Attendance Allowance and supported subsequent applications for Pension Credit and Council Tax Reduction. When their Pension Credit claim was wrongly closed, the adviser continued to advocate on their behalf, challenging decisions and escalating the case.

After almost two years of persistence, their complaint was upheld, resulting in a backdated Pension Credit payment of £14,086.14 and a Council Tax refund of £1,900. The financial support enabled Stan to access essential dental treatment and brought much-needed stability to the couple's finances, demonstrating the life-changing impact of dedicated advice trained organisations in assisting Shropshire residents to acquire all eligible benefit support.

Case Study 2

Henry, a single man of working-age with long-term health conditions and depression, was struggling on a low-income earning a standard allowance from Universal Credit while managing priority debts such as utility arrears and parking fines totalling £1,887.00. He felt unable to afford the existing repayment arrangements and sought support from **Citizens Advice Shropshire** Debt Caseworker team.

Through specialist debt advice and partner collaboration, Henry received local foodbank support, guidance on accessing pension entitlements with **AgeUK Shropshire, Telford and Wrekin**, and following a referral by **Citizens Advice Shropshire**, was awarded a £900 contribution towards his energy debt from **Marches Energy Advice. Citizens Advice Shropshire** Debt Caseworker team also helped Henry organise his debts, negotiate with debtors, and supported him towards an affordable repayment plan, improving his financial stability and reducing the pressure of Henry's accrued debt.

Case Study 3

Kai, a nonbinary, working-aged person is a council tenant living with multiple long-term health conditions including Autism, ADHD, Dyslexia, OCD and chronic back pain, was struggling with a monthly budget deficit of £215.60. Living on a low-income of Personal Independence Payment and Universal Credit, rising energy costs and benefit deductions left them unable to manage their arrears, accruing utility debts of over £2,872.

Citizens Advice Shropshire (CAS) provided Kai with debt advice and practical support, including referrals to a local foodbank, **Marches Energy Advice (MEA)** and **Community Resource.** With support from CAS Debt Caseworkers, Kai secured a £500 Essential Support Fund grant from Community Resource towards energy arrears, in addition to securing a "Breathing Space" period to prevent an escalation of enforcement action while CAS Debt Caseworkers continued to negotiate with Scottish Power on Kai's behalf. As a result of consultation with MEA, CAS Debt Caseworkers were also directed to available energy debt funds with utility providers to help reduce Kai's arrears as well as being informed of MEA debt support of arrears below £2,000.

The intervention helped reduce financial pressure and protected Kai from further debt escalation while their case is ongoing. Kai's story demonstrates the significant impact of available collaborative voluntary sector partner support in Shropshire.

Demographic & Environmental change

Currently:



By 2050, current data and trends suggest that:

(Data, Shropshire 2050) *(18)*

- Shropshire's population will increase by more than **61,000** people
- The size of the 80+ population will more than double to **48,000** people
- There will be an additional **11,800** people of working age
- There will be an additional **3,700** children between 0-15, and **44,500** people aged 65+
- Almost **40,000** extra homes will need to be built

These changes to the demographics (population categories) of the county will have several potentially significant risks on poverty across Shropshire.

As Shropshire's population ages, and the number of 65+ residents increases, more people will be living on fixed incomes. Whilst a lot of older people are financially secure (with lower poverty rates than working-age households), others may become more vulnerable to fuel poverty, rising living costs and unexpected financial shocks, with less, or no ability to increase their income. Where these residents live alone or have long-term health conditions these problems will be worsened.

An ageing population can also magnify existing rural inequalities, unless strong plans are implemented around transport, digital inclusion and localised services. Additionally, families may need to reduce working hours to care for elderly relatives, potentially lowering their income.

The projected increase in single-person households (18,000 more between 2021 and 2050) is highly likely to increase the number of residents facing financial pressure as housing, energy, food and other costs cannot be shared across multiple earners.

Environmental & Climate Change

Climate change doesn't affect everyone equally. Households that have lower incomes are less able to adapt to rising temperatures, flooding, increased energy costs and other environmental changes.

The interdependence of planetary health with human health is becoming increasingly apparent; given the UKs ageing population and the changes to our weather patterns associated with global warming, it is likely we will see an increase in deaths associated with extremes in temperatures among the most vulnerable. (Murage et al. "... the annual UK heat-related mortality could rise from 2.5 per 100,000 people to 6 per 100,000 in the 2030s, 15.1 per 100,000 in the 2050s and 29.4 per 100,000 in the 2070s." *(23)*

High temperatures where air conditioning or suitable cooling is not available (or affordable) can lead to severe heatstroke, dehydration or other health issues including loss of life. During the May and June 2026 heat events there were an estimated total of **2,877** heat-associated deaths in England.

Increased temperatures also exacerbate the issue of food insecurity through reduced crop yields and drive up the price of supermarket products.

2025 was the worst year for wildfires on record in the UK and is the most recent data from a worsening trend since 2019 *(24),* with nearly 48,000 hectares burning - this is concerning for a rural county such as Shropshire with many arable farms and woodlands.

Due to its geography, Shropshire is particularly susceptible to flooding. Flooding has several negative health impacts, including mental and physical stress, potential exposure to contaminants in floodwater, and potential loss of life. Flooding can cause financial shocks that worsen financial resilience, increase insurance premiums, and costs related to repairs or relocation.

Poverty & Health

Direct impacts

Smoking is **directly** correlated with areas of poverty and deprivation. Nationally:

Increase 2017 - 2021

Approximately one-third (33.1%) of all smoking adults in England lived in the two most deprived deciles in 2021, up from 29.5% in 2017

Just over one-tenth (10.9%) of all smoking adults in England lived in the two least deprived deciles in 2021, down from 12.1% in 2017

Decrease 2017 -2021

284
Shropshire residents reached 4 weeks quit in 25/26

Using ONS data, an average smoker can be expected to spend **£265** per month on cigarettes, or about **15% of a national minimum wage take home salary**.

Where finances are a challenge, people may trend towards cheaper and more dangerous alternatives such as counterfeits, or cigarettes or cigars that have been mixed with items hazardous to health.

Stopping smoking completely can save around £3,000 per year

If you need help to quit, Shropshire Council run a stop smoking service, click here for more information.

