



Golden Lane Housing

Housing you can build your life around

Golden Lane Housing 2014 Social Investment Bond

Impact Report Year 2
December 2015



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1.0 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.

The 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, and our 2014 bond which was the first ever charity bond to be listed on the London Stock Exchange. We raised £21 million through these bond issues and had to close early to avoid being oversubscribed. We have almost completed the process of investing this money in 58 properties across the UK which have become home to over 210 people with a learning disability. These properties are providing desperately needed housing now and a lasting legacy for future generations of people with a learning disability.

This report provides a detailed assessment of the impact of our bond investment and 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 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 major challenges within the sector. What the bonds have enabled GLH to achieve still only scratches the surface of the huge needs that remain in relation to inadequate housing for people with a learning disability. For example, we need to end the scandal of over 3,000 people in so-called Assessment and Treatment Units (ATU) and hundreds of thousands more who are in inappropriate housing simply through a lack of choice.

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 future housing investment. I hope the report resonates with you. If it does, and if you can help us in our mission, please get in touch.



Alastair Graham
Director, Golden Lane Housing

2.0 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. Its 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 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.

By the end of November 2015 GLH had purchased 27 properties, and a further 4 were in conveyancing. Our revised projection is that 112 people with learning disabilities and their family members will benefit from the 2014 investment. This report builds on our year 1 report and the impact that we have previously measured as a result of our 2013 Bond (£10 million) and reports on the impact that we have been able to achieve through our partnership with Mencap, families, and local authority commissioners and social workers.

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 institutional care.

The majority of GLH tenants have a moderate to severe learning disability and have substantial support needs. Most tenants' rent is paid directly by the local authority. 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. As the housing provider we also receive anonymised data the Mencaps' What Matters Most framework, a self-reporting tool that captures the areas that tenants want to see the most improvement in. The move to a new home that GLH provides is important as it enables improvements in relation to physical wellbeing, social inclusion, personal development, safety, emotional wellbeing and being able to make more choices.

Our Tenant Satisfaction Survey is sent to all 1,600 GLH tenants and results from our November 2015 survey report a high level of satisfaction, with 82.4% giving a positive rating to the quality of their home, and 77.7% were either fairly or very satisfied with the services provided by Golden Lane Housing.

There is considerable evidence that families can struggle physically and psychologically but we know from our year 1 report that improvements are reported in both of these areas after the relocation of their relative into a GLH property. In particular, relatives report 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, some 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.

This report builds on GLH's 2014 Bond Year 1 impact report produced by consultants Just Economics, references the previous Theory of Change, and provides an update on how the £11m of social investment

funding that has been spent on new housing has changed the lives of the two most important stakeholder groups; people with learning disabilities and their close family members.

a. 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 million¹ people in the UK who have a learning disability, yet only 15% of those are in secure long-term tenancy or own their own home². 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 disability. 5.8% of all people with a learning disability are on the social housing list³. 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 families⁴. However, a lack of suitable and good quality community housing has resulted in few alternative options^{5,6}. Therefore families are often relied on as the main providers of accommodation, sometimes well into their own and their relative's mid-life and old age⁷.

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 demand⁸. 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.

b. Policy context

The quality of care settings for people with disabilities 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 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 not improved since then: the

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

number of people in ATUs has remained relatively static and Mencap reports that thousands of people with disabilities are still housed in this way⁹. More recently, NHS England published “Homes not hospitals’ for people with learning disabilities” (October 2015) which sets out clear targets for reducing the use of ATUs and establishes six so-called fast track areas. People living for many years in ATUs because of a lack of suitable alternative housing is not only 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 week¹⁰. 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 cases¹¹. 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 2030¹². 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 disabilities 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. Budget reductions mean that some commissioners are raising the thresholds of needs where support will be paid for, or reducing the number of hours of support they are prepared to pay for, people with learning disabilities to live in supported housing in the community. This means it is increasingly difficult to provide the sort of housing that many people with a learning disability and their families both want and need.

c. GLH solution

Since GLH was established, it has invested over £87.1 million (at historic cost) in transforming the lives of over 1,600 people with a wide range of needs in more than 700 properties across England and Wales. It 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.

⁹http://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

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.

3.0 Who benefits

The primary beneficiaries of the project are tenants and their families. This section describes who the tenants are and how a move to a new home has benefitted them.

3.1 Tenants

To date the 2014 bond has enabled GLH to purchase 27 properties for 99 tenants. At the time of writing this report GLH was also in conveyancing on 3 properties for a further 14 tenants all of which were due to benefit from a range of adaptations and investment.

Location	Type of property	Number of tenants	Number of ground floor bedrooms with bathroom facilities
Grimsby, Hull	Bungalow	4 (*)	3
Pocklington, N. Yorks	Bungalow	4 (*)	3
March, Cambridgeshire	House	4	1
Plymouth	Bungalow	6	6
Heywood, Lancashire	Bungalow	4	4
Harworth, Nottinghamshire	Bungalow	3	3
Bourne, Lincolnshire	Bungalow	5	5
Slough	House	5	2
Newark, Nottinghamshire	Bungalow	4 (#)	4
Frome, Somerset	House	4	1
Street, Somerset	House	4	1
Chichester, West Sussex	House	4	0
Leigh-on-Sea, Essex	Bungalow	3	3
Bingham, Nottinghamshire	Bungalow	4	4
Stokesely, N. Yorkshire	House	3	1
Redruth, Cornwall	Bungalow	4	4
St Austell, Cornwall	House	2	0
Romiley, Stockport	Bungalow	3 (*)	3
Rotherham, South Yorks	House	3	1
Redbridge, London	Bungalow	4	2
Laceby, North Lincolnshire	Bungalow	5	5
Chesterfield, Derbyshire	House	3	0
Newark, Nottinghamshire	Bungalow	4	4
Market Rasen, Lincolnshire	Bungalow	3	3
Beverley, North Yorkshire	Bungalow	3	2
Liverpool	Bungalow	3	2
Sefton, Merseyside	Bungalow	3	1
TOTAL = 27		105	68

