



Golden Lane Housing

working in partnership with 

## Social Impact Report 2014



2014  
Retail Charity  
Bond



“Now we can’t ever imagine living with our parents again, it’s great to visit them but this is our home and we love it!” Kelly, Claire, Alice and Francis, GLH tenants

## Kelly, Claire, Alice and Francis’ story



“We all lived at home with our parents, life was good but there comes a time where you want to do things for yourself. Our parents helped us to get in contact with Mencap and Golden Lane Housing. We went to a few meetings and decided we wanted to live together. All of us wanted to live in Street in Somerset, it’s lively and close to everything so we started looking.

When we came to see the bungalow, we fell in love with it straight away, it’s so pretty. Our parents live quite close and it is near to our voluntary work and other activities we do. We all chose our bedrooms and Golden Lane Housing did some work to the inside and outside of the house including a ramp. Before we knew it the work was finished and we were moving in. Mencap are supporting us, the staff are such a laugh and they look out for us and we feel safe. We’re learning to do more things for ourselves at home and have started go to the shops on our own. It’s great. We decided to move in over a week, Kelly and Claire moved in first with the staff. On the first night we were talking to each other from our rooms and hardly slept! We all love having our independence.”

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# CEO overview



Golden Lane Housing (GLH) is here to make an impact on the lives of people with a learning disability and their families.

Assessing the nature and extent of that impact is of crucial importance and this report provides an insight into how people's lives have been transformed through working with GLH.

This report is based on the changes that have been made possible by the issue of our 2013 bond, which was the largest charitable bond issue of its type at the time. In 2014, we issued the first ever charity bond to be listed on the London Stock Exchange. We raised £11 million and again had to close early to avoid being oversubscribed. We are in the process of investing this money in another 30 properties nationwide to enable us to continue the programme of providing desperately needed housing. Together, these properties are providing a lasting legacy for future generations of people with a learning disability.

This report draws on the impact of our 2013 Bond which shows how the move to a GLH property enables people with a learning disability to lead substantially improved lives. They are achieving outcomes which they themselves have set in relation to choice, rights, safety, relationships, emotional, physical and material wellbeing, personal development and community inclusion. I have personally visited some of the tenants in their new homes and it is clear that rather than just a move it's been a launching pad and a new lease of life for many of them. The report also assesses the impact on the families of those who have moved into housing purchased using the 2013 Bond money. It shows marked improvements in the physical and psychological health of family members. We believe in the long-term that this type of provision will save money by providing a sustainable home for people at a reasonable price and by ensuring that an adequate proportion of the housing stock is appropriate for people with a learning disability.

We still face some challenges at GLH and within the sector. What the 2013 bond achieved still only scratches the surface of the huge needs that remain in relation to inadequate housing for people with a learning disability. As a society, we need to end the scandal of over 3,000 people in so-called Assessment and Treatment Units (ATUs) and hundreds of thousands more who are in inappropriate housing simply through a lack of choice. Many of our tenants come from the family home and there is a rising need for the rehousing of people who are living who can no longer cope. It is our belief that the social value of retaining choice and independence as a central part of policy is substantial, and that planned and managed transitions from the family home are desirable even if they are more costly in the short term.

At GLH, we will be considering the results of this report to develop our thinking around what next – how can we make an even greater impact with our 2014 Bond and future housing investment. I hope the report resonates with you. If it does, and if it can help us in our mission, please get in touch.

A handwritten signature in black ink, appearing to read 'Alastair Graham', written in a cursive style.

**Alastair Graham**  
Director, Golden Lane Housing

# Executive summary

GLH is a specialist provider of housing for people with a learning disability. In 2014 it launched a new bond to raise £11 million to house over 100 new tenants. In addition, it applied to be listed on the Social Stock Exchange, and this report was compiled as part of that application process. Most of GLH's income comes from rent, with most tenant's rent being paid directly by the local authority.

Housing for people with a learning disability is grossly underprovided, and the demand for new homes is growing. In addition, a large proportion of people are currently living with elderly parents, or in substandard accommodation. Whilst the abuse scandals in recent years have given the issue prominence, research suggests there are over 3,000 people still inappropriately housed in ATUs.

The majority of GLH tenants have a moderate to severe learning disability and have substantial support needs. Tenants benefit from having security of tenure, safe and appropriately adapted accommodation that is well-maintained and situated in a good location. This, combined with specialist support enables tenants to have greater independence and control over their lives. It also leads to improved physical and mental health, greater safety, better relationships and opportunities to integrate into their local community.

Data from Mencap's What Matters Most framework, a self-reporting tool shows that the areas that tenants cited as wanting to see most improvement were physical wellbeing, social inclusion, personal development and choices. Although progress was made across all of the outcome areas, the most progress was made in relation to rights, safety and emotional wellbeing. Although these are not the most cited outcome areas, tenants reported that they are happy with the changes in their life and the outcomes that they are achieving. There are very few areas where people are not satisfied with the outcomes that they have achieved.

Through GLH's Tenant Satisfaction Survey individuals reported a high level of satisfaction with their property, with almost 90% giving a positive rating to the quality of their landlord and housing. The location of the properties got over a 95% satisfaction rating and an analysis of the 2013 properties using the Index of Multiple Deprivation (IMD) finds that over half are located in the 25% least deprived neighbourhoods.

There is considerable evidence that families can struggle physically and psychologically but improvements were reported in both of these areas after the relocation of their relative into a GLH property. In particular, they reported statistically significant reductions in family burden,

family stress, anxiety/depression and pain/discomfort. Benefits were also identified for the state. Not only does the initiative contribute directly to policy objectives in this area: reducing the reliance on institutional care, improving the wellbeing of families and enabling people with a learning disability to lead full and purposeful lives, it supports councils to provide a sustainable solution to housing for people with a learning disability, many of whom live with elderly parents. It is also estimated that housing people with a learning disability in the community is substantially cheaper than housing them in expensive institutional settings.

Finally, the report contains some recommendations for how GLH can improve its evidence gathering in the future by including organisational outcome measures in its data gathering, measuring its economic impacts and continuing to do research with families.



Daymien Todd and Stephen McHale, GLH tenants opening the market at the London Stock Exchange in July 2014.

## Scope, purpose and context

GLH is a leading national housing provider for people with a learning disability. Mencap established it as an independent registered charity in 1998 in response to the huge need for housing for people with a learning disability.

GLH's mission is to provide a quality home around which people with a learning disability can build their lives. To achieve this it offers the type and quality of housing that each of us would be happy to live in. All properties benefit from investment to meet GLH's standards and tenants are provided with specialist housing management and repairs and maintenance support to ensure they can sustain their tenancy.

Entering the bond market is not entirely new for GLH because it was the first national charity to raise capital in the form of a £1.8 million Social Investment Bond in 2003. In the face of limitations on getting access to capital, GLH launched its second £10 million Social Investment Bond in 2013 to raise money for the purchase and adaptation of property for new tenants. Following the success of this, it launched a Retail Charity Bond in June 2014. This was the first charity bond to be listed on the London Stock Exchange's Order Book for Retail Bonds in this field. The bond raised £11 million and as with the second bond 12 months earlier it had to close early due to over-subscription.

### 2014 Retail Charity Bond

This impact report is being carried out with reference to the 2014 Retail Charity Bond. However, as the 2014 tenants are still in the process of moving into their properties, the analysis is presented as a forecast based on data from the 2013 properties. It is estimated that this should provide a reasonable basis for the forecast, as this bond will aim to help people with a range of learning disabilities as with the 2013 bond.

The indicators and measures noted in this report will be kept under review by GLH as the wider housing and care sector develops more robust benchmarking data.

## Social need

GLH was formed to help tackle the immense problems that people with a learning disability face when it comes to housing and being able to make choices about where, with whom and how they live their lives.

There are currently 1.4 million<sup>1</sup> people in the UK who have a learning disability, yet only 16% of those are in secure long-term tenancy or own their own home<sup>2</sup>. The majority of these receive no support from health or social care.

A national shortage in social housing means that it can be hard to find social housing through a local authority or housing association, particularly for people looking at sharing, needing adaptations or in specific areas close to existing circles of support. Potential tenants also face barriers accessing private rented housing – including a reluctance to deal with people

on benefits or a lack of understanding of people with a learning disability. 5.8% of all people with a learning disability are on the social housing list<sup>3</sup>. Most people with a learning disability do not have sufficient priority to secure social housing. In addition, 61% of local authorities believe that local housing arrangements do not meet the needs of people with a learning disability and nearly 20% of people with a learning disability known to local authorities live in accommodation that needs improvement. This includes one in three people living in registered care homes and one in four people living with family and friends (ibid.).

Only 16% of adults with a learning disability known to local authorities live in supported accommodation in the community – most live in registered care (ibid.) or with their families<sup>4</sup>.

However, a lack of suitable and good quality community housing has resulted in few alternative options<sup>5,6</sup>. Therefore families are often relied on as the main providers of accommodation, sometimes well into their own and their relative's mid-life<sup>7</sup>.

Although the Government has not published any national targets for new build housing it is generally accepted that the UK needs to increase the rate of new build from 112,630 in 2013-2014 to between 200,000 and 250,000 homes per annum by 2020 to keep pace with demand<sup>8</sup>. However, the focus is on mainstream housing numbers and specialist housing such as that for people with a learning disability is generally overlooked. For example, specialist housing is rarely featured in local authority development plans.