Nationally (Data from Action on Smoking & Health, ASH) *(19)*

- When spending on tobacco is taken into account, tobacco forces **417,000** households, who wouldn't otherwise be, below the poverty line
- In addition, it pushes **955,000** households already living below the poverty line into even deeper financial hardship
- In total, **1.37** million households are living in poverty once smoking costs are factored in
- One in four people who smoke (**24%**) went hungry last year after skipping meals, compared to one in ten (**10%**) of those who have never smoked
- **Those who smoke are nearly three times as likely to use food banks as non-smokers (20% vs 7%)**

Alcohol & Poverty

Alcohol-related harm remains a major public health issue, but it does not affect everyone equally. People living in the most deprived areas often experience much higher levels of alcohol-related harm than those in the least deprived areas, even though they may drink the same amount of alcohol or less. This is known as the alcohol harm paradox.

In 2023, people living in the most deprived areas of England were far more likely to experience alcohol-related harm, including hospital admissions and deaths. The alcohol-specific mortality rate was more than twice as high in the most deprived areas than in the least deprived areas (20.9 deaths per 100,000 population compared with 9.8 per 100,000). These inequalities are seen not only in physical health outcomes, but also in people's experiences of alcohol-related problems and harms.

The inverse care law was coined in 1971, by , Julian Tudor Hart

"The availability of good medical care tends to vary with the need for it in the population served."

In other words, as a community's deprivation and poverty increase, so too do their health needs; however, they inversely receive less health care than less deprived populations. Inequity in healthcare provision is an enduring phenomenon, despite efforts to tackle its fundamental drivers *(14)*.

For example;

- The fall in childhood vaccination rates across England has seen the resurgence of previously eradicated diseases, such as measles and pertussis. The Royal College of Paediatrics and Child Health published a report on 2025, which demonstrated that the core challenges lay with access, hidden costs (such as transport and time off work), difficulty in booking appointments and a lack of continuity of care. The populations most at risk of missing out on their childhood vaccinations are those from ethnic minority groups.
- The King's Fund has observed a worrying trend , which is that the prevalence of certain health conditions, such as dementia and heart conditions, is lower in the most deprived areas; yet deaths contributed to these conditions is higher. This suggests that delayed diagnosis and lack of early intervention leaves these populations susceptible to more advanced disease, with associated increased mortality rates *(12)*.
- "**30% of people living in the most deprived areas have turned to 999, 111, A&E or a walk-in centre because they were unable to access a GP appointment, compared to just 10% of people in the least deprived areas**."*(12)*

Chapter 2: How are we tackling poverty in Shropshire - Current activity



Financial investment in resilience services

- We have invested approximately £1,000,000 into the VCSE sector to improve their capacity to provide support. Referrals will be made to appropriate services at the earliest opportunity to avoid escalation into crisis across the entire CRF network of partners.



Localised, evidence-driven proposals from communities

- Listening to proposals for localised plans, understanding that need changes based on area.
- Funding community organisations to deliver this support independently.



Strengthening and simplification of referral pathways

- Providing uniform referral pathways that are shared across the wider CRF network. Ensuring accurate, up to date information on council webpages and communications.
- Rollout of a single point of access email for referring into council support services.



Refreshed, simplified and easier to use access routes

- We have developed multi-access routes for residents, including online, in-person, and via phone or email to ensure support is available.
- Webpages will be simplified, use easier language, and have been made more accessible. Offline routes will avoid digital exclusion.



Reducing stigma

- Provision of multiple access routes enabling residents to choose the one that is easier, and most beneficial for them. Whether online, over the phone/email, in person or through a trusted community partner.
- Clear communications on support available, with careful and considered language.



Cost-of-Living communications campaign

- We have merged all available cost-of-living support (blue badges, council tax relief, bus passes etc) into a single council resource for simplicity.
- Promotion of available support through the press, our social media and through partners, members and MPs.



Coproduction with the VCSE sector

- Our CRF delivery plan was co-developed with partners through workshops and regular meetings, taking on board the voice of the community and providing the resources required to support.
- We meet regularly to identify and address problems, and opportunities for improvement.



Embedding of No Wrong Door approach

- Planned rollout of training to appropriate public-facing council staff, VCSE partners and community venue volunteers on how to have conversations that delve deeper to identify underlying issues.
- Uniform referral routes, that all appropriate parties are aware of, so any route to accessing support is correct.

In addition to the above, through CRF funded partners, we work closely with other organisations who provide a wide range of support, ranging from gambling and substance misuse to training providers. The council would like to extend its gratitude and appreciation for all organisations who accept referrals across the wider resilience landscape to support the people of Shropshire.

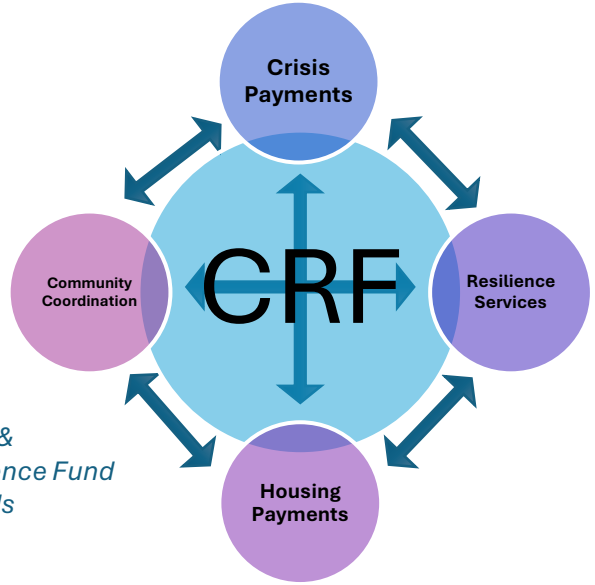
Crisis & Resilience Fund [CRF] (2026 – 2029)

Funded by UK Government

On 1st April 2026, the UK Government launched the Crisis & Resilience Fund [**CRF**], a three-year grant to local authorities in England, designed to tackle poverty, and the underlying causes through both direct, cash-first payments, and targeted advice and support referrals.