Table 1: summary of the properties purchased as at 30 November 2015

(*) denotes no staff sleep as service requires a waking night support

(#) denotes 2 staff sleepover rooms provided

Location	Type of property	Number of tenants	Number of ground floor bedrooms with bathroom facilities
Addleston, Surrey	House	3	1
Stockport	Bungalow	3	3
Omagh, Northern Ireland	Bungalow	3	3
Kettering, Northamptonshire	Bungalow	5	2
TOTAL = 4		14	9

Table 2: properties that GLH have programmed for tenants to move into in the final six months of the 2014 bond financed development programme

Virtually all of the properties require a staff sleep facility, and for one scheme provision has been made for two support staff to sleep at the property. Three properties have waking night support which indicates that these schemes have very high levels of support needs.

All GLH tenants have a learning disability and most have physical disabilities. In 2013 using our previous £10m Bond finance we purchased and adapted 25 properties, and this enabled us to provide a home for 99 people, 43 (43%) of which had ground floor bedroom and bathroom facilities.

The number of people being housed with our 2014 £11m Bond is 119. Due to increased numbers of people being nominated to us with more acute physical disabilities and the need for assisted bathrooms we have been asked to provide a significantly higher number of bungalows. Of the 31 properties, 21 will be bungalows. The number of ground floor bedrooms with access to ground floor bathrooms has increased significantly to 76 (64%)

Over the next couple of pages we have included a couple of stories that explains the difference a new home makes for our tenants and their families.

Case study 1: Jenna's story

By John and Jenny Hollow, Jenna's parents

Jenna's long term future housing issues had been a constant parental dread since her early illness. Our long standing happy relationship with Mencap Outreach has made this transition possible. Using key workers and full involvement with Jenna and family after years of unfruitful time wasting and stress the outcome looked more promising.

Through Mencap's advice Golden Lane Housing were approached and were agreeable to start the process of looking for a tenancy for Jenna and her friends Ben, John and Rupert.

With Jenna's inability with speech her need for advocacy has used technology to aid communication and source her choices to move into her new home which was eventually bought using 2014 Retail Charity Bond money.

We looked at lots of different housing options and nothing was suitable but after finding the property which overlooked Carn Brea in Redruth it took two years to get the ball rolling with other involvements from Cornwall Council and Adult Social Care. Many meetings and lots of paperwork ensued.



Jenna actually signed her tenancy agreement on her birthday so it was a double celebration! She beamed with joy at achieving a long-term goal after years of unfulfilled promises.

After many property alterations everyone looked forward to moving in. Finally in June 2015 Jenna's room was repainted in girly pink, full of fluffy toys and beanbags, Jenna moved in.

Jenna has settled in really well and she loves her Mencap staff and friendship group. We are always made very welcome to this large and happy bungalow. The conservatory is the real hub with windows all along its length showing fantastic views where everyone goes if they want to be together.

There's lots of space for Jenna to get around in her wheelchair. The different rooms and areas mean she can chill out on her own if she wants to. GLH put a wet room in to help with her personal care. The layout of the house really works for everyone. Jenna's great love is her car and to find an area to park her car, family and staff vehicles was on her wish list. The cul-de-sac location of the property makes it safe and welcoming to all.

Her normal weekly routine and staff has made her transition less stressful for all.

Outside is a great decking area with a ramp into their huge garden in fact there are two gardens, the main garden and a smaller secluded garden around the side accessed through a gate. There's is also a large shed used for games and shelter it's brilliant and they all love it. The family have always been quite inventive; always trying to make what seemed like the impossible, possible for Jenna. After living with us and her brother all her life we knew it was going to feel strange for her to move to a new house, even though she wanted to live with her friends. To help her settle in we decided to buy her a large TV and a webcam for her bedroom so she could talk to us at any time using Skype.



Now Jenna has settled in with her friends Mum, Dad and her very close brother Jonathan who works away in Bristol as a junior doctor can keep the family together with home visits, skyping and telephone calls. We miss her terribly but know the decision we have made as a family is the best for her future and her long-term need. Many thanks to all who made Jenna's wish come true.

Case study 2: Pamela, Paul, Cathryn and Paul's story

Focussing on the needs and wants of Pamela, Paul, Cathryn and Paul they moved into a bungalow in Nottingham purchased using 2014 Retail Charity Bond monies.

"Pamela, Paul, Cathryn and Paul were living in a residential home with two other friends for over 18 years," says Zaffy Simone, scheme manager at Mencap. "The reason we started to look at other housing options was because of their mobility, they were starting to struggle with the steep staircase and before it got worse we wanted them to move into something more suitable. We did look at whether we could adapt their home but unfortunately as it is a listed building we were unable to.