### Key

- 1 There is no national record of the number of adults with a learning disability in the UK. Emerson, Hatton, Robertson et al. used prevalence data and SEN records to produce an estimate for the likely true number of people with a learning disability in England. (Emerson, Eric, Chris Hatton, Janet Robertson, Hazel Roberts, Susannah Baines, Felicity Evison, and Gyles Glover. 2012. "People with Learning Disabilities in England 2011." Durham: Improving Health & Lives: Learning Disabilities Observatory.) Mencap has applied the same methods to population data for Scotland, Wales and Northern Ireland to derive an estimate for the likely true number of people with a learning disability across the UK.
- 2 <http://www.livability.org.uk/news/language-journalists/>
- 3 Mencap. 2012. Housing for People with a Learning Disability. Mencap: London.
- 4 McConkey, R., Kelly, F., Mannan, H., & Craig, S., (2011). Moving from family care to residential and supported accommodation: National, longitudinal study of people with intellectual disabilities. *American Association on Intellectual and Developmental Disabilities*, 116(4), 305-314.
- 5 Department of Health (2011). Illustrative cost models in learning disabilities social care provision. *Healthcare market intelligence*. Laing & Buisson, London.
- 6 Mansell, J.L., Beadle-Brown, J., Skidmore, C., Whelton, B., & Hutchinson, A. (2006). People with learning disabilities in 'out-of-area-residential placements. 1. Policy context. *Journal of Intellectual Disability Research*, 50(11), 837-844.
- 7 Rowbotham, M., Cuskelly, M., & Carroll, A. (2011). Sustainable caregiving? Demands upon and resources of female carers of adults with intellectual disability. *Journal of Women & Aging*, 23, 129-148.
- 8 Stimulating housing supply – Government initiatives (England) Standard Note: SN/SP/6416 Last updated: 8 July 2014.

## Policy content

The quality of care settings for people with a learning disability is something that has been of great public concern in recent years, in light of high profile cases of abuse such as that at Winterbourne View. Whilst some ATUs were shut down and individuals prosecuted in the aftermath, the scandal shed light on the lack of coordinated policy responses to the housing needs of people with disabilities. In its final report on the issue, the Government set out a timetable (June 2014) to return as many people as possible to their communities (Department of Health, 2014). Instead, the situation has deteriorated since then: the number of people in ATUs has actually increased and Mencap reports that thousands of people with a learning disability are still housed in this way<sup>9</sup>. Not only is this inappropriate and potentially harmful but it is very costly to the state with an average cost per placement in an ATU of £3,500 per person per week<sup>10</sup>. This compares with an average of about £1,300 per week to live in the community.

Whilst the expose was welcome in uncovering the abuse and mistreatment in these settings, there are much wider housing needs in this area that receive less attention. At least half of all people with disabilities live in the family home. In addition, 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. Local authorities only have plans for alternative housing in about 25% of cases<sup>11</sup>. An analysis of future estimated service need in this area carried out by the Department of Health predicts an average increase in demand for services for people with a learning disability of 3.2% per annum to 2030<sup>12</sup>. The most frequent worry for families of people with a learning disability is what will happen to their loved one when they are no longer around to look after them. In addition, some residential care homes, whilst not having the bad reputation of ATUs, are also large and impersonal and those living there are often housed far away from their home area. Whilst these are usually lower cost than ATUs, they still tend to be more expensive than supported housing in the community and they do not necessarily provide tenants with a suitable home.

Like other areas of policy, housing for people with a learning disability has been hit by austerity policies. In the past, the drive for greater choice for people with a learning disability meant that families were being engaged by local authorities to plan for independent living. However, discussions with commissioners as part of this research have highlighted the fact that these conversations are less likely to be taking place because of pressures to reduce the costs of care.

### Key

- 9 [http://www.mencap.org.uk/sites/default/files/documents/Winterbourne\\_View\\_the\\_scandal\\_continues\\_0.pdf](http://www.mencap.org.uk/sites/default/files/documents/Winterbourne_View_the_scandal_continues_0.pdf)  
10 These costs are highly variable (see Section 10). There are two sources for this figure. Quoted in Department of Health report on Winterbourne View and in a survey of ATUs in the following report: National Development Team (2004) Tough Times: Raising the Profile of Adults with Learning Disabilities 'Stuck' in the Secure Care System. (<http://www.ndt.org.uk/projectsN/secure.htm>).  
11 <http://www.learningdisabilities.org.uk/help-information/Learning-Disability-Statistics-/187696/>  
12 [http://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_10673\\_IHaL2011-05FutureNeed.pdf](http://www.improvinghealthandlives.org.uk/uploads/doc/vid_10673_IHaL2011-05FutureNeed.pdf)

## GLH's solution

Since GLH was established, it has invested £83 million in transforming the lives of over 1,300 people with a wide range of needs in more than 675 properties across England and Wales. In recent years and largely as a result of bond financing it has been able to increase the number of people it houses to 250 people per annum and aims to continually find innovative ways to provide appropriate and sustainable housing solutions.

GLH's housing options include:

### GLH rented properties

Through the Ordinary Houses Ordinary Streets scheme, GLH purchases specific houses using bond financing that are adapted where necessary before being let to individuals or groups.

### Privately rented accommodation

GLH's Great Tenants scheme enables it to lease properties from landlords and social and private developers. GLH acts as the landlord and liaises directly with tenants.

### Planning with relatives

GLH helps families find long-term housing solutions for their loved ones by using a discretionary trust with Mencap Trust Company. GLH can help people to manage and maintain such properties – this scheme is called Our House.

### Financial contribution

My Place is an arrangement whereby individuals and their families can have a financial stake in the property with GLH, which GLH then manages and maintains.



“It’s a great house and we’ve got our own lads pad!” Jeremy, GLH tenant

## Jeremy’s story

Jeremy, Myles, Joshua and Nicholas went to college where they learnt independent living skills and wanted to continue using these skills in their own place rather than returning to the family home.

As they were coming to the end of their time at college they decided they wanted to share somewhere together. Their parents approached Golden Lane Housing (GLH) to work with Wiltshire County Council to find a secure future home for them. With limited time, the search began. GLH worked closely with the individuals, their families, Mencap, social workers and the commissioner to find the right property in Trowbridge by the end of July. In a matter of weeks a chalet bungalow in Trowbridge was found. Recently refurbished to a high standard, the property only needed modifications to the ground floor. Before college life everyone had lived with their parents in different parts of Wiltshire so Mencap is supporting them to get use to their new home and explore the Trowbridge area.

“I can’t believe how quickly it was all sorted out, everyone worked together to make it happen in time for when they left college. This lovely house was found in the right area, Golden Lane Housing did the work that was needed and now it’s just right for everyone,” said Isabelle Wheen, Jeremy’s Mother.





Celebrating the final property purchased using monies from the 2013 Social Investment Bond with Danny, Ryan, Bryan and James, GLH tenants

## Who benefits

The primary beneficiaries of the project are tenants and their families.

This section describes who the tenants are likely to be based on 2013 data and describes the circumstances of families, which is drawn from a recent study of family outcomes carried out by the University of Bangor.

### Tenants

The 2014 bond will fund properties for over 100 tenants. All GLH tenants have a learning disability and some also have physical disabilities.

**Chart 1: level of disability (care component) of 2013 Bond tenants**

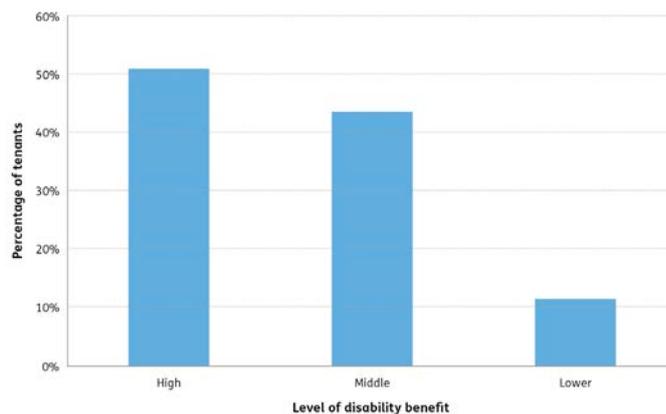
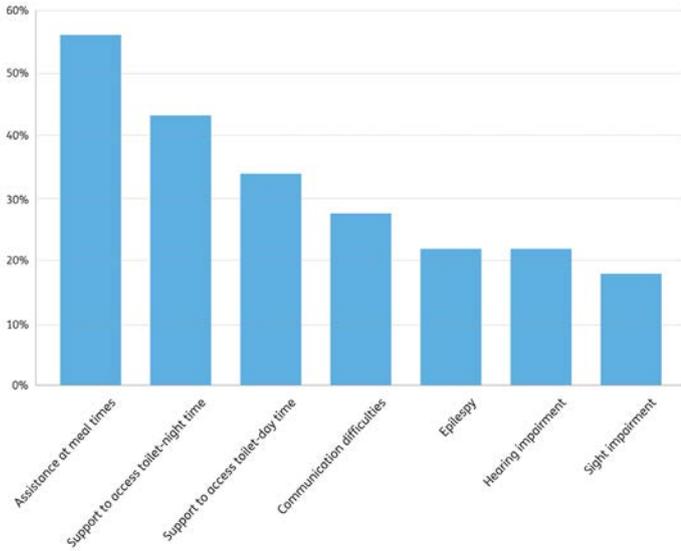


Chart 1 shows the level of Disability Living Allowance (Care Component) that 2013 Bond tenants are claiming. Although not a perfect measure of severity of disability, it is a reasonable proxy<sup>13</sup>. As we can see, the majority have moderate to severe disabilities.

#### Key

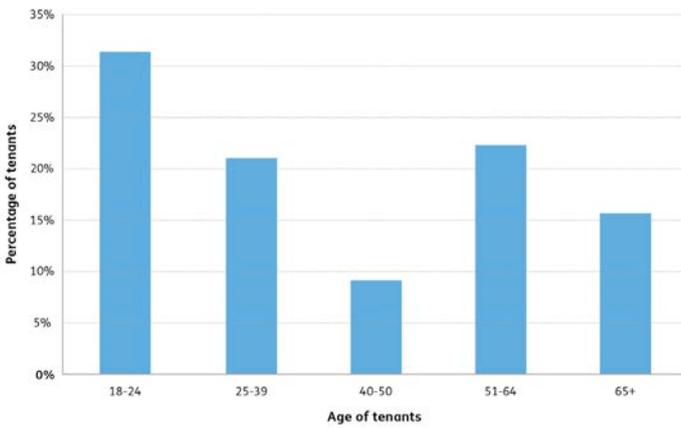
- <sup>13</sup> It is a proxy more for the severity of disability, rather than learning disability. For example, someone who has a very mild learning disability, combined with a debilitating physical disability may have a higher level of Disability Living Allowance than someone with a more severe learning disability.