The allocation for Shropshire is **£3.7m** per year. These plans need to cover four areas, each connected and able to refer across to each other for support.

- **Crisis Payments:** Financial (cash-first where possible) support for a wide range of cost-of-living related issues or financial shocks.
- **Housing Payments:** Support with housing costs, such as rent arrears, or deposits to secure accommodation in crises.
- **Community Coordination:** Funding to community initiatives, based on local need.
- **Resilience Services:** Investment in advice and support services



Crisis & Resilience Fund Strands

Outcomes drive the strand programmes, and the strands support the outcomes.

The CRF will tackle poverty and inequality through ensuring that support programmes support one or more of the 7 outcomes outlined below.

The CRF aims to move away from direct, blanket payments, to targeted support. This support will by default come with a warm referral into appropriate advice services, delivered by partners. These partners have been funded through investment in their staffing, providing such advice as debt management, income maximisation, tariff support and much more.

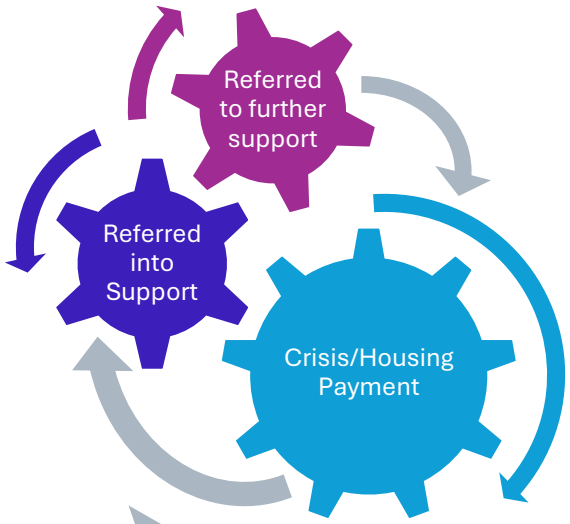
Local Authorities are required to produce a delivery plan for this funding, which, in Shropshire, was developed alongside partners in the VCSE sector. In 2026, an additional £758,558 was awarded to support households reliant on heating oil, of which over 21,000 exist within Shropshire due to its rurality.

As already identified, fuel poverty is a crucial problem within the county, which various schemes are aiming to address.

Reduced experiences of material deprivation	Reduced need for emergency food parcels	Increased access to appropriate and quality advice services
Increased savings	Reduction in priority debt	Maximisation of individuals' incomes
	Decreased need for crisis and housing payments	

Crisis & Resilience Fund Outcomes

Crisis & Resilience Fund: Referrals & Partners



Marches Energy Advice

citizens advice Shropshire

SFPA Shropshire Food Poverty Alliance

RADFORD COMMUNITY RESOURCE

Shropshire Telford & Wrekin age UK

Root causes being addressed

Fuel Poverty & Energy Costs

- Application based, cash-first financial support for heating oil price rises.
- Energy Debt, advice and grant support/signposting programmes.
- Energy Advice Phoneline – delivered by Marches Energy Advice
- Sustainable Warmth Programme
- Home retrofitting and boiler upgrade scheme (BUS)

Housing & Population Inequalities

- Housing & Health Action Plan
- Local Plan, reviewing how to embed health into planning policy.
- High-Quality Design and Design of New Dwellings Supplementary Planning Documents (SPDs)
- National Neighbourhood Health Implementation Programme (NNHIP)
- Place Universal Offer, improving physical activity within 3 “places”

Transport and Rurality

- Full Health Impact Assessment completed for the next Local Transport Plan
- Rurality impacts have been incorporated into Equality, Social Inclusion and Health Impact Assessments (ESHIAs) since 2014, in social inclusion impact assessments and socio-economic and environmental considerations.
- Continued evidence and advocacy for fairer funding to rural Local Authorities, emphasising equality and equity.
- Digital-first transition(not digital-only) methods for reaching rural communities.

Employment & Earnings

- Digital Skills Programme
- Financial skills courses run through Shropshire Libraries.
- Apprenticeships & Upskill Shropshire
- Shropshire Economic Growth Strategy
- Get Marches Working
- Enable Employment Support

Food Insecurity and Cost of Essentials

- Locally led, evidence-based foodbank resilience programmes funded by CRF
- Increased funding for Holiday Activities & Food (HAF) Programme over the 2026 summer holidays
- Exploring rollout of Free School Meal (FSM) autoenrollment system for all eligible pupils in Shropshire.

Welfare and Policy changes

- Crisis and Resilience Fund [CRF] (2026 – 2029)
- Launch of new Council Tax support schemes
- Families First Partnership Programme – Community Hubs
- Embedding of Inequalities through the next Health & Wellbeing Strategy and Health in All Policies (HiAP)

and much, much more...

What are we doing?

Shropshire Council

The three "Cash-first" schemes administered by Shropshire Council*



**Schemes are cash-first, not cash-only. Where cash is not appropriate, e.g. in cases of substance misuse, or gambling, vouchers or in-kind support may be provided instead.*

Continuing from the **Household Support Fund** [HSF] (2021-2026), our successful Crisis payments scheme provides person-centred, cash-first (where appropriate) support to people at risk of financial shock.

We continue to provide support on housing costs for at-risk individuals through our Housing Payments scheme (formerly DHPs)

To ensure continuity and support, these schemes were implemented by the same, experienced teams who previously delivered the HSF. Additionally, any applications that were in train before the launch of the replacement fund (01.04.26), were carried forward onto the new programme, avoiding the need for residents to reapply.

A one-year top-up to the **Crisis & Resilience Fund** was awarded to Shropshire Council to support in the increase in the price of heating oil caused by global instability. Working collaboratively with partners **Community Resource**, a means-tested scheme was launched in June 2026, with online, phone, and in-person access routes to support people currently on heating oil supplies.

Communications around these schemes, including other council support on the cost-of-living continue to be shared across the wider council, as well as partners and in the media. Additionally, VCSE partners can refer any residents into these direct payment schemes for support, and in the opposite direction, residents may be referred to VCSE partners for advice, guidance, training and any other support that they specialise in such as budgeting, applying for benefits, or dealing with debts.