We started by doing a care assessment and asked them who they would like to live with. The group has its own dynamics, as there always is with friends. Pamela, Paul, Cathryn and Paul wanted to share, Vivien wanted to live on her own and their other friend requires a higher level of personal care so we looked at other shared accommodation to meet their needs. After talking to Golden Lane Housing, they were able to help and we began looking for their new homes.

The first time they walked into their new home they fell in love with it. The families were fully involved. They had a few reservations but knew the move was needed, and when they saw the bungalow it changed their thinking!"

As their mobility was likely to get worse, alterations were made to the bungalow to meet Pamela, Paul, Cathryn and Paul's future needs. Walls were knocked down and doorways widened giving them large bedrooms and space to freely move around. A wetroom was put in to help with their personal care while Cathryn benefited from the privacy of her new ensuite bathroom.

"It's a lovely bungalow, so much better than where they were living before. I know the stairs had become an issue at the old place but here it's different, everything is right for them and it's homely. They've got the same staff team which helped them to settle in.

They only live two streets away from Vivien and although they didn't want to live together they're still great friends. They visit each other and go out every Sunday for lunch. Their families come to visit them. As they still live in Nottingham they do everything they use to and everywhere is familiar."



Emily Collinson, development manager explained, "It's lovely to be able to give friends the opportunity to live together in a fantastic property that has been adapted to make it just right. They're living in the area they all know well. Everyone was extremely excited when they got the keys to their new place and Pam was beaming with joy at her new bedroom. Seeing their happiness makes my job worthwhile."

Chart 1 shows the level of Disability Living Allowance (Care Component) that 2014 Bond tenants are claiming. Although not a perfect measure of severity of disability, it is a reasonable proxy¹³. As we can see, the majority have moderate to severe disabilities. In addition, data from housing application forms indicate that in addition to having a learning disability nearly two thirds of all tenants (61%) also have a physical disability, and 16% have another form of health problem.

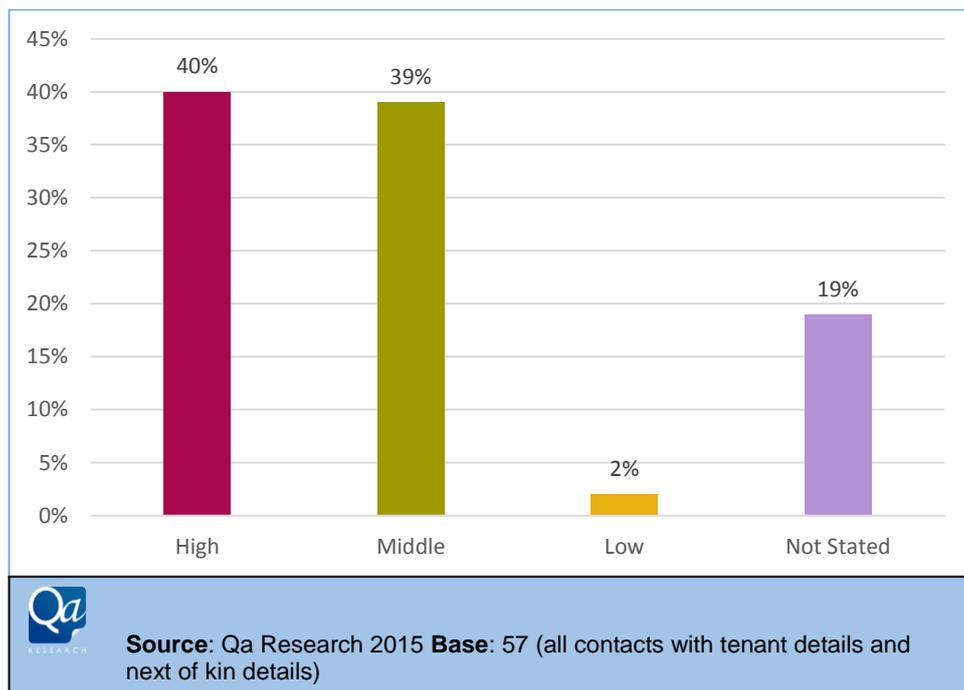


Chart 1: level of disability (care component) of 2014 Bond tenants

Chart 2 gives a breakdown of tenants by age. The majority are aged between 25 and 39, and it should be noted that the average age has increased from 32 to 39.