**Chart 2: tenant support needs (source: University of Bangor)**



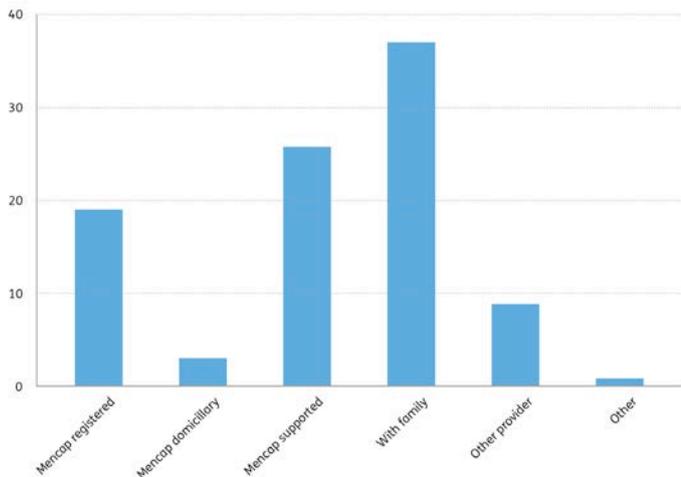
In Chart 2 families reported more than one need. It shows the support needs of a sample of tenants whose families were included in the University of Bangor study. Only 18% are considered to have problems with their sight and the majority need assistance or support with routine activities. We would expect a similar profile of disability for the 2014 Bond tenants.

**Chart 3: age of 2013 Bond tenants**



There is a wide age range among tenants, ranging from 20-75 with a median age of 32. Chart 3 gives a breakdown of tenants by age. The majority are aged between 18 and 25, and a substantial proportion of these would be relocating from college.

**Chart 4: living arrangements of tenants prior to move into 2013 Bond property**



Prior to relocating to a GLH property, the majority of tenants were living in the family home. Many were also living in some kind of Mencap supported property.



A GLH tenant with her parents, she moved into her home with three friends in the South East of England.

## Families

Evidence suggests that caring for an adult family member with a learning disability long-term can have a negative impact upon carers' physical and psychological health. Primary carers of adults with a learning disability are more likely to experience higher levels of stress, anxiety, depressive symptoms<sup>14</sup> and physical health problems<sup>15</sup> than their non-caregiving peers.

The majority of Bond tenants lived with their families prior to relocating to a GLH property. This was over half of the tenants in the sample of families surveyed by the University of Bangor.

According to those findings, the persons who identified as the primary carer were mostly mothers (73.8%). Other relationships comprised of fathers (11.9%), sisters (7.1%) and brothers (4.8%) and one step-father in the sample. Carers' ages ranged from 44 to 88 years with the average age being just over 61 years.

### Key

14 Seltzer, M., M., Floyd, F., Song, J., Greenberg, J., & Hong, J. (2011). Midlife and aging parents of adults with intellectual and developmental disabilities: Impacts of lifelong parenting. *American Journal of Intellectual and Developmental Disabilities*, 116(6), 479-499.

15 Yamaki, K., Hsieh, K., & Heller, T. (2009). Health profile of aging family caregivers supporting adults with intellectual and developmental disabilities at home. *Intellectual and Developmental Disabilities*, 47(6), 425-435.

# Activities and operations

## GLH has a 16 year track record of managing and maintaining properties for people with a learning disability.

GLH has built up a portfolio of 400 properties, which it owns on freeholds or long leases with a net asset value of £37 million (as at 31 March 2014). GLH has a further 275 properties on short leases.

The properties are of high quality, mainly individual houses and bungalows, which more than meet the Decent Homes Standard<sup>16</sup> and are typically located in attractive residential areas. At the end of March 2014 GLH had 1,360 tenants, 14% claiming Housing Benefit on Local Housing Allowance<sup>17</sup> (LHA) level, 6% in registered care home and 80% who are claiming housing benefit to meet their rent using the Exempt Regulations<sup>18</sup>. Most of GLH's income comes from rent, with most tenants rent being paid directly by the local authority.

## Personalised support

Each tenant is provided with appropriate personalised support, which varies with levels of need. GLH works with support providers such as Mencap to ensure that the tenants' personal care and support needs are met. However, not all support contracts are awarded by health and adult services to Mencap, and GLH has Service Level Agreements with over 80 other local, regional, and national support providers across the voluntary and commercial sector which sets out terms under which personalised care and support is provided in properties managed by GLH.

Working to a plan that is developed and agreed with the tenant and those close to them, support staff provide care, support and guidance to enable people to live as independently as possible.

Support staff are able to support people in all areas of their life to make the most of the skills that they already have and to develop new skills that help them towards the outcomes they want to achieve.

The typical things that a Mencap support worker could be supporting with would include support to make sure:

- That day-to-day personal care needs of the person are met.
- That physical and health needs are supported.
- People are supported to identify activities and participate in their local community.
- People keep in contact with their family and friends.
- People are supported to manage their money so they can buy the things that they need.
- People are supported to be included in decision making about the things that are important in their lives.

### Key

16 Decent Homes Standard

<https://www.gov.uk/government/publications/a-decent-home-definition-and-guidance>

17 Local Housing Allowance <http://www.voa.gov.uk/corporate/RentOfficers/LHADirect.html>

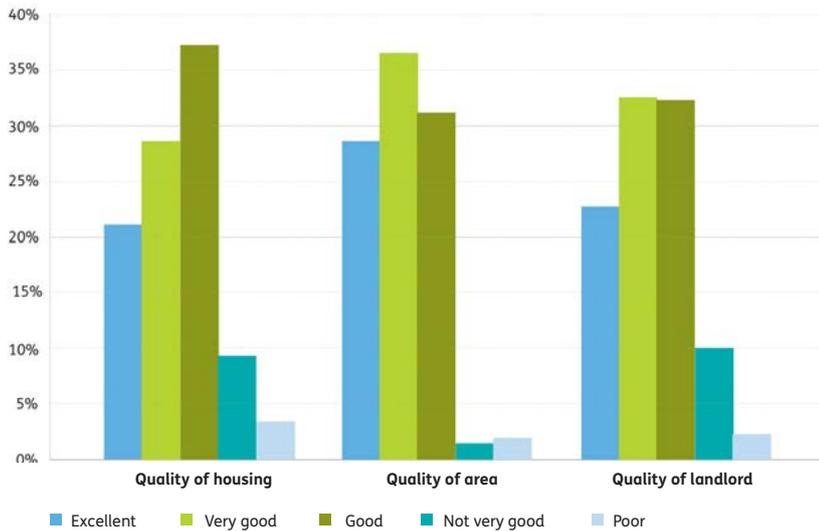
18 Exempt Regulations:

<https://www.gov.uk/government/publications/exempt-and-supported-accommodation-rr714>

## Tenant satisfaction

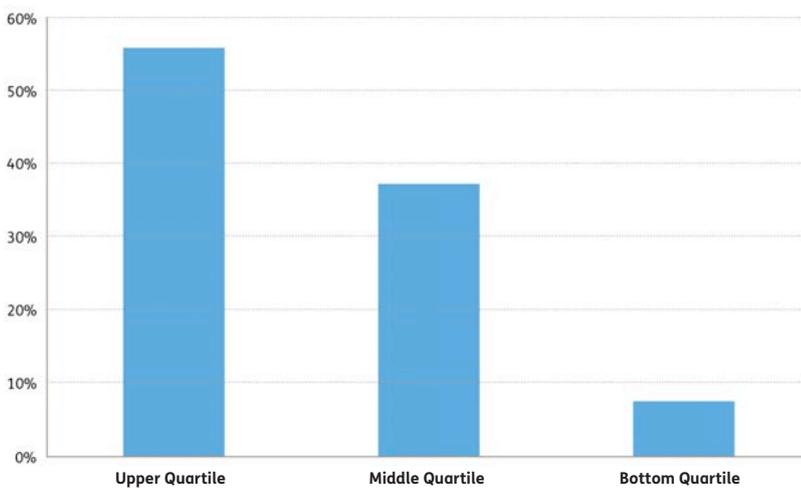
Central to GLH’s objectives is to be an excellent landlord to its tenants. It has a policy of continuous investment in its properties and has spent on average £753,086 per annum on planned maintenance over the past three years.

**Chart 5: results of tenant survey (1=excellent, 5=poor)**



GLH carries out a tenant survey to gauge levels of satisfaction with the properties. The results of this survey are very positive with a mean satisfaction score of 91% across the three areas (rating good-excellent). This is higher than the average score on these measures for other providers included in the OMBM Benchmarking Club Report. Tenants were particularly positive about the quality of the area in which their property was located. It is common for tenants to move locally to stay close to existing support networks, families, friends and professionals. GLH’s approach is to purchase or lease a property that meets the needs of tenants, rather than offer empty bedspaces or empty properties to those on a waiting list.

**Chart 6: distribution of housing by Index of Multiple Deprivation**



An analysis of the location of the 2013 properties using the Index of Multiple Deprivation (IMD) finds that over half are in the 25% least deprived neighbourhoods of their respective local authority whereas only two are in the bottom quartile. See Chart 7.



## Existing impact management

GLH has a number of different approaches to impact measuring. As well as the families research and tenant survey described in the previous section, it conducts a self-assessment with each tenant known as What Matters Most (WMM). On taking up the tenancy, an assessment is also completed by the local authority that identifies the key things that are important to the person in delivering their support. The depth of this varies from authority to authority, which sometimes reduces the usefulness of the tool for measurement purposes.