Other programmes

Libraries Financial Skills Workshops

Lack of financial skills and understanding is a key driver of poverty. Being able to budget, manage debts, and handle personal finances are crucial to becoming more financially resilient and lowering the risk of falling into debt or needing crisis support. Working closely with Libraries in Shropshire, training sessions will be offered to teach these skills to the public.

Targeted support for Care Leavers

In alignment with Shropshire Council's decision to identify care leavers as a local grouping, alongside compliance with support for national groupings through Equality Act 2010 and the Armed Forces legislation, various schemes will be launched to support care leavers to access training, support them against financial shocks, and more. This will be handled with a dedicated budget to our in-house care leaving team.

Affordable Warmth & Energy Efficiency (AWEE) Schemes

Using investment from CRF, and other grant-funded schemes, alongside advice and support through Marches Energy Advice, our in-house AWEE team provide retrofitting, hazard removal, and support with boiler upgrades, heat pumps and more.

Economic Abuse Workshops

Financial control is one of the key mechanisms by which people can abuse their partners. The council's domestic abuse prevention team will run workshops on economic abuse across the county and continue to support those who are at-risk.

Direct Council Tax Award

Based on evidence from Citizens Advice Shropshire identifying council tax arrears as the primary priority debt of residents within Shropshire, a direct award of up to £80 was paid to working-age residents in Shropshire at risk of failing to meet the 20% minimum payment required by law. This was paid in April 2026 for the 2026/27 FY.

What are we doing?

Partners – Resilience Services & Community Coordination

Citizens Advice Shropshire

Working closely with the Shropshire Food Poverty Alliance (SFPA) – funding was provided to foodbanks across Shropshire to run local, needs-driven resilience programmes. Grants were administered and managed by Citizens Advice, with decisions made by a cross-organisation panel. These schemes are expected to launch from **September 2026**.

Capacity within the local Citizens Advice team was identified as an issue during a collaborative workshop, and so funding of posts was provided to increase the workforce and enable extra advice and support, as well as accept referrals from both Shropshire Council and other CRF partners.

Marches Energy Advice

Continuing from our successful "Warm Welcome" – programme from the last few years, a new CRF focused programme is being managed by Marches Energy Advice to create community-led initiatives aimed at increasing resilience and supporting around a wide range of cost-of-living issues. These sites will be focused on local need, and proposals will be put forward by charities, community interest groups and others. Details on these venues and their offers will be publicised once the programme is fully launched in **Winter 2026**.

Additionally, Marches Energy Advice provide advice, support and guidance around debts, grant schemes, tariffs and more. Working closely with the council's Affordable Warmth & Energy Efficiency (AWEE) team to provide support to residents struggling with fuel poverty.

Community Resource

Rollout and delivery of Ask, Assist, Act training. A conversational framework for partners and charities to maximise opportunities to identify underlying issues and refer to appropriate support. Reduces the risk of future crisis by connecting with resilience services as soon as possible.

Co-delivered and co-produced Heating Oil scheme for vulnerable, at-risk households. Providing cash, direct oil deliveries and subsidised memberships to a community oil buying scheme, embedding resilience and cheaper prices in the long term.

Delivery of hardship grant awards where appropriate, upon referral, to enable support to those in need who might not wish to engage with the Local Authority for various reasons.

Age UK Shropshire, Telford & Wrekin (STW)

Rurality, digital exclusion and complicated financial documentation can make moving into care or handling social care support residents may receive difficult. Working closely with both Age UK STW and the Council's Financial Assessment Team (FAT) – a new developmental post has been created to help residents with this potentially difficult process.

Alongside Citizens Advice, at the same development workshop, Age UK STW also identified lack of capacity as a serious issue for their organisation. A year's funding was initially agreed and provided to increase their capacity to replace loss of previous funding, and to accept warm referrals from both the Council and other CRF partners.

Community Wellbeing Outreach Team

The **Community Wellbeing Outreach Team** (CWOT) supports the Crisis Resilience Fund (CRF) and helps to reduce the risk of further hardship by working with foodbanks, community organisations and local partners to identify gaps in support, particularly in rural and remote communities. The team helps people access the right services through signposting and referrals, connecting residents to health, wellbeing, social care and community support. CWOT also strengthens partnership working between foodbanks, Citizens Advice, health services and VCSE organisations, ensuring support is better coordinated and informed by local need to build longer-term community resilience.

Tackling stigma

Many individuals and families feel a sense of shame or embarrassment when seeking help, often viewing it as a personal failure rather than a response to wider economic pressures. This can be particularly true in communities where there is a strong culture of self-reliance, or where negative narratives around welfare and debt have become embedded over time. As a result, people may delay seeking support until their situation becomes more severe, leading to increased financial hardship, stress, and negative impacts on health and wellbeing.

Concerns about being judged, not believed, or treated differently can act as powerful barriers, especially for those who have not previously engaged with support services. Importantly, this stigma does not reflect the reality that many factors contributing to financial difficulty—such as rising living costs, insecure employment, and unexpected life events—are outside an individual's control. Global and national issues have caused significant impacts on people from all walks of life.

Normalising conversations around financial support, promoting dignity-based services, and ensuring access routes are simple and discreet are crucial steps in reducing these barriers. Addressing stigma requires a compassionate, system-wide approach that reframes support as a positive and proactive step, helping people to maintain independence, stability, and resilience.

Shropshire Approach



Reducing stigma in Shropshire

Promoting Support

Many people in Shropshire are worried about rising costs. Across the county, a strong, well-connected network of partners can support on a wide range of issues in a safe, confidential and judgment free space.

You are not alone, and there is no shame in accessing help.



If you cannot view this video, click here

Key messages

- If you or someone you know is worried about money or is struggling right now, you're not alone
- There may be simple steps you can take to cut costs or maximise your income
- If you're getting into debt or your mental health is suffering, don't wait to get help
- Support is confidential, non-judgmental and free
- With your permission, partners may also refer you on to other, additional support

Chapter 3
Summary and recommendations

This annual report highlights that poverty continues to be one of the most significant public health and socio-economic challenges affecting residents across Shropshire. Poverty is well known to be closely linked to both poorer physical and mental health outcomes, while financial insecurity increases stress, anxiety and social isolation while reducing opportunities to live healthy lives. As a result, many of the health inequalities seen across the population are rooted in deprivation and wider social and economic disadvantage.