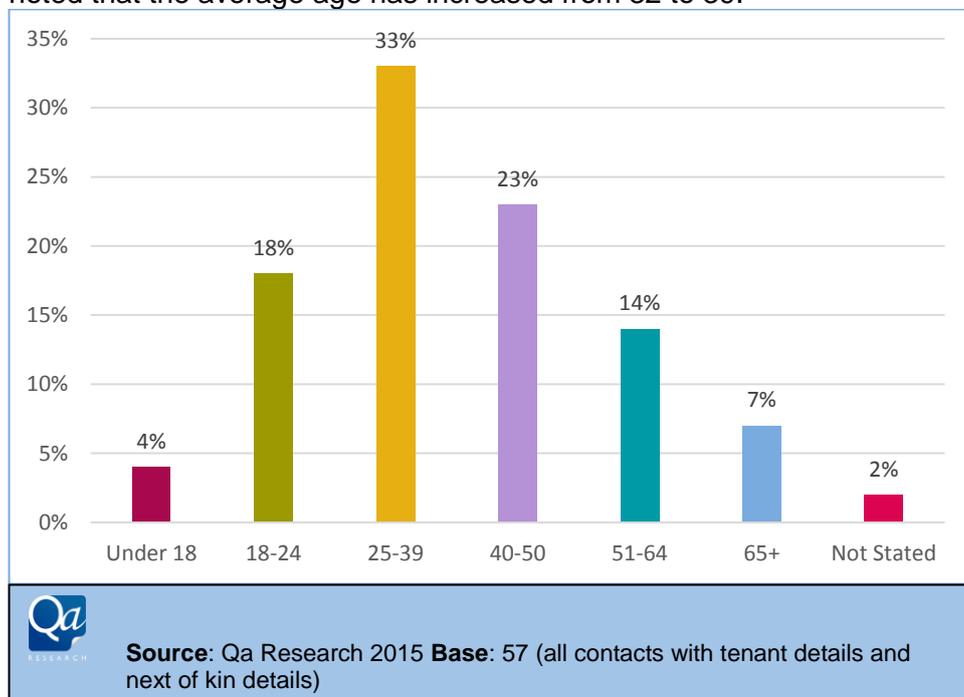


Chart 2: age of 2014 Bond tenants

¹³ 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.

Prior to relocating to a GLH property, the majority of tenants were living in either an existing supported living scheme or with family members

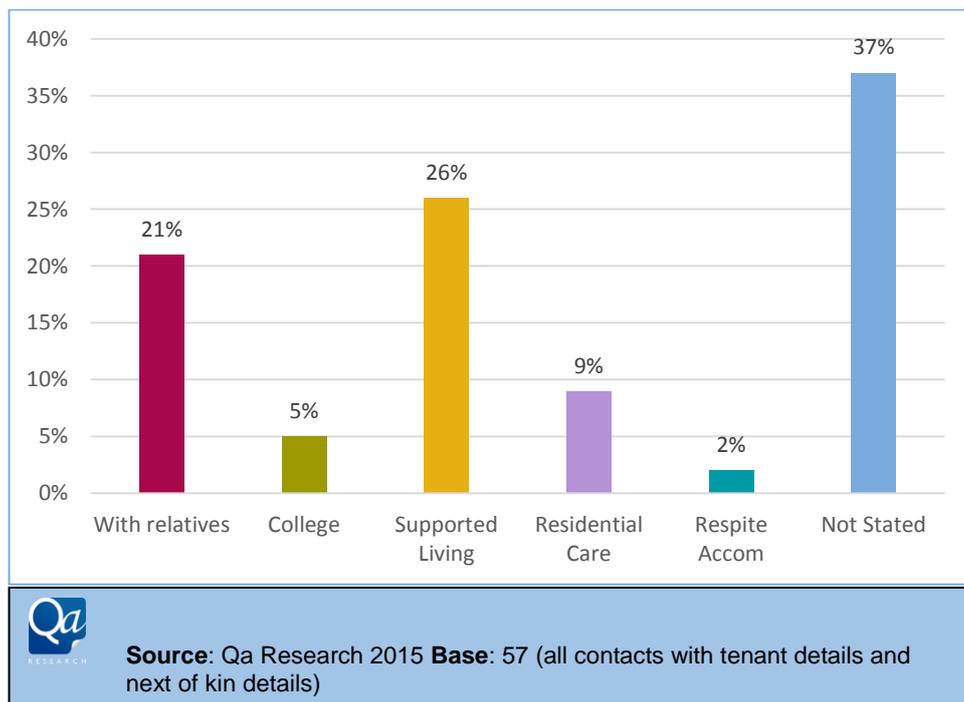


Chart 3: living arrangements of tenants prior to move into 2014 Bond property

3.2 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 symptoms¹⁴ and physical health problems¹⁵ than their non-caregiving peers.

As part of GLH's commitment to understanding the impact investment in new housing can make for families we commissioned QA research to conduct telephone interviews with the families of GLH tenants prior to the relative of the family moving to their new property purchased and adapted for them. QA's research incorporates a baseline and follow up stage after the tenant has moved in to assess the changes and impacts that have occurred over a six-month period. Findings from the first 29 interviews at baseline stage and reported by QA to GLH in August 2015 have been incorporated into this report.

Tenants had lived in a variety of types of accommodation before moving to their Golden Lane Housing accommodation including (in decreasing order of popularity):

- supported living
- family home
- residential care
- college
- respite accommodation

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.

4.0 Activities and operations

GLH has a 17 year track record of managing and maintaining properties for people with a learning disability. Over that time it has built up a portfolio of 415 properties worth £87.1 million at historic cost (net assets £38.3 million), plus a further 297 properties which we lease (31 March 2015 audited figures).

The properties are of high quality, mainly individual houses and bungalows, which more than meet the Decent Homes Standard¹⁶ and are typically located in attractive residential areas. At the end of March 2015 GLH had 1,431 tenants, 14% claiming Housing Benefit on Local Housing Allowance¹⁷ (LHA) level, 6% in registered care home and 80% who are claiming housing benefit to meet their rent using the Exempt Regulations¹⁸. Most of GLH's income comes from rent, with most tenants rent being paid directly by the local authority.

Our year 1 baseline report in section 5, Theory of Change (ToC), describes how our activities and the purchasing of new homes for people with learning disabilities is intrinsically linked to our social outcomes. Furthermore, our ToC sets out both the personalized care and support and the property can impact on the social outcomes of the people that benefit from the 2014 investment.

4.1 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 100 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

4.2 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 over £912,667 per annum on planned maintenance over the past three years. We involve our tenants, their families and social workers and OT's in the design of the new homes that we purchase or lease and subsequently adapt to meet specific disability and/or

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>

behavioral requirements. We carry out a tenant survey to gauge levels of satisfaction with the properties we provide.