### What Matters Most

Outcomes for tenants are already being gathered in most areas through the WMM framework, a set of statements. In 2014, WMM was developed as the key for quality assurance in Mencap, moving from a system that measures the quality of a service to measuring the quality of the service that a person receives and the life they experience. This is a self-report tool based on the theory of Quality of Life (QoL) that asks tenants to rate their progress against their own personal outcomes; these are then brought into groupings based on the reasons why the person has identified these outcomes as important to them. In essence, if the tenant decides that they have achieved a positive outcome in an area then this is recorded as such. The tool was completed by GLH tenants to help them reflect upon what they are achieving and what they want to do in the future. A secondary aim of the research is to report on organisational outcomes.

### Families research project

As mentioned earlier, the University of Bangor was commissioned to carry out an evaluation of families' wellbeing before and after relocation of 2013 Bond tenants to see whether these impacts were also being experienced by GLH tenant's families. Family members who identified themselves as primary carers completed a batch of questionnaires prior to the relocation of their relative and again six months subsequent to relocation. The six month period was chosen to allow for settlement after the disruption or disturbance which may be as a result of the move. Questionnaires were chosen for their reliability and validity in assessing the physical and psychological health of families providing support to an adult family member with a learning disability.

“Cook my own meals myself. No fairies to do the dishes. Do my own laundry.”

“Choose my own room – all pink. Pictures on wall. Lots of photos. Can play my music loud. Love karaoke.”

GLH tenants

### S's story

S has an increasing presence in his local community. He is getting to know his neighbours and local shopkeepers. He has continued with the courses he was previously doing. He now spends time at his local, and often sees shows in the West End as well as going to the cinema regularly.





Dave, Richie and Jack moved into their home in the South West of England.

## Stakeholders

In impact evaluation, it is now common practice to take a multi-stakeholder approach ie to measure all material outcomes to groups affected by an intervention, whether that impact is positive or negative.

This section describes the stakeholders of the 2014 bond properties and assesses whether they should be included in the impact report.

### Which stakeholders to include?

Stakeholders include beneficiaries but also groups or individuals that are material to the inputs and activities (eg funders or staff). Usually outcomes are only measured for direct and indirect beneficiaries. A materiality test asks whether sufficient social value is being created for a given stakeholder group, relative to the whole, to merit its inclusion in the analysis. The aim is to focus the Theory of Change on the most significant outcomes whose omission would influence organisational decision-making. See Table 1 for an audit trail of which stakeholders that has been included in the impact report.

A draft Theory of Change was developed for each stakeholder group (see Section 5). Of the four material stakeholder groups, engagement took place with two of them: tenants and commissioners. Central Government objectives were gauged through review of policy documents and the objectives of families were identified through discussions with staff.

Table 2 sets out the numbers of stakeholders that were engaged and the method used. The next section describes the findings from stakeholder engagement.

**Table 1: stakeholder audit trail**

Stakeholder	Material	Reason for decision
Tenants	Yes	Primary beneficiary
Families and relatives	Yes	Important secondary beneficiary, substantial impact on some family members
Commissioners of local and health authorities	Yes	Material to both inputs (funding) and outcomes
Central Government	Yes	Beneficiary in terms of potential cost savings but also in terms of longer-term care policy and wider social benefit
Neighbours	No	Some cases of both positive and negative impacts but not considered close enough to the overall outcomes to be material
Staff team	No	Important stakeholder but social value not material relative to the overall project
Professionals	No	Important stakeholder but social value not material relative to the overall project
Investors	No	Material to inputs (social return on investment)

**Table 2: stakeholder engagement**

Stakeholder	Number engaged	Method
Tenants	87*	Interviews by Mencap staff
Families and relatives	None	Inferred from conversations with GLH and Mencap staff
Commissioners/ local authorities	2**	Telephone interviews
Central Government	N/A	Policy review

\* This will include any people who may have moved into and out of a property over this time.

\*\* Four commissioners were approached for interview but only two agreed to take part in the research.



“I like sharing with my friends. I feel safe here,”  
Kevin, GLH tenant

## Kevin’s story

Kevin, Billy, Zena and Steve are great friends who desperately wanted to stay together when the property they were living in became unsuitable. “We’ve lived together for a very long time and we didn’t want that to change. We are really close friends and help each other a lot. At first we didn’t understand why we had to move but the staff explained the house we were living in couldn’t be fixed so we had to find somewhere new to live,” said Kevin.

Mencap approached Golden Lane Housing who agreed a property could be bought for them using the monies from the 2013 Social Investment Bond. Within a short time the right house was found, and in a matter of weeks Golden Lane Housing carried out the work to the house as Zena needed a ground floor bedroom with an ensuite bathroom and there were changes to the bathing facilities upstairs.

Kevin explains, “We went to our new house quite a few times, we really liked it and it was much better than the one we were living in. There was lots of room to move around and we all chose our bedrooms. I really like my room, the wall paper on one wall has a picture of Brooklyn Bridge in New York, it’s great! I like sharing with my friends. I feel safe here, it’s a great house and we’ve got nice neighbours.”



## Findings from stakeholder engagement

Interviews were carried out with ten tenants to test the Theory of Change. These were carried out by members of Mencap's Quality team and members of the Operational team. Although a small sample, it gives some insights into what the priorities of tenants are for their move into a new property. The interviewees mainly had a moderate learning disability and ranged in age from 25-65.

“Like living with friends and I like the staff. Nothing I don't like.”

“It's fantastic. I love seeing my friends all the time.”

GLH tenants

There were a few themes that emerged from the interviews:

### Opportunity

People valued the **opportunity to do things for themselves**. This was perhaps the most mentioned difference between their GLH property and previous living arrangement, irrespective of where they lived previously. In particular, they talked about cooking and baking, food shopping, paying bills, getting buses, doing laundry, housework, being responsible for their finances, going swimming, making appointments and being responsible for their medication. All of these tasks are of course supported by staff and tenants generally spoke very highly of their staff and the level of support that they had.

### Friendships

They also spoke of the **importance of friendships** and living with friends as well as (for some) maintaining their relationships with family.

### Independence

Another theme was **independence**. This was more than just being able to do things for themselves, it was also having the freedom to play their music loudly, decorate their room the way they want, go out when they want and being able to do things with friends. One tenant had got a job working with animals since they moved.

### Quality of a home

An additional theme was the **quality of the accommodation** and access to the property. A lack of access and poor quality accommodation was described as being restrictive to their independence.

### Family

Those that had been living with **family** talked of mixed emotions amongst family members on their leaving. In some instances, it had been really necessary. For example, one tenant came from a family of 13 and had to move after her father died. For others, they missed their family and know they are missing them too but recognise that they are happy for them to have this new-found freedom.

Tenants who were interviewed were overwhelmingly positive about their move. There was no negative feedback and no recommendations for improvements.

Finally, tenants also used terms like 'proud' and 'confident' to describe how they now felt. This sense of personal achievement was also important and stemmed particularly from being able to look after themselves and make more of their own decisions.

The impact the move had did seem vary depending on their previous accommodation. For example, one interviewee had been living in a nursing home, where they were shut in all the time and never went out. They described it as 'horrible'. Others didn't get on with people they lived with or were in substandard accommodation. For those who lived in a loving family home, they had been having a good quality of life, albeit without some of the freedoms and independence they now have. This suggests that the Theory of Change may vary by type of previous accommodation, which is something that could be explored in future work on impact evaluation.

### Interviews with commissioners

It was only possible to interview two commissioners during the timescale of the research. One difficulty with engaging commissioners for this type of research is that in some instances the day-to-day pressures of the job, and the emphasis on costs make it difficult for them to make space for an ongoing assessment of the outcomes of their commissions. This is a common problem across the public sector that has been written about elsewhere. Commissioners are not a homogenous group however and in some authorities this thinking is more advanced than others. Nonetheless, there has been a commitment to outcomes-based commissioning in place for some time and the Social Value Act has enshrined in law the importance of taking non-economic factors into account in making commissioning decisions<sup>19</sup>.

Both commissioners that were consulted as part of this research spoke very highly of GLH and its professionalism and competence. There was also a sense that because of its links with Mencap, there was an assumption that it was working in the best interests of people with disabilities. Although this creates potential accountability risks, the contracts are subject to regular reviews.

Another notable but unsurprising finding from this research was the increase in emphasis on cost reduction. One commissioner told us that unit costs were very important. Whilst the council had a policy of promoting the independence of people with a learning disability, this sometimes clashed with financial pressures. The implication of this is that whereas in the past they would have proactively approached families about rehousing their family member, this was often no longer an option because it was an unnecessary cost increase for the local authority. By contrast they were keen to rehouse people from residential care because it was generally cheaper.

#### GLH tenants said...

"Last property had damp and housing association would not fix them."

"No access to house for wheelchair. Went to a day centre but didn't do much else." (last property)

"Mum is really happy. They feel sad when I am not there. Speak to Mum every day."

#### C's story

C wanted to be able to make sure that she was responsible for her own laundry, and wanted to start with making sure that she was changing and laundering her bed clothes as needed. She is now taking responsibility for all her laundry, and completes it all without prompting. This simple change seems to have led to her feeling a sense of pride of being a more independent adult and has led to her taking greater ownership in other areas of her life. She is now starting to try different meals.

#### J's story

The greater opportunity to make everyday choices has led to J being more confident about telling people how he feels about things rather than bottling his feelings up and feeling under stress.

#### Key

<sup>19</sup> New Economics Foundation (2007) Unintended Consequences: How the efficiency agenda erodes local public services and a new public benefit model to restore them London: nef.