What England Can Learn from Shropshire: Tackling Hidden Poverty in Rural Communities

Shropshire's work on poverty highlights an issue often overlooked in national policy discussions: **poverty in rural areas looks different, but it is no less severe**. While urban deprivation is often concentrated and visible, rural poverty can be dispersed, hidden behind employment, home ownership and attractive landscapes.

A key lesson is that poverty cannot be measured through income alone. Rural residents often face a "**rural premium**" of lower earnings alongside higher essential costs. Transport, heating, housing maintenance and access to services typically cost more, yet these pressures are poorly reflected in national funding formulas and poverty measures. As a result, hidden poverty can remain invisible until households reach crisis point. Many people may be employed, own their homes, or live in desirable villages, yet still struggle to afford food, energy, transport or participation in community life/access services.

Key Takeaways for England

- **Rural areas within England contain millions of people. This is not a niche issue.**
- **Poverty exists across all communities, including affluent appearing rural areas.**
- **Rural poverty is often hidden from traditional measures and under-recognised.**
- **Living costs are frequently higher due to transport, energy and housing pressures. This is on top of lower incomes on average.**
- **Prevention and early intervention deliver better outcomes and value than crisis responses.**
- **Improving health requires coordinated action across housing, transport, employment, education and planning.**
- **Rural demographic change requires long-term investment and planning. Local authorities need flexibility to develop solutions that reflect local circumstances.**

Key Issues/Changes

- **Higher cost of living**
- **Increased energy costs**
- **Rising housing costs**
- **Welfare & policy changes**
- **Crisis & Resilience Fund launched**
- **Growing food insecurity**

Shropshire's experience also demonstrates the continued importance of addressing **the wider determinants of health**. We know that health outcomes are shaped not only by healthcare services but also by housing, transport, employment, education, fuel costs, access to healthy food and community infrastructure and other wider determinants of health (as much as 90%). Poverty policy must therefore be integrated across government rather than viewed solely as a welfare issue. This aligns with the council's **Health in All Policies** approach, embedding health and inequality considerations across decision-making.
Another important lesson is the need to recognise demographic change. Rural counties such as Shropshire face an ageing population, increasing demand for services, workforce shortages and growing pressure on unpaid carers.

National approaches focused primarily on urban deprivation risk overlooking the interaction between ageing, rurality and poverty.

The way forward...

Many of the actions needed to tackle poverty and reduce inequalities are already underway across Shropshire. However, there remains more to do.

We will continue to work with valued partners to intervene earlier, prevent problems from escalating into crisis, and address the wider determinants of health such as housing, employment, education, transport and financial resilience through **Health in All Policies.**

1

Start Earlier

Poverty can affect outcomes before a child has even started school. Improving early childhood development, supporting families and giving every child the best start in life offers one of the greatest opportunities to reduce poverty and health inequalities across future generations. Continued investment in programmes such as **Best Start in Life** and the **Family First Partnership Programme** will be key to improving life chances.

2

Prevent Problems Escalating

Financial hardship often develops gradually before reaching crisis point. By identifying concerns earlier and improving access to advice, income maximisation, debt support and practical assistance, more residents can be supported **before** problems become entrenched. **Prevention should remain at the heart of future activity.**

3

Tackle the Drivers of Poverty

Long-term progress will depend on addressing the factors that contribute to poverty, including low income, insecure employment, poor housing, fuel poverty, transport barriers and limited access to opportunities. A stronger focus on financial resilience, good quality employment, affordable housing and healthy places will help improve outcomes across the county.

4

Recognise Rural Poverty

Rural poverty is often less visible than deprivation in urban areas, but the additional costs associated with transport, energy, housing and access to services can create significant hardship for residents, leading to inequities. **Future policy and service design should continue to recognise the unique challenges faced by rural communities and ensure support reaches those who need it most.**

5

Continue Working Together

No single organisation can tackle poverty alone. The progress made in recent years has been achieved through strong partnerships between Shropshire Council, the NHS, schools, community organisations, employers and residents. Continued collaboration, shared learning and collective action will be essential if we are to reduce inequalities and improve outcomes for future generations.

6

Make Support Easier to Access

Residents should not need to navigate complex systems to get help. Strengthening **"No Wrong Door"** approaches, improving referral pathways and increasing awareness of available support can help ensure people receive timely assistance regardless of where they first seek help.

Reducing poverty is **not** solely about increasing income. It is about creating the conditions that enable people to live healthy, secure and fulfilling lives. By focusing on **prevention and early intervention, partnership working and tackling the wider determinants of health**, Shropshire has an opportunity to reduce inequalities, strengthen community resilience and enable all residents to live healthy, secure and fulfilling lives.



A Vision by 2029

"What Success Looks Like"

- Fewer households in crisis
- Reduced food insecurity
- Reduced fuel poverty
- Better access to support
- Improved health outcomes
- Stronger communities