2015 Tenants satisfaction survey

Every year GLH undertakes a survey of all of its tenants to understand satisfaction with our service across a range of issues that are important to our tenants.

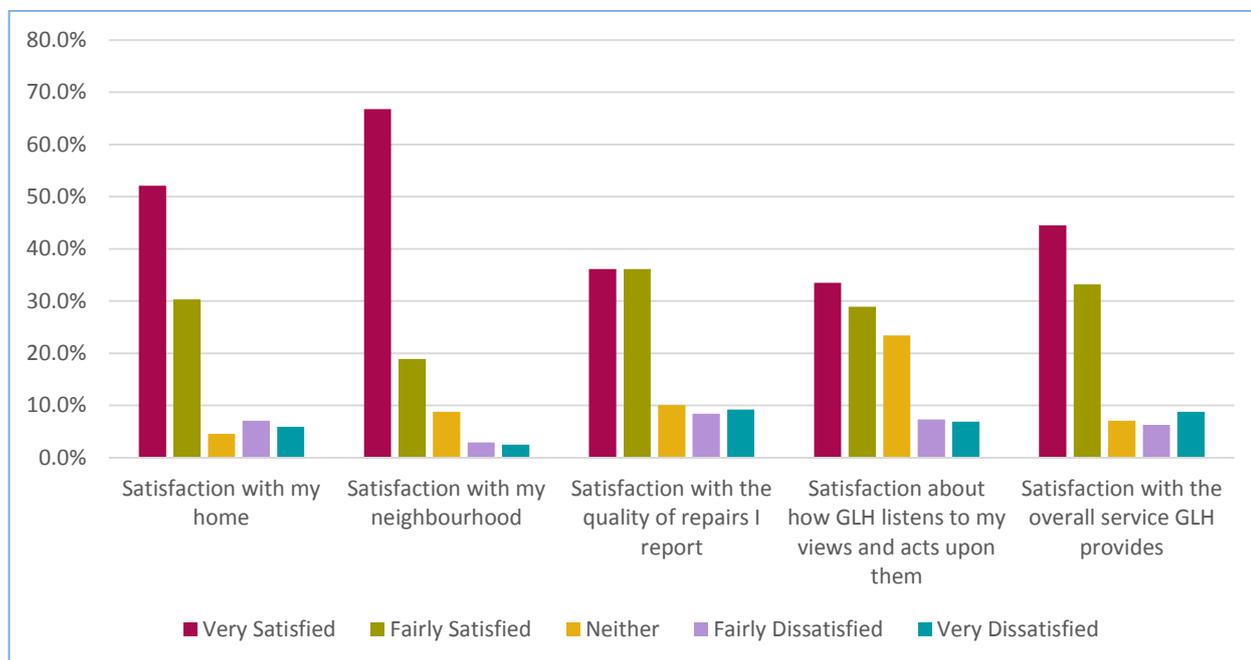


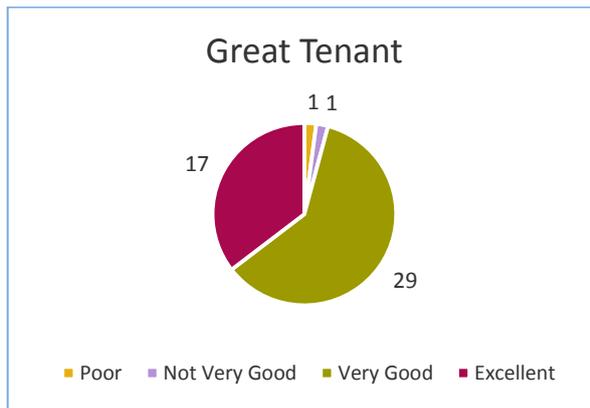
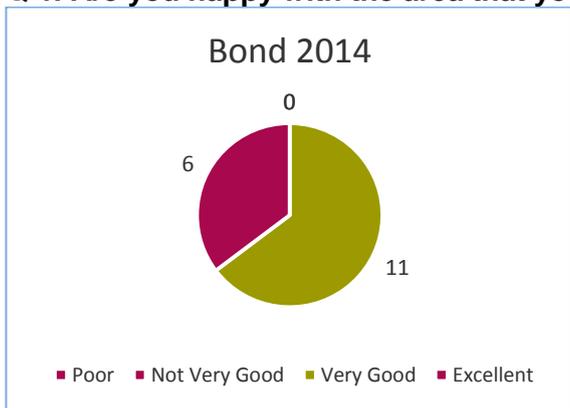
Chart 4: results of GLH's national 2015 tenant satisfaction survey

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 bed spaces or empty properties to those on a waiting list. Our dispersed stock and specialist repairs and maintenance requirements undoubtedly presents a challenge for GLH. In response to what is a lower satisfaction rating GLH introduced its own repairs team at the start of April 2015 covering South Yorkshire, Nottinghamshire, Greater Manchester and parts of Lancashire. This service has been well received by our tenants and they are benefitting from a closer relationship with our trades operatives than previously. In light of this success we are extending our own repairs workforce to cover the remainder of the North West and all of the North East of England from the March 2016. We will continue to manage a roll out so that we can provide a full national coverage by the end of 2017/18.