## Nottingham County Council's story

“Over the last year or so we have worked closely with Golden Lane Housing (GLH) and Mencap to develop quality supported housing for people with a learning disability. Occupational Therapy staff and care managers helped GLH to identify and make the necessary adaptations to four large wheelchair accessible bungalows including specialist tracking hoists and bathing facilities.

Through our partnership approach we have been able to move 16 people from residential care homes to some fantastic bungalows which have a much more homely feel and are more suited to their needs. Care managers and Mencap staff have seen some wonderful improvements in confidence and behaviour.

This demonstrates the benefits people gain from supported living which is being provided at no extra cost to the local authority.” Mark Jennison-Boyle, team manager, Supported Living Commissioning team, Nottingham County Council





Jeremy, Nicholas, Myles and Joshua celebrated moving into their bungalow in Wiltshire with family, friends and staff.

## Theory of Change

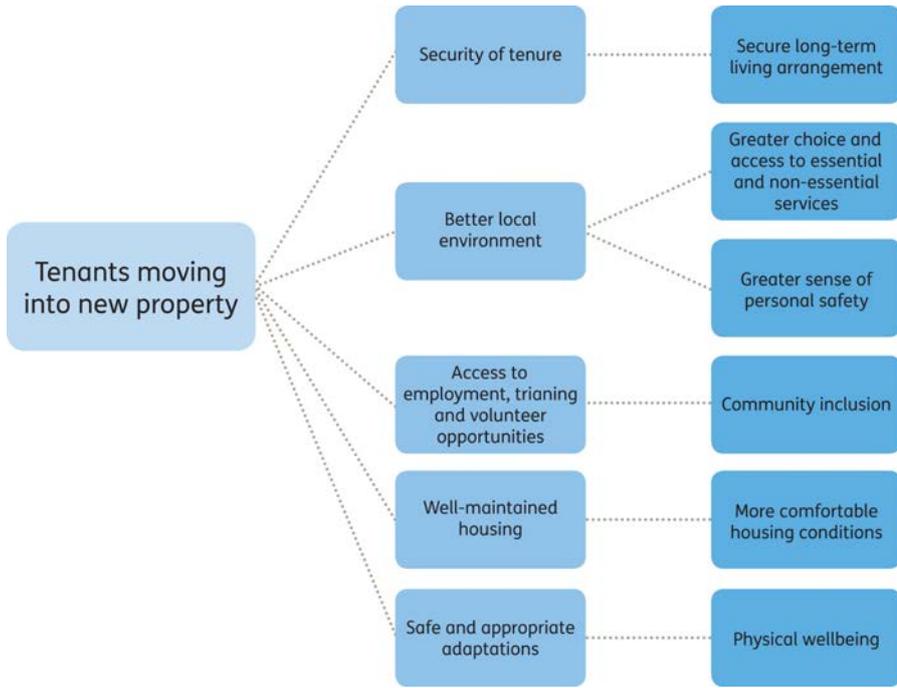
The Theory of Change describes the relationship between inputs into an organisation or an intervention and the short, medium and long-term changes that then occur.

These changes can be positive or negative, intended or unintended, and are examined for each stakeholder group in turn. The final outcomes are the ones that should be measured and reported on. It is recognised that the value of some outcomes will change in relation to the circumstances of the tenant and their living condition prior to the move. For example, for someone who was previously living at home, independence may feature as a more important outcome than for someone moving from another provider. However, the overall Theory of Change is unlikely to change just the magnitude of change for that individual or the value of the outcome.

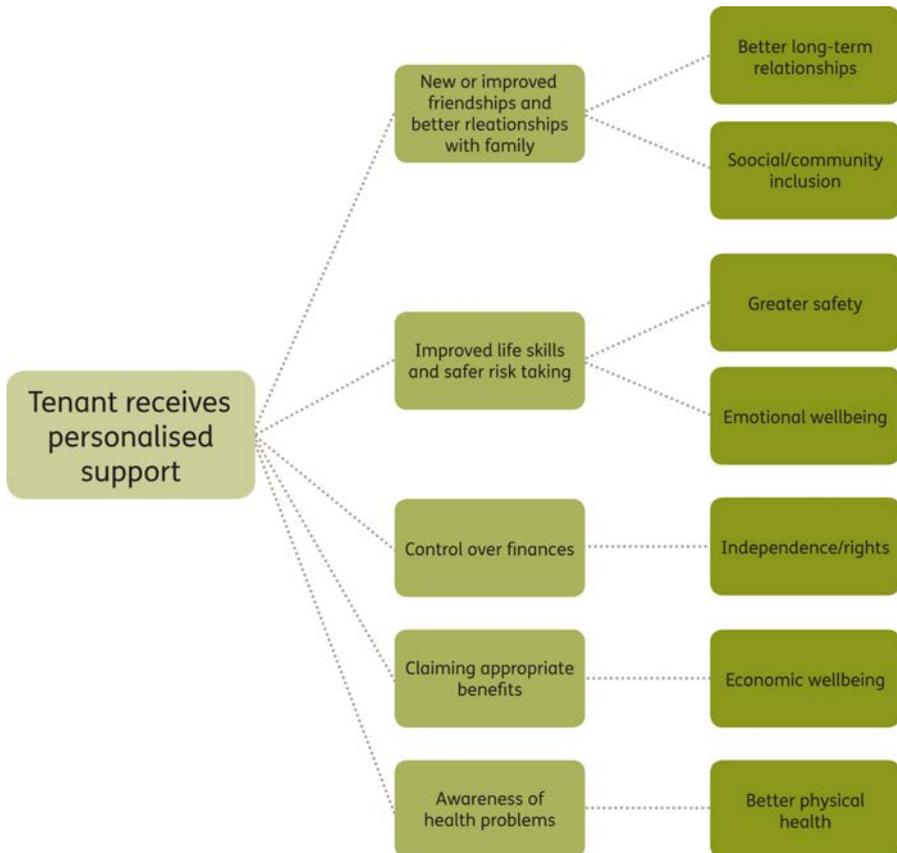
The same applies to families. For example, the respite benefits to parents are likely to be greater for those that have children with more severe disabilities. In addition, there is likely to be greater benefit to the state in successfully housing people with a background in offending as this may have an impact on their propensity to reoffend.

Charts 7, 8 and 9 set out the Theory of Change for tenants and families members respectively. For tenants, some outcomes come directly from the quality of the property and others from the quality of the support. It is important to stress however, that these are part of a package of support and the benefits of each cannot be disaggregated. Nonetheless, the focus on this report is on the 2014 bond investment and therefore a greater emphasis will be placed on outcomes that stem from the properties. Section 9 will deal with attribution between these two activities.

**Chart 7: Theory of Change: tenants from property move**



**Chart 8: Theory of Change: tenants from personalised support**



**Chart 9: Theory of Change: families**

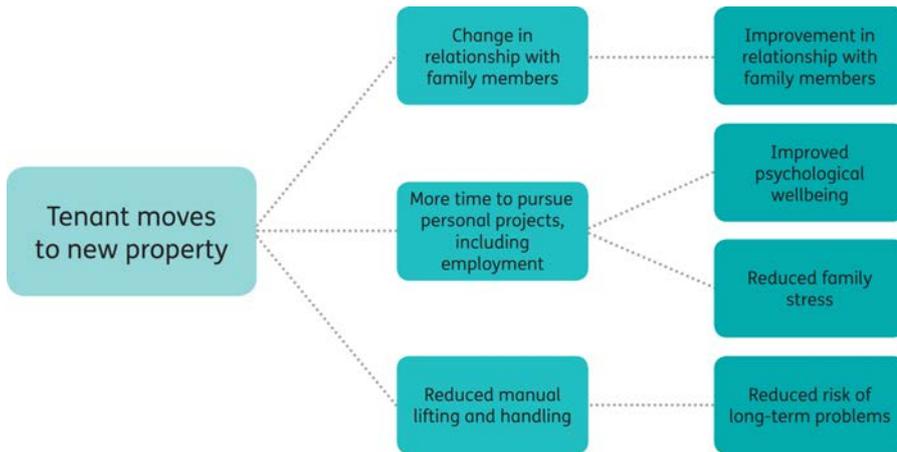


Chart 10 summarises the Theory of Change for the state. There are four main benefits to the state from this intervention. The first is that it supports long-term policy to reduce reliance on institutionalised care settings. There are potential cost savings for the state from housing people in the community, and the GLH model may provide a cost effective model. These will vary depending on the nature of the care setting that the tenant was previously living in. This is dealt with in more detail in Section 8.

The second policy area is to ensure that people living with elderly parents have plans for the future. In the White Paper Valuing People, it acknowledges that councils require “better forward planning...so that carers do not face continuing uncertainty in old age and their sons and daughters gain greater independence in a planned way”<sup>20</sup>. As mentioned, a number of demographic factors mean that there will be an increase in the demand for accommodation for people with disabilities. In 2011, 67% of local authorities reported that it had become more difficult for adults with a learning disability to have their housing needs met. Local authorities also estimated a 5.7% increase in the number of people with a learning disability who would need support or a care home placement in the next two years<sup>21</sup>.

Third, there is considerable evidence that families can struggle physically and psychologically with the challenge of looking after their family member. Improving the wellbeing of carers is also an explicit goal of policy through the National Carer’s Strategy<sup>22</sup>.

Finally, it is an expressed government aim to enable people with a learning disability to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships.