Draft

Next Steps & Recommendations

Who?	What?	When?
• ***Shropshire Council (Early Help)*** • ***System Partners*** • ***Education Partners*** • ***National Government***	**1. Give Every Child the Best Start in Life** *Poverty in childhood influences educational attainment, future employment opportunities and health throughout life.* • Continue implementation of Best Start in Life (BSIL). • Support delivery of the Family First Partnership Programme (FFPP). • Improve school readiness and GLD outcomes. • Target support towards children eligible for Free School Meals. • Strengthen Family Hub and community-based provision.	FFPP – **launches 2027** Best Start in Life – **Ongoing** Public Health Nursing Service Refresh – **2027 – 2032.**
• ***VCSE Partners***	**2. Improve Household Financial Resilience** *Many households are one unexpected expense away from crisis.* • Expand income maximisation support. • Improve access to welfare and benefits advice. • Support residents not claiming their full entitlement. • Increase awareness of available support.	Rollout of referral scheme **April 2026 onwards.**
• ***Residents*** • ***Shropshire Council*** • ***VCSE Partners*** • ***System Partners***	**3. Strengthen a "No Wrong Door" Approach** *People experiencing poverty often require support from multiple organisations.* • Improve referral pathways between the council and VCSE. • Improve appropriate information sharing between partners, in line with data protection requirements. • Improve signposting and warm referrals to appropriate support. • Develop more integrated support services.	Over course of CRF delivery, **now through to 2029 and beyond.**
• ***Shropshire Council (Affordable Warmth, Housing)*** • ***VCSE Partners***	**4. Reduce Fuel Poverty** *Fuel poverty is one of the most significant poverty-related challenges facing Shropshire.* • Continue delivery of the Sustainable Affordable Warmth Strategy. • Expand retrofit and energy-efficiency measures. • Improve access to heating oil and energy support schemes. • Enhance affordable warmth advice services.	Sustainable Warmth Strategy – **now through to 2030** Heating Oil Scheme – **Winter 2026.**
• ***Shropshire Council (Economic Growth)*** • ***System Partners***	**5. Improve Access to Good Quality Employment and Skills** *Secure employment remains one of the strongest protections against poverty.* • Support Get Marches Working. • Strengthen skills and training programmes. • Improve opportunities for disadvantaged groups. • Support progression into higher-paid employment.	Get Marches Working – **ongoing.**
• ***Shropshire Council*** • ***System Partners*** • ***National Government***	**6. Address Rural Inequalities *(and Inequities)*** *Poverty can be less visible in rural areas but may be intensified by transport costs, housing costs and limited-service access.* • Design services that reflect rural challenges. • Improve access through community hubs and outreach. • Continue to develop rural transport (Local Transport Plan - LTP4) and digital inclusion initiatives. • Continue to advocate for fairer rural funding settlements.	LTP4 - **2026 – 2036** Digital Skills Programme – **till March 27** Local Plan – **2027 onwards.**
• ***Shropshire Council*** • ***System Partners*** • ***VCSE Partners*** • ***Residents***	**7. Improve Identification of Hidden Poverty** *Many residents do not recognise themselves as being in poverty or may not seek support.* • Use data to identify vulnerable households earlier. • Improve understanding of hidden poverty. • Reduce stigma associated with asking for help. • Increase community awareness of support services.	Over course of CRF delivery, **now through to 2029 and beyond.**

Conclusion/ Closing Summary

This report has shown that poverty remains one of the greatest challenges to health and wellbeing in Shropshire. It affects people of all ages and backgrounds, influences outcomes across the life course and contributes significantly to health inequalities.

Whilst Shropshire is often viewed as an affluent county, this report has highlighted the hidden nature of hardship and deprivation that exists within our communities. Rurality, housing costs, transport barriers, fuel poverty and rising living costs can combine to create significant challenges for residents and families.

There is no single solution, but there is a clear direction. By giving every child the best start in life, improving financial resilience, tackling fuel poverty, supporting good quality employment and strengthening our communities, we can reduce the impact of poverty and create opportunities for people to thrive.

Our challenge now is not simply to respond to poverty when it becomes visible, but to prevent it wherever possible, identify it earlier and work collectively to address the wider conditions that allow it to persist.

Together, we can help ensure that **everyone** in Shropshire can achieve better outcomes.

Rachel Robinson
(Director of Public Health)

Wendi Shepherd
(Deputy Director of Public Health)

Cllr. Ruth Houghton
(Portfolio Holder, Adult Social Care & Public Health)

Poverty is preventable and not inevitable. While no single organisation can solve poverty alone, every organisation has a role to play in reducing its causes and consequences.

Over the coming years, partners across Shropshire will continue working together to tackle both the symptoms and root causes of poverty, reducing health inequalities and supporting residents to live healthy, independent and fulfilling lives.

What are the next steps?

- Give Every Child the Best Start in Life
- Improve Household Financial Resilience
- Strengthen a "No Wrong Door" Approach
- Reduce Fuel Poverty
- Improve Access to Good Quality Employment and Skills
- Address Rural Inequalities
- Improve Identification of Hidden Poverty

What support is available?

Where do I get help?

Where?	What?
Click here	**Cost of Living Support** including: • Crisis & Resilience Fund • Council Tax Support • Blue Badges • Free School Meals • Holiday Activities & Food • Library Cards • Bus Passes • & more...
Click here	**Citizens Advice Shropshire** Advice, guidance and support: • Debt advice • Budgeting • Advocacy • Income Maximisation • Consumer rights • & more...

Where?	What?
Click here	**AgeUK Shropshire, Telford & Wrekin** Advice, guidance and support for older people: • Income maximisation • Benefit advice • Social care • Financial Assessments • & more...
Click here	**Marches Energy Advice** Advice, guidance and support: • Debt arrears • Grant schemes • Tariffs • Home upgrades & EPC • & more...

Or call Shropshire Local on **0345 678 9000** or visit in person at one of their many locations.

Can't get online?

Shropshire Local

Shrewsbury:
Guildhall, Frankwell Quay, Shrewsbury, England SY3 8HQ
Mon to Fri:
09:30 – 17:00

Ludlow:
Ludlow Library, 7-9 Parkway Lane, Ludlow SY8 2PG
Mon to Fri (no Weds):
09:30 – 17:00

Oswestry:
Free public phone access, regular library opening times apply.