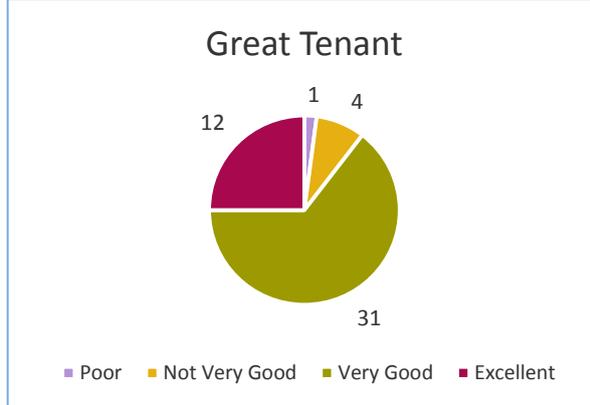
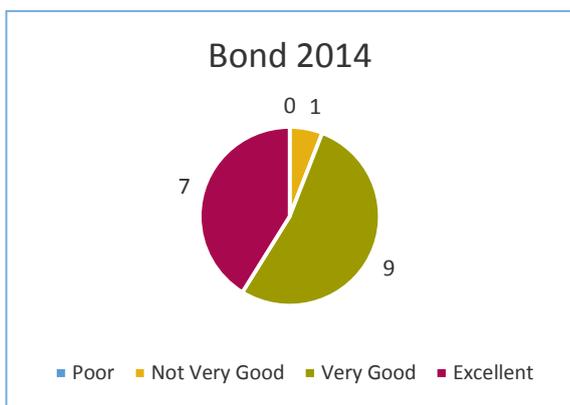
2015 New Homes – Bond and Great Tenant satisfaction survey

We also undertake a more in depth evaluation to understand how we could improve our operations when we purchase a property. Below are some of the results of our annual 'My New Home Survey' undertaken in September 2015 from the first 15 people (5 properties) that have moved and are settled into their new home purchased using the 2014 bond finance. The tables on the next page compare the results of four questions for our 2014 bond tenants with the results for our new 2014/15 Great Tenant private leased schemes:

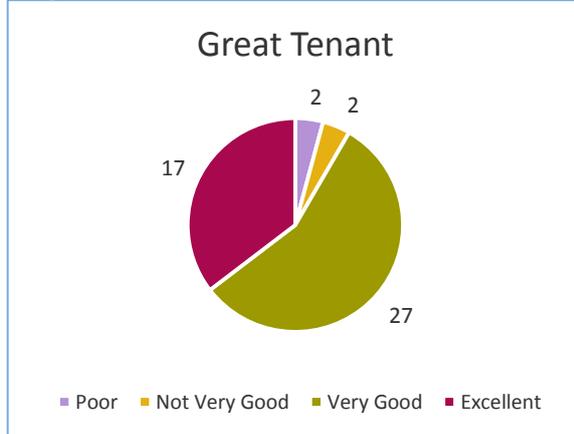
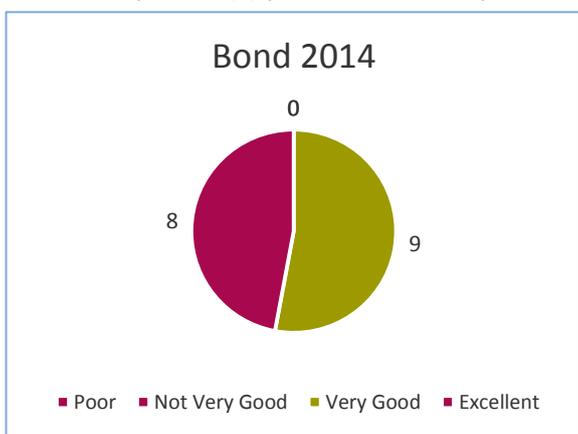
Q 1. Are you happy with the area that you live?



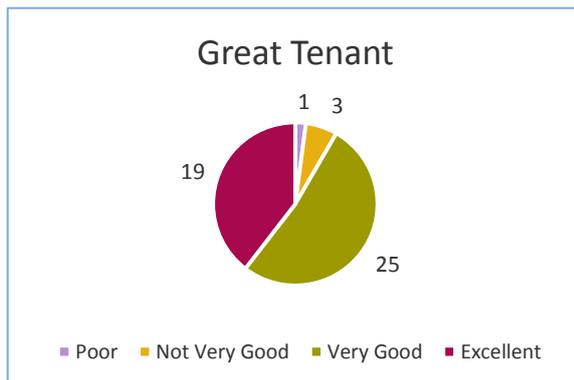
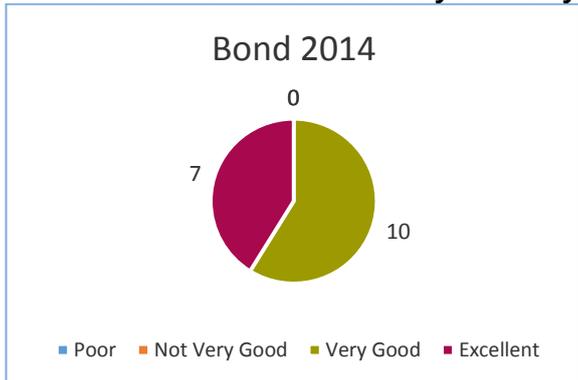
Q 2. Are you happy with the overall condition of your home?



Q 3. Are you happy with the safety and security of your home?



Q 4. Overall how satisfied are you with your new home?



Compared with the results from all 67 tenants that responded to our New Home Survey we can see that there is very high level of satisfaction for our 2014 Bond tenants in all four areas of questioning. This is perhaps not unsurprising as the 2014 investment enables GLH to purchase and adapt a property more extensively than we would be able to with a property that we lease from the private sector.