**Key**  
 20 Department of Health. 2001. Valuing People: A New Strategy for Learning Disability for the 21st Century. A White Paper. London: Department of Health (p. 70).  
 21 Mencap. 2012. Housing for People with a Learning Disability. Mencap: London.  
 22 <https://www.gov.uk/government/news/a-national-strategy-for-carers>

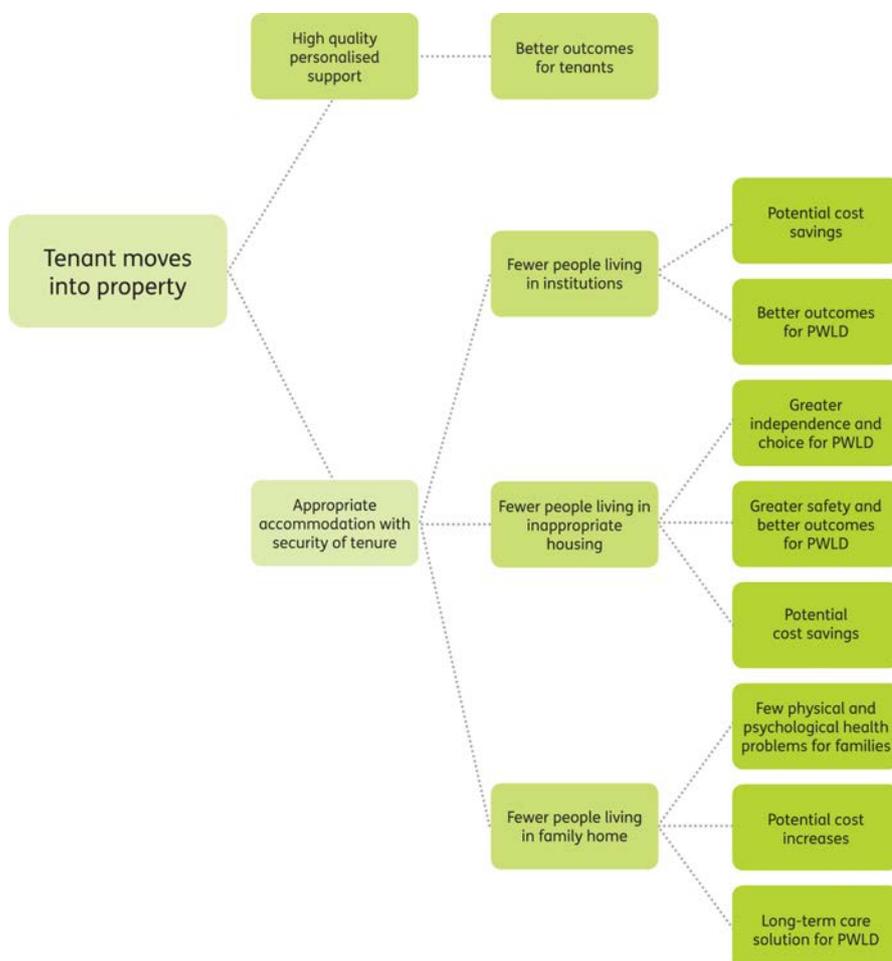


A tenant who moved into her home with three friends in the South East of England.

This is consistent with what GLH are trying to achieve. As discussed in spite of explicit policies to improve social outcomes, in practice these are often secondary to reducing costs. As such, the Theory of Change for the state may be more ‘theoretical’ than a representation of actual practice.



**Chart 10: Theory of Change: for the state**





Mark is living with three friends in Lincolnshire.

## Indicators and ways of measuring

This section identifies indicators and ways of measuring each of the outcomes identified in the Theory of Change.

For most outcomes, some information is already being gathered, and this will be presented in the next section.

For tenants, there is a strong emphasis on self-reported data. In some instances this is probably best described as a necessary but not sufficient piece of information to tell us whether or not an outcome has been achieved. For example, whilst one tenant might be volunteering in the community, another might be watching TV all day.

A self-report may tell us whether someone is satisfied with their progress in terms of their use of time but not provide us with the level of detail required to compare these two experiences. There may be instances where the WMM framework can be complemented by other indicators or measures. Some of this information may already be available, or easy to access, for example change in IMD scores, information from assessment forms. However, in other areas there may be a case for including some additional questions/questionnaires. Some suggestions of validated scales that have been used for academic purposes are set out in Appendix 1.

However, these are only recommendations and the feasibility of introducing any new measures would need careful consideration and cooperation with GLH's partner, Mencap.

The indicators and measures used for outcomes for families are more straightforward. This reflects the less complex nature of the Theory of Change for families. These are set out in Table 4. Data is available on most of the material outcomes. The exception is the quality of relationships with family members, which was identified by staff as important but was not included as part of the survey instruments used in the families study. Consideration will be given as to how outcomes for families can continue to be measured in systematic way in the future.

**Table 3: indicators and ways of measuring: tenants'**

Outcome	Indicator	Existing measure
Secure long-term living arrangement	Proportion of tenants with tenancy agreement	Ongoing measurement of length of tenancy
Better housing conditions	A proportion of tenants scoring an average of 'very good' or 'excellent' across quality of housing, location and landlord	Tenant Satisfaction Survey
Greater choice and access to local services	Improved choice and change in access to local services	Choice WMM
Community inclusion	Participation in voluntary work, education or training, leisure/arts and sports activities	WMM
Safety and physical wellbeing	People have identified personal outcomes that have been attributed to their feeling safe, or being supported with, and having access to health care services	WMM
Better relationships	People have identified that the personal outcomes that they are working towards are supporting them to develop friendships	WMM
Greater independence/ rights	People have identified that the personal outcomes that they are working towards are helping them to learn and grow as a person	WMM
Emotional wellbeing	People have identified that the personal outcomes that they are working towards are supporting them to feel happy, and people have commented on their level of satisfaction with the outcomes that they are working towards	WMM
Economic wellbeing	People have identified that they are working towards personal outcomes that improves their financial wellbeing, and have the money they need to make the most of their life	WMM

**Table 4: indicators and ways of measuring: families**

Outcome	Indicator	Existing measure
Physical health	Self-reported change in mobility, self-care, usual activities, pain/discomfort and anxiety/depression	General Health Questionnaire (EQ-5D) <sup>23</sup>
Psychological health	Levels of family stress, care-giver's distress and burden	Distress (Kessler 6) <sup>24</sup> , caregiver burden (Zarit Burden Interview) <sup>25</sup> and family stress (QRS-F) <sup>26</sup>
Relationships	Change in relationship with family member	Not currently measured

**Key**

23 EuroQol Group. EuroQol – a new facility for the measurement of health-related quality of life. *Health Policy*, 1990; 16: 199-208

24 Kessler, R.C., Andrews, R., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.-L.T., Walters, E.E., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.

25 Bédard, M., Molloy, D.W., Squire, L., Dubois, S., Lever, J.A. & O'Donnell, M. (2011). The Zarit Burden Interview: A new short version screening version. *The Gerontologist*, 41, 652-657.

26 Friedrick, W.N., Greenburg, M.T. & Crnic, K. (1983). 'A short form of the Questionnaire on Resources and Stress'. *American Journal of Mental Deficiency*, 88, 41-48.



"I am scared to leave Lee Road, but at the same time looking forward to moving on to something new. I hope my Mum can find my new house!" says Ryan.

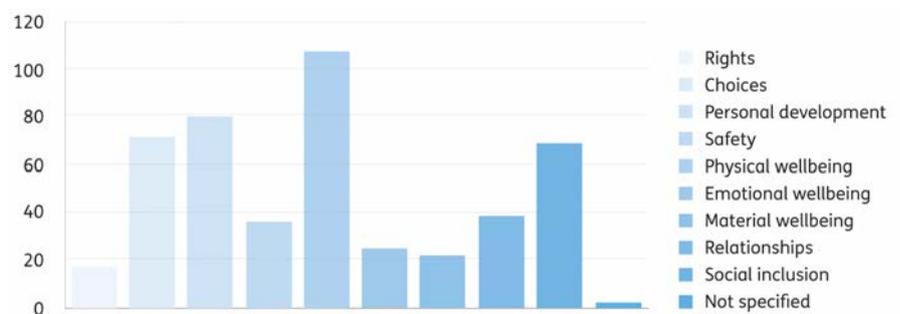
## Summary of evidence

The move seems to have been a positive change in people's lives, and it is clear that in their new homes they are finding some success in identifying and achieving the outcomes that are important to them.

### Outcomes for tenants

As mentioned previously, outcomes for tenants are being measured by GLH using the What Matters Most framework. Recent analysis of the data<sup>27</sup> finds improvements across a number of outcome areas. Chart 11 sets out the outcomes that people have personally identified that were important to them.

**Chart 11: quantity of outcomes where people would like to progress. Total number of outcomes by type**

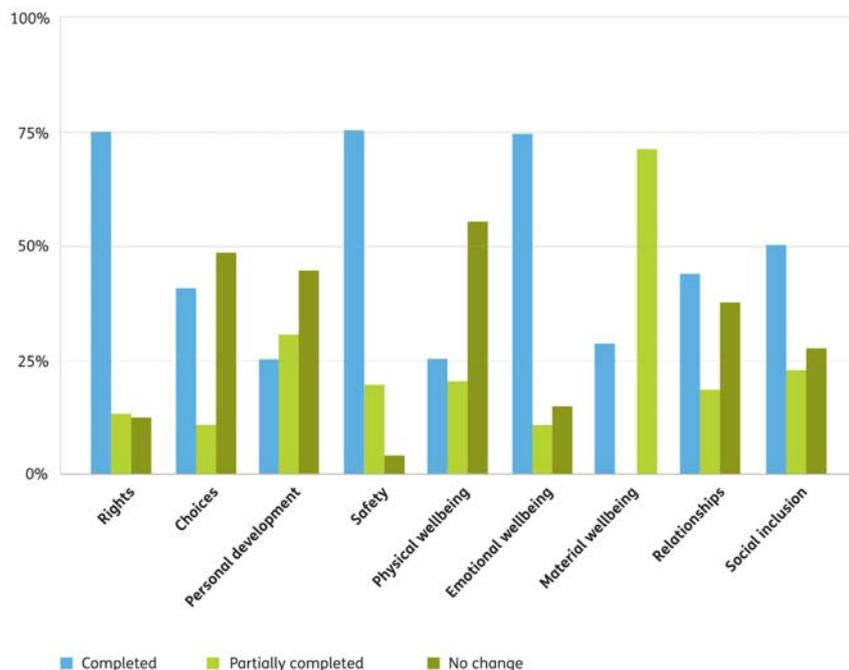


The data collected shows that outcomes are clearly being achieved, and there are a number of areas where people are not just progressing towards an outcome but are completing these and moving onto new plans.