Resources

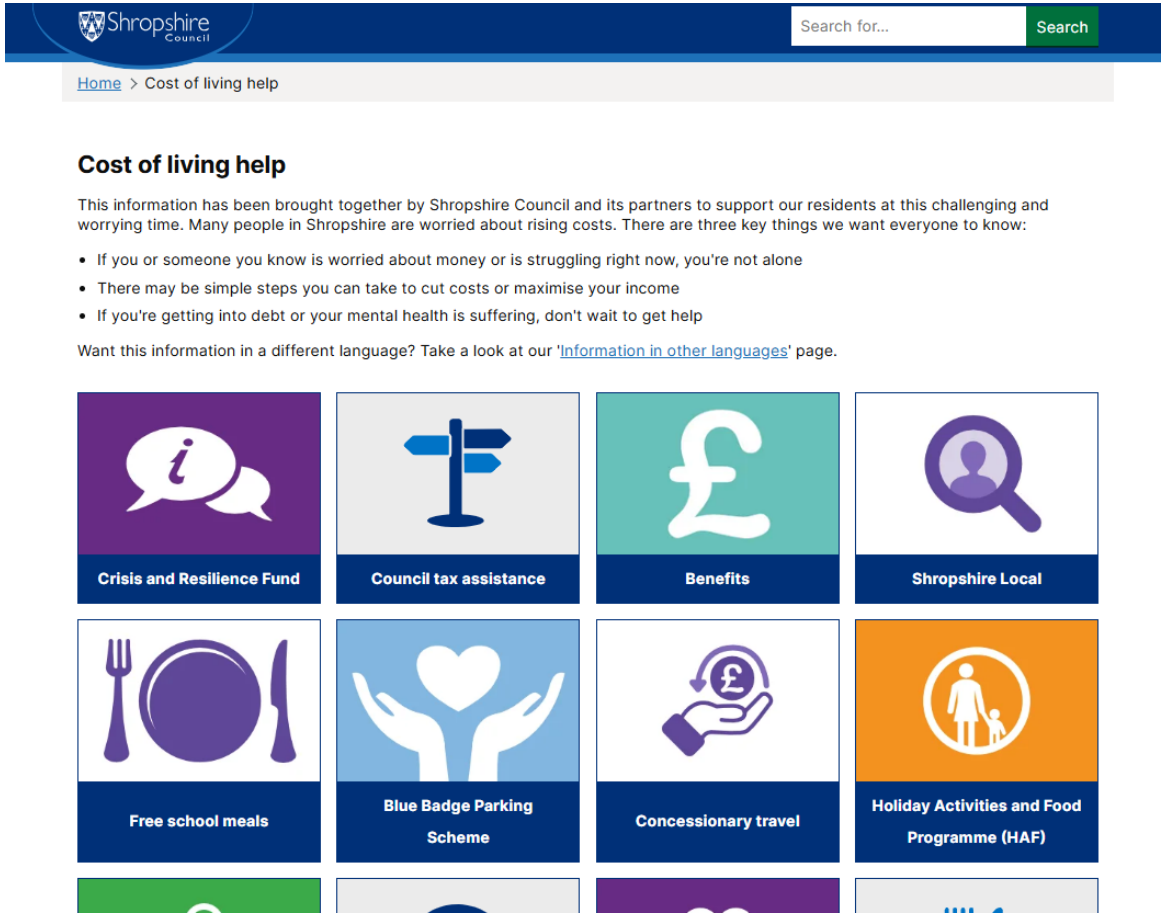


Produced by the Independent Food Aid Network (IFAN) – and informed by Shropshire Council, Citizens Advice Shropshire and CRF Partners. Leaflets were produced on available support and shared in key locations across the county.

https://worryingaboutmoney.co.uk/shropshire

Cost of living help | Shropshire Council

Refresh and rebranding of cost-of-living support available through Shropshire Council, simplifying access and promoting all opportunities including, but not limited to the Crisis & Resilience Fund.



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Marches Energy Advice

Shropshire Telford & Wrekin age UK

Community Resource

citizens advice Shropshire

SFPA Shropshire Food Poverty Alliance

Appendix 1: Citizens Advice Shropshire - Shopping Basket Data

Summary

Citizens Advice Shropshire updated what was formerly a Shaping Places research project evaluating the cost of a basic shopping basket for Shropshire households. Following the previous research design, prices were collected from 5 local stores in the South of Shropshire and contrasted with previous years findings. As a new addition to the project, online shopping prices were obtained from the leading 5 supermarket companies: Sainsburys, Tesco, Morrisons, Aldi and ASDA to capture alternative cost implications for households utilising online ordering platforms. While prices were substantially cheaper when ordering from leading retailer's online platforms, there are several barriers that may prevent access to these options for Shropshire residents.

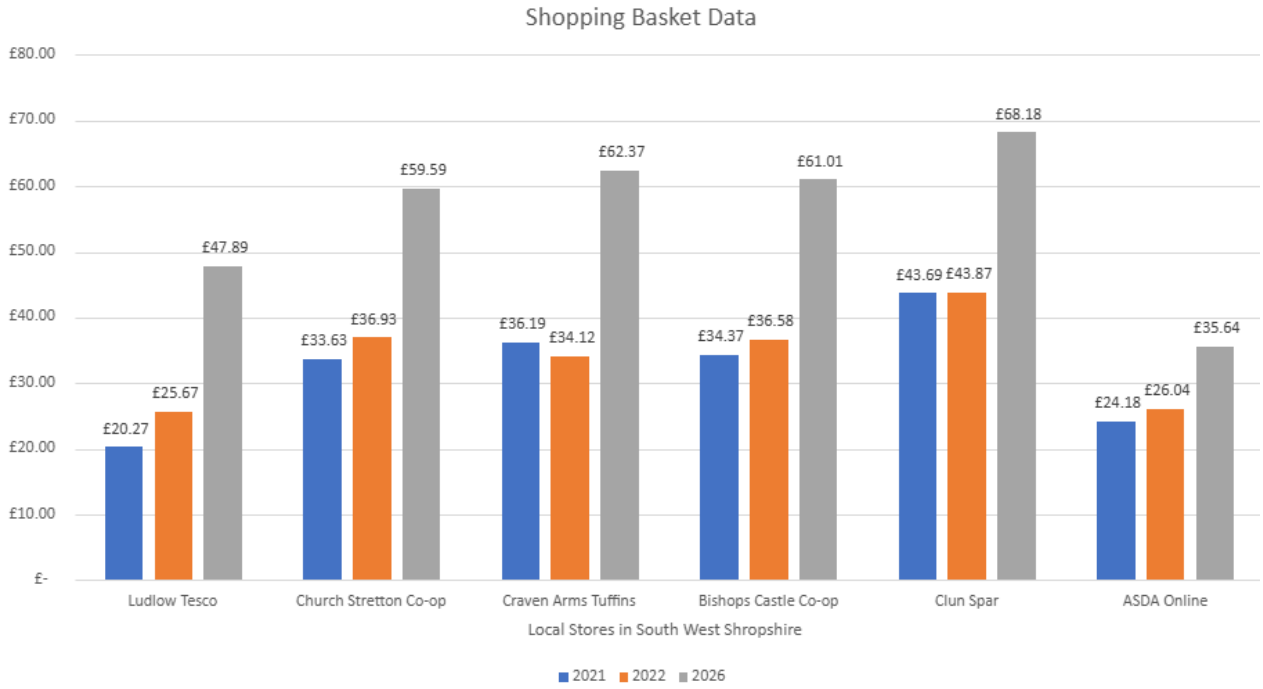
In 2026, Aldi was found to be the cheapest major food retailer for this shopping basket but does not offer online ordering and therefore delivery to rural locations. Other major providers often have a minimum purchase of **£40** for delivery, alongside charging additional delivery fees that can be up to **£7** depending on the time slot selected, which are often more expensive for times when working adults would be available. As a result, households are often better off travelling to do their grocery shopping in-person which presents further barriers for households in rural areas, especially when combined with the transport issues previously identified. For many households across Shropshire, local grocery stores are the only manageable option, but the privilege of proximity does then come at a **price premium**.