5.0 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.

a. 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 3 for an audit trail of which stakeholders that has been included in the impact report.

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 3: stakeholder audit trail

In 2014 a draft Theory of Change was developed for each stakeholder group. 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 4 sets out the numbers of stakeholders that were engaged and the method used. The next section describes the findings from 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.

Table 4: stakeholder engagement

b. Findings from stakeholder engagement

Interviews with tenants

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 give 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.

There were a few themes that emerged from the interviews. Firstly, 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.

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

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

“Relationships are important. I prefer to live where staff are around to support me.”

“I wanted to live in my own home...one day I will live with my friends.”

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.

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

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.

“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.”

Finally, 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.

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

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

“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.”

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.

Interviews with commissioners

At the start of the 2014 Bond programme It was only possible to interview two commissioners during the timescale of the baseline Year 1 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 decisions¹⁹.

Both commissioners that were consulted as part of the baseline 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.

This year a number of the schemes that we set up were in Nottinghamshire. This is a quote from this local authority:

“I have worked with Golden Lane Housing in my role as a supported living coordinator for the last 12 years and I have set up over 15 schemes with them covering the full range of supported living models and utilising an equally varied number of funding sources.

At all times I have found working with Golden Lane to be an extremely successful and beneficial experience. Whether they are accessing capital via the Mencap bond scheme, or through their great tenants lease arrangement – at all times I have found them to be accessible, flexible and extremely knowledgeable when dealing with all aspects of providing specialist accommodation.

¹⁹ 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.

I have opened several bespoke properties that have required extensive refurbishment, and from a project management point of view they have always brought these projects in on time and on budget, and have been open to last minute alterations and requests for adaptations.

More recently given the financial restrictions that we are all working under – Golden Lane and I have been working with the private sector in order to meet the need to provide suitable accommodation. Golden Lane's experience with working with their Great Tenants scheme, has meant that we have been able to work with a growing number of private landlords – who have now become some keen on the arrangement that they come to myself with would-be developments and offer to make adaptations before the tenant goes in.

The creative housing solutions that this has allowed us to develop have been extremely beneficial to all parties – in one particular service we were able to provide two people with appropriate accommodation and support at a saving to the department of over £1000 per week.

Since acquiring Housing Association status this year we have developed a prizing winning shared service in Newark which provided suitable supported living accommodation to a group of people coming out of residential care. This move not only saved the authority over £600 per week in funding, but it gave the four service users a home that will provide them with suitable accommodation right into their old age.

In addition to working well with key professionals in the development and commissioning of services – Golden Lane Housing's approach means that they work well with service users and families – their support to service users once they have moved is impeccable, and their response to repairs and requests for adaptation is timely and sensitive to the needs of the service user.

Overall my experience with Golden Lane Housing is that they are an excellent organisation to work in partnership with and I have no hesitation in commending them to your authority."

Giles Blower – Accommodation and Support Co-ordinator
Adult Social Care and Health & Public Protection
Nottinghamshire County Council
Commissioning Officer with the Young Adults Project Team

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.

6.0 Evidencing social value

For ease of reference the outcome indicators for tenants and their families developed from our Theory of Change which can be read in our Year 1 Baseline Report are summarised in the two tables below:

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 5: indicators and ways of measuring: tenants'

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

Table 6: indicators and ways of measuring: families

As well as our tenant survey described in the previous section, we also engage the people we support and measure our impact through number of different approaches including:

- focus groups
- tenant visits
- annual 'Have your Say' questionnaires
- maintenance surveys
- annual tenant satisfaction surveys
- property tidy up projects with staff and tenants

What Matters Most

Mencap the support provider for all the 2014 Bond tenants also 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.

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 life that a person has. 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.

For most outcomes, some information is already being gathered, and is presented in this section of this report. 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

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.

measures. Some of this information may already be available, or easy to access e.g. information from assessment forms. However, in other areas there may be a case for including some additional questions/questionnaires.

Families research project

As mentioned earlier, Qa Research has been commissioned by GLH to carry out an evaluation of families' wellbeing before and after relocation of 2014 Bond tenants to see whether these impacts were also being experienced by GLH tenant's families. This builds on the work undertaken by Bangor University for GLH as part of our commitment to measuring the impact on families of our earlier 2013 Bond. Family members who identified themselves as primary carers have participated in a telephone survey and the research aims to understand family members' views on:

- their family member's financial independence
- their family member's health and wellbeing
- their family member's working status
- the suitability of the housing provided
- any aspirations or disincentives towards their own working
- their own health and wellbeing
- their own financial resilience
- quality of relationships with their family member and within the family as a whole

The six month period was chosen to allow for settlement after the disruption or disturbance which may be as a result of the move.

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. Data is available on most of the material outcomes and the impact to date is reported later in section 6.2.

6.1 Outcomes for tenants

Since producing our 2014 Impact Report last year Mencap has finalised the standards that it asks support teams to capture outcomes and report on these. Our focus for this has been to move to a way of working that seeks to assure that a person's quality of life is good as well as the quality of service they receive.

Quality of life is a highly personal thing, what we individually need from a good quality of life varies from person to person, and while we want to make sure that people are working towards the outcomes that are meaningful for them, we do want to be able to report on how this is generally improving people's lives, which domains of quality of life seem to be most important to people and how the different work we do impacts on people's lives.