#### Key

27 Personalised Outcomes for Golden Lane Housing 2013 Bond Tenants.

**Chart 12: the extent to which progress has been achieved towards an outcome**



The move to the new bond services appears to have given people the time to focus on the things that are important to them and to make a number of changes that have helped them meet a personal goal.

Whilst there has been progress in all areas, the most cited areas for wanting personal outcomes have been rights, safety and emotional wellbeing. While these are not the areas with the lowest number of outcomes, they are also not those with the highest. It may be that the actions that were needed to meet the outcome (for example supporting people’s rights through the successful take up of a tenancy) are ‘easier’ to achieve than for some of the other areas (for example to be healthier by eating better or losing weight).

Crucially people have identified that they are happy with the changes in their life and the outcomes that they are achieving. There are very few areas where people are not satisfied with the outcomes that they have achieved and from a review of the data it appears that this dissatisfaction is related to either not knowing what it was that was wanted, or not yet being able to make the changes that are important to the person.

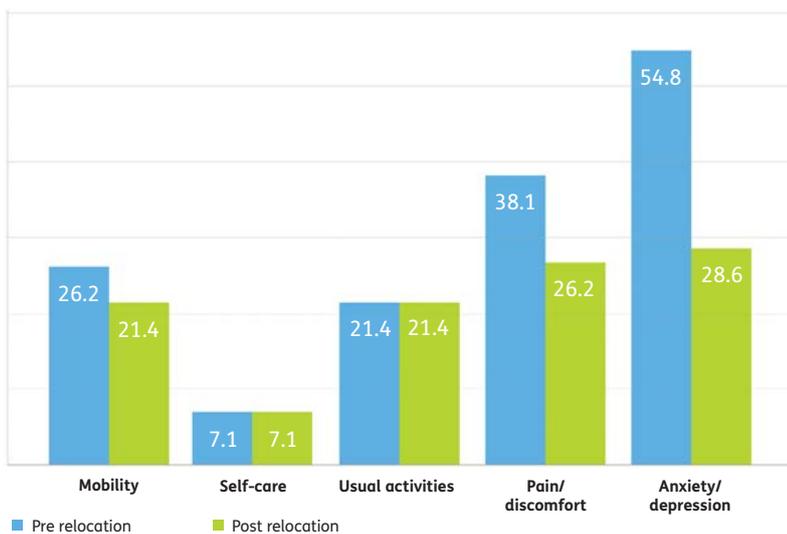
So whilst people may have made full progress in the areas most cited, their satisfaction with their progress is a good indicator that these are important outcomes for them at this point in time.

Finally, it is important to remember that with the current methodology whilst an interesting and useful indicator of the success of the service that people is primarily a measure of success for that individual.

## Outcomes for families

Family carers' health was assessed using a widely used measure of generic health status (EQ-5D). EQ-5D-3L consists of the EQ-5D descriptive system and the EQ visual analogue scale (EQ-VAS). Using the EQ-5D descriptive system, questionnaire respondents indicate whether at time of completion they are experiencing 'some problems', 'extreme problems' or 'no problems' in relation to the five domains namely mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Chart 13 shows the percentage of carers who reported experiencing problems across these five domains both pre and post relocation of Bond tenants. Higher columns represent greater percentage of carers reporting health problems in a particular health domain.

**Chart 13: percentage of family carers reporting health problems using the EQ-5D descriptive scale**



Post relocation there was a drop in reported mobility problems from 26.2% to just over 21.4%. Most notable, is the considerable decline in carers reporting pain/discomfort – a drop of over 30% – and anxiety/ depression – which had a drop of nearly a half post relocation of 2013 Bond tenants. Reports of difficulties in with self-care and ability to carry out usual activities (ie housework etc), remained stable across time scales with just over 7% of carers reporting difficulties with ability to provide care for themselves and 21% reporting problems with carrying out their usual activities at both time periods.

A composite index score of the five health domains was also calculated<sup>28</sup>. Chart 14 shows differences in total means scores for carer's health both prior to and post resettlement of Bond tenants. As with the five separate domains of health, the composite health scores show a clear improvement in carers' reported health status post relocation of 2013 Bond tenants. These findings were also statistically significant status ( $t(42) = -3.29$ ,  $p = .002$ ).

### Key

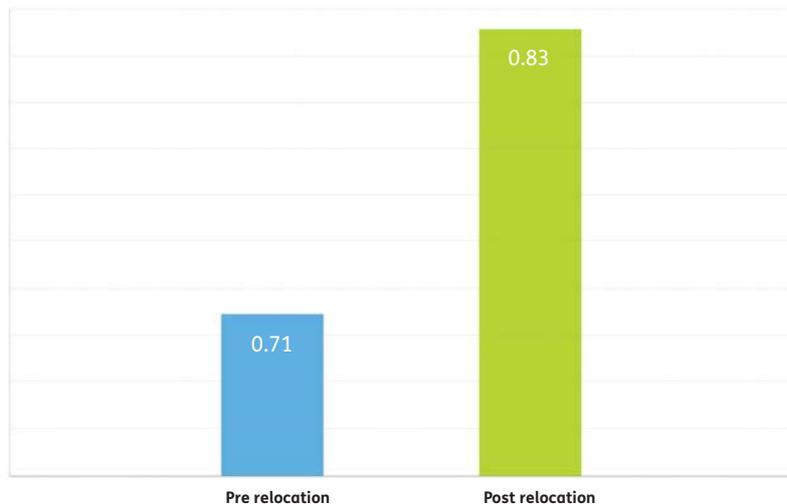
<sup>28</sup> EuroQol ([www.euroqol.org/about-eq-5d/valuation-of-eq-5d/eq-5d-3l-value-sets.html](http://www.euroqol.org/about-eq-5d/valuation-of-eq-5d/eq-5d-3l-value-sets.html))

Further measures of family carers' psychological health status were taken both prior to relocation and six months subsequent to resettlement of Bond tenants. Psychological distress (Kessler 6), caregiver burden (Zarit Burden Interview) and family stress (QRS-F) were measured using widely used screening tools. The chart below shows total mean scores for family carers at both time points. Higher scores represent higher levels of stress and burden.

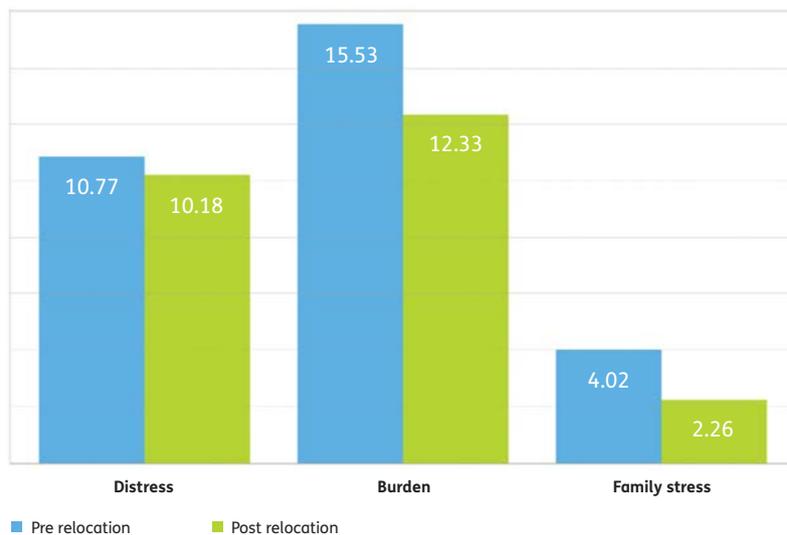
Reductions in scores were evident across all measures, indicating reduced levels of distress, burden and family stress post relocation.

Statistical analysis of all health scores showed there were significant differences in carers' reported health status ( $t(42) = -3.29, p = .002$ ), level of caregiver burden ( $t(33) = 3.38, p = .002$ ) and family stress ( $t(31) = 4.87, p < .001$ ) between pre and post relocation of Bond tenant. This suggested that changes in reported physical

**Chart 14: mean scores for composite index for carers' health using the EQ-5D**



**Chart 15: mean scores for carers' distress, burden and family stress**





I will never forget the smile on Stephen's face when we viewed the house," Teresa, Stephen's Mother

## Stephens' story

Stephen lived with his parents until making the decision to share a place with his long term friends from school in a supported living approach. "We have got a good relationship with the Principal Officer of Commissioning for Learning Disabilities at Redbridge Borough Council, she told me about the Golden Lane Housing bond. We have been so impressed with GLH and Mencap from the start. The first time we met they were interested, wanting to know about our sons before anything else was discussed. We were extremely happy to be told GLH and Mencap could help and bond monies could purchase a property for them. They are continuing to use their Individual Budgets to pay for the rent and support.



I will never forget the smile on Stephen's face when we viewed the house, we pulled up outside and a beaming smile appeared that will stay with me forever. For the first time ever we have got our freedom. My husband and I aren't getting any younger and it's a real comfort to know that Stephen is very happy, he's got security of tenure, a lovely spacious house that he shares with friends and appropriate to their needs and in a great location. Mencap's staff are brilliant they have a real passion and very observant, picking up on all the small things that play a major role in Stephen's wellbeing and life. The lads are supported to carry on leading fulfilling and independent lives and to do all the things they enjoy doing. I can't ask for anything more."