The results of this research demonstrated substantial increases in prices from 2022 to 2026, both for online retailers and localised grocery stores. **Keeping ASDA online as the control variable, food basket prices from 2022 to 2026 increased by just under 37%. Yet at the local level for South Shropshire stores, the average price increase was just under 69%, an enormous inflation from 2022.** Rising food prices place a massive pressure on household budgets across Shropshire, coupled with sometimes complex access barriers to affordable grocery retailers -- keeping food on the table for many, comes at a premium.

Summary Findings

- **69% average price increase** for local South Shropshire grocery store
- **37% average price increase** for ASDA online
- Ludlow Tesco experienced the **highest price increase since 2022 of 87%**, closely **followed by Craven Arms Tuffins at 83%**
- Clun Spar again is the costliest grocery store assessed with a food basket total of **£68.18**
- Average food basket price in South Shropshire in 2026 is **£59.81** an increase of **£24.38** from 2022

While prices have starkly increased, a reduction in quantity within products (called shrinkage) also means households are paying more for products they are getting less of.



As shown, **the most rural locations in South Shropshire face the highest price implications**. Alongside increasing food prices, households in these areas face multiple cost penalties: living further from major retailer options that often require travel by car or if utilising online options, are met with additional costs to their basket purchases to both meet the minimum order requirements and added delivery costs.

While Ludlow residents benefit from having the lowest **actual** price increase **(£22.22)** for their shopping basket between 2022 and 2026, when compared with other rural locations across South Shropshire, this was the highest **percentage** price increase across these retailers since 2022 at almost **87%**. Consequently, this significant increase places an enormous cost implication to household budgets in Ludlow that many would have been unprepared to financially plan for.

While not perhaps exceeding Ludlow's basket percentage increase, household's budgets across South Shropshire will undoubtedly have felt the financial burden of price inflation over the last 4 years. **Each rural grocery store researched experienced a percentage price increase on this sample food basket of at least 55% since 2022**. For working households since 2022, wages have only increased by around 33.8% and for residents receiving welfare support, benefits have increased by approximately 30.3% in large part due to high inflation. As indicated, wage and welfare increases are not matching the inflation levels of food prices across South Shropshire, consequently presenting persisting budgetary constraints for this necessity.

Appendix 2: Glossary of terms/acronyms

Acronym	Meaning
ASH	Action on Smoking and Health
AWEE	Affordable Warmth & Energy Efficiency
BSIL	Best Start in Life
BUS	Boiler Upgrade Scheme
CAS	Citizens Advice Shropshire
CRF	Crisis & Resilience Fund
CWOT	Community Wellbeing Outreach Team
DfE	Department for Education
DHP	Discretionary Housing Payment
DPH	Director of Public Health
EPC	Energy Performance Certificate
ESHIA	Equality, Social Inclusion and Health Impact Assessment
FAT	Financial Assessment Team
FFPP	Family First Partnership Programme
FSM	Free School Meals
GCSE	General Certificate of Secondary Education
GLD	Good Level of Development
HAF	Holiday Activities and Food Programme
HiAP	Health in All Policies
HMO	House of Multiple Occupancy
HSF	Household Support Fund
IFAN	Independent Food Aid Network
IMD	Index of Multiple Deprivation
MEA	Marches Energy Advice
NEET	Not in Education, Employment or Training
NNHIP	National Neighbourhood Health Implementation Programme
NOMIS	National Online Manpower Information System
ONS	Office for National Statistics
SAP	Standard Assessment Procedure
SFPA	Shropshire Food Poverty Alliance
SPD	Supplementary Planning Document
UC	Universal Credit
VCSE	Voluntary, Community and Social Enterprise

Term	Plain-English explanation
Absolute poverty	Not having enough income to afford basic necessities such as food, clothing, heating and housing.
Cash-first support	Providing money directly where appropriate, rather than only providing vouchers or goods.
Decile	One of ten equal groups used to compare areas. In the IMD, decile 1 represents the most deprived 10% of areas.
Deprivation	A wider lack of resources and opportunities, which can include income, employment, education, health, housing and access to services.
Food insecurity	Not always having reliable access to enough affordable, nutritious food.
Fuel poverty	When a household struggles to afford the energy needed to keep its home warm, safe and healthy.
Health inequalities	Unfair and avoidable differences in health between different groups of people.
Hidden poverty	Financial hardship or deprivation that may not be obvious to others or captured well by conventional measures.
In-work poverty	Experiencing poverty despite someone in the household being in employment.
Income maximisation	Helping someone make sure they receive all the income, benefits and financial support they are entitled to.
Negative budget	Where essential household spending is greater than the household's income.
No Wrong Door	An approach where someone seeking help should be connected to appropriate support regardless of which service they approach first.
Place Plan area	One of the local geographical areas used within Shropshire for planning and analysis.
Relative poverty	Having an income substantially below typical household incomes, limiting participation in everyday life.
Rural poverty	Poverty experienced in rural areas, where costs and access barriers can create additional pressures.
Rural premium	The additional costs people may face because they live rurally, including transport, energy and accessing services.
Wider determinants of health	The social, economic and environmental circumstances that shape health, such as income, housing, education, employment and transport.