# Additionality

**Additionality measures the net result of an activity or intervention, or the impact that a project has compared to doing nothing.**

There are two adjustments that are relevant to this particular study: deadweight and attribution. Deadweight is the most important of these three concepts. It attempts to measure ‘natural change’ or the extent to which the outcomes would have happened anyway. For example, an important consideration in this analysis is whether the tenants had other options that would have allowed them to arrive at similar or better outcomes. This can be estimated by analysing where else tenants might have gone. A more sophisticated approach might be to track outcomes for potential tenants who did not move into the property.

Attribution is an estimation of the proportion of the outcome that is attributable to the courses. A key consideration with this analysis is to attribute outcomes between the property and the support work. This type of analysis is important if GLH are to move towards a return on investment analysis because the support work is not funded by the bond. Nonetheless, it is essential to the success of the bond properties and cannot be considered in isolation. Table 5 attempts to estimate this based on the type of outcome.

**Table 5: attribution**

Outcome	Attribution to property	Attribution to support
Secure long-term living arrangement	High	Low
Better housing conditions	High	Medium
Access to local services	Medium	Medium
Participation in the community	Medium	Medium
Meaningful use of time	Medium	High
Less risky behaviour	Low	High
Fewer accidents	High	Medium
Better relationships	Low	High
Greater independence	Medium	High

We have also looked at the extent to which the improvements in quality of life resulted directly from a move to a bond property or from other factors. While the location of the new home seems to have the greatest impact, and appears especially helpful in supporting people towards being part of their community, this one change seems to be a factor that was considered important in many other areas. However while this seems to be one of the key factors people are identifying it is also interesting to note:

- That having adapted buildings is seen as important in helping people to personally develop, and also in meeting health outcomes.
- That the reporting noted that there was a relationship between the outcomes that were about making choices and the management support of a specialist landlord.

# Unit costs and cost savings

This section summarises some of the available data on the costs of different models of care to generate some indicative figures for the cost of GLH properties relative to other providers.

Whilst GLH are of the view that their services are a less expensive option for the state, at present there is insufficient evidence to effectively make this comparison. Instead, this section reviews some of the available cost data and describes some of the problems with making price comparisons between models of care.

Comparing the unit costs of types of provision is challenging for a number of reasons. First, price is not a measure of quality. Whilst spending more does not always imply a better service, by the same token spending less does not mean better value for money. With the scandals being uncovered in the care sector, there is an understandable concern that badly run provision can also be very costly and poor value for money for the taxpayer. Second, the capital cost of housing and the costs of care and support services will vary with the complexity of needs of tenants and this also makes it difficult to make fair comparisons. The cost of support staff appears to be the most important variable that determines the cost of a service but this is not a cost that relates to the 2014 bond, which is solely funding the capital costs of acquiring new homes.

With these caveats in mind, we have attempted to draw together the available data on the costs of alternative provision to put the GLH offer in some context. Table 6 shows some costs developed by the PSSRU<sup>29</sup> and the Department of Health<sup>30</sup> and how they compare to GLH. The fully staffed option is the one that provides the most appropriate benchmark for the GLH model. As we can see, the costs compare favourably. The group home and semi-independent living options are cheaper but it may be that these reflect lower levels of tenant needs.

**Table 6: cost comparison**

Type of service	Capital costs (60 year annuitized)	Staffing, on-site administration and overheads	Benefits and allowances	External services (daycare, hospital)	Average unit cost prpw
Semi-independent living*	£52	£378	£266	£150	£794
Group homes	£67	£906	£266	£228	£1401
<b>GLH/Mencap iv</b>	<b>£78</b>	<b>£1079 iv</b>	<b>£266</b>	<b>Assume £252</b>	<b>£1,675</b>
Fully-staff living settings**	£77	£1,186	£266	£252	£1703

\* Partially staffed settings. No regular night-time support and no support for at least 28 hours per week of awake time.

\*\* Based on 53 hours of support per week.

iv This is the figure provided by Mencap for care and support. This cost is not being met by the bond investment but is being funded through local authority budgets. It is based on at least 105 hours of support per week.

## Key

29 <http://www.pssru.ac.uk/project-pages/unit-costs/2013/>

30 [http://www.laingbuisson.co.uk/portals/1/media\\_packs/Fact\\_Sheets/Illustrative\\_Costs\\_PLD.pdf](http://www.laingbuisson.co.uk/portals/1/media_packs/Fact_Sheets/Illustrative_Costs_PLD.pdf)

The figures presented for residential care most likely reflect the lowest end of the cost spectrum for this model. Other research which reviewed residential and hospital care across 70 institutions in the South East found an average annual cost of £172,000 (£3,307 prpw)<sup>31</sup>. This masked huge variation however, with the annual average cost for a hospital setting rise to £219,000 (£4,211 prpw). In this study the cheapest residential care option was about £1600 prpw. The cheaper placements were related to milder disabilities and older people whereas costs rose substantially for younger people with autism or challenging behaviour. A study carried out by Laing Buisson for the Department of Health found an average cost for residential care homes of £1600 for four-bed homes and £1450 for eight-bed homes, however, these costs seem very low compared to those quoted in the previous study and must represent the a milder level of disability. Another study by the NHS estimated that initiating appropriate moves out of residential care could save each PCT an average of £500,000 per year<sup>32</sup>. The GLH model includes a wide range of tenants with varying level of disabilities, including specific disorders and challenging behaviour. A useful exercise might be to compare this data more closely adjusting for level of need.

Whilst it is difficult to draw firm conclusions from this analysis, what it does suggest is that the GLH model achieves the outcomes identified in the earlier section without necessarily incurring extra costs to the state. Where a tenant is being moved from the family home the costs are likely to lead to cost increases. However, with greater life expectancy for people with disabilities, longer-term solutions for those living with families, especially elderly parents are essential and could prevent emergency placements in inappropriate settings taking place.

This section has compared unit costs of different types of care, which as mentioned is a crude way of attempting to assess value for money. A proper study of this nature would compare the quality of the outcomes with the cost of the intervention but such studies are rare. Not enough data is available to attempt this sort of analysis at present. However, it would be possible for GLH to gather some additional information that would support a more complete value for money study. For example, a pre and post relocation study for tenants similar to that carried out for families would be a good starting point.

#### Key

- 31 McGill, Peter, and Jo Poynter. "High cost residential placements for adults with intellectual disabilities." *Journal of Applied Research in Intellectual Disabilities* 25, no. 6 (2012): 584-587.
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# Conclusions and recommendations

This section summarises some of the available data on the costs of different models of care to generate some indicative figures for the cost of GLH properties relative to other providers.

The purpose of this impact report has been two-fold. First, it has described in detail the stakeholders and Theory of Change for the GLH housing model. Second, it has summarised the available information on the effectiveness of the 2013 Bond properties and associated care services as a means to forecasting the outcomes from the 2014 Bond properties. It has also set out where additional measurement could take place to complement what already exists.

The report shows that the approach creates substantial benefits for tenants and their families. It also compares the available cost data with other models. Whilst it is impossible without a proper value for money study to say conclusively whether it is more cost effective than other approaches, what we can say is that it achieves the outcomes described here without being an expensive option. We can also conclude that it compares very favourably to some costly residential options.

To build on existing impact measurement and to improve the way that outcomes are reported in the future with Mencap GLH will now review its organisational skills and capacity so that it can:

1. Review existing impact measurement approaches in light of the Theory of Change developed here. Further refinement of the outcomes and indicators may be desirable, particularly a review of whether more objective indicators for tenants would be supportive. Is it also possible that the use of the future WMM tools will distinguish between activities tasks and outcomes, and support given to the teams supporting tenants to make this distinction.
2. Undertake baseline measures of client outcomes before they move into properties would be helpful to show magnitude of change.
3. Develop further analysis of unit costs relative to alternative options to enable a full cost comparison. This should include the full costs of supporting families to keep potential tenants at home, including the costs to health and social services of negative outcomes for families.
4. Undertake an analysis of the social value created from the GLH model by monetising the social outcomes being achieved. This would enable a full return on investment ratio. This would require additional research such as the recommendations set out in this section.

# Appendix 1: some suggested additional measures

Outcome	Additional possible measures
Secure long-term living arrangement	Ratio of average length of tenancy and landlord satisfaction
Better housing conditions	Property SAP rating Space Standards per tenant
Greater choice and access to local services	Change in Access to Services Score in IMD Choice Questionnaire (Stancliffe and Parmeter, 1999) <sup>33</sup>
Community inclusion	Index of Community Involvement (Rayes et. al. 1994 adapted by Felce et. al. 1998) <sup>34</sup>
Safety and physical wellbeing	Risk Scale (Emerson et. al. 2000) <sup>35</sup> Health Care Scale (Stancliffe and Keane, 2000) <sup>36</sup>
Better relationships	Social Network Map (Emerson et. al. 2000) Loneliness Scale (Stancliffe et. al. 2007) <sup>37</sup>
Greater independence/rights	Participation in domestic life (Rayes, et. al. 1994) <sup>38</sup>
Emotional wellbeing	Glasgow Depression and Anxiety Scales <sup>39</sup> PASS AD <sup>40</sup>
Economic wellbeing	Money management Scale (Stancliffe and Keane, 2000)

## Key

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- 39 <http://bjp.rcpsych.org/content/182/4/347.full>
- 40 <http://79.170.44.140/pasadd.co.uk/mini-pas-add/>

# Glossary of terms and abbreviations

## Terms

Department of Health	The government department responsible for health in England
Service Level Agreement	The permission of GLH and the tenant(s) are required in order for support provider staff to enter the property and this agreement sets out the terms of this occupation. As part of this agreement Mencap carries out services on behalf of GLH and this agreement sets out the nature of the services and the payment due (if any).

## Abbreviations

ATU	Assessment and Treatment Units
EQ-5D-3L	EuroQol 5 Dimensions 3 level version
IMD	Index of Multiple Deprivation
PCT	Primary Care Trust
QoL	Quality of Life
QRS-F	Questionnaire on Resources and Stress (Friedrich)
WMM	What Matters Most



Danny and James at their home in Buckinghamshire.

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