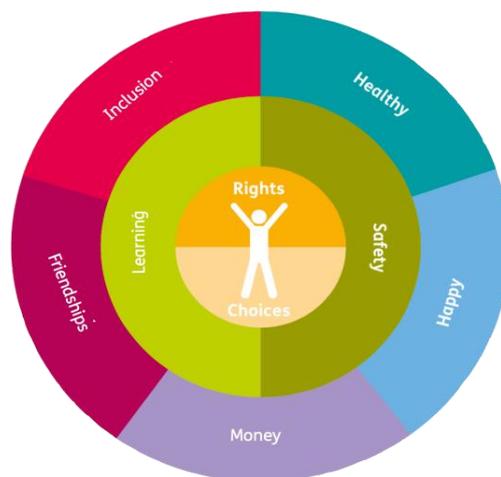


Fig 1: What Matters Most summary

We have developed our standards to help us focus on the quality of life of the people we support, Building from our previous What Matters to Me Standards. We have called these standards, What Matters Most (WMM) (Fig 1). These have strong links to other Quality of Life frameworks.

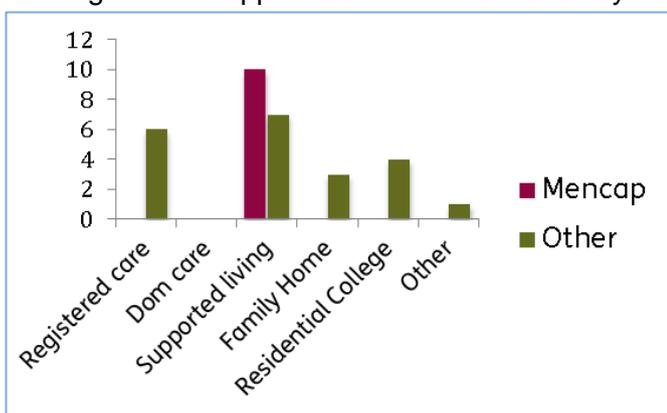
For the purpose of this report we have asked our teams to work with people to consider how the 2014 Bond has impacted upon their lives. Thinking about the personal outcomes that they are working towards and achieving, and how these outcomes are contributing to an improvement in the person's Quality of life.

As part of the data capture we have asked the teams to ask the people they are supporting how happy they are with these outcomes and we have used this as a measure of the success of the service they are receiving. Where we have asked people to tell us a little more about what these outcomes were, we have asked them if the environment has contributed towards the success of this outcome

The people moving in

The 31 people covered by this report who moved into GLH bond properties in the year 2014-15 were moving from a range of settings, from family homes, from colleges, from registered care and from supported living environments. (Chart 5 below).

For some people their previous support had been provided by Mencap, however for the majority of people moving in their support was either from a family carer or from another provider of care. Although the 2014



Bond has been able to successfully support people to move on from residential colleges the people moving in weren't just young people moving away from home for the first time, but also to successfully rehouse older people who were in need of better and more appropriate accommodation. At the time of writing in this year's Bond the youngest person being supported by the Bond is 21 and the oldest 69.

Chart 5: where people have moved

The Move

“GLH’s preparation before the move has also resulted in excellent relations with the neighbours, who popped round to welcome everybody when they moved in”

The moves to the properties covered by this section of the report took place between December 2014 and March 2015, so at the time that we were collecting information the longest that people had lived in their new homes was just under 8 months and the shortest was still less than 4 months.

Moving to a new home is a significant life event and can be a difficult transition for people to manage. Although

in collecting information for this report we were not seeking feedback on the success of the actual move this was given spontaneously for at least one person, along with one of the added bonuses that this brought.

What people have been focusing on

A lot has happened for the people since their move into their new homes, and people have been working towards and achieving outcomes that they have identified as important to them (Chart 6).

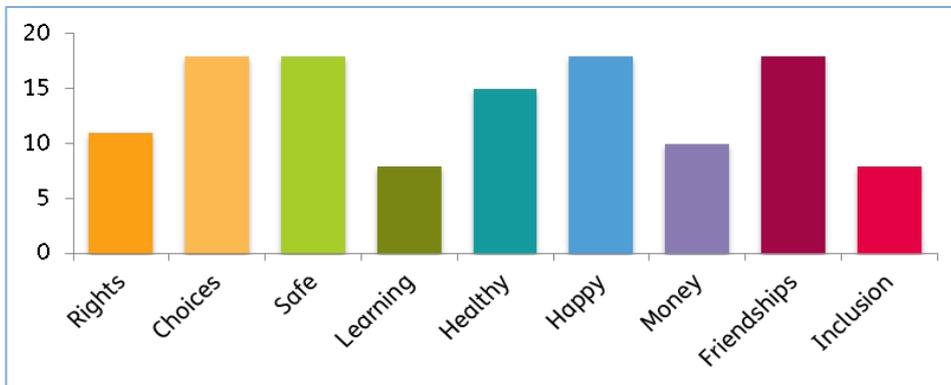


Chart 6: outcomes people are working towards by WMM category

In the first 2013 bond there was a distinct focus for people moving to the bond to focus on their physical wellbeing (healthy), personal development (learning), community inclusion (inclusion) and choices (choices), however this second 2014 bond has shown some change in what people are working towards, with some of the clearest changes being the increase in the number of outcomes that people are working towards that are about being happy, and the reduction in the focus on the number of outcomes that are about being healthy. A comparison of the two years is shown below (Chart 7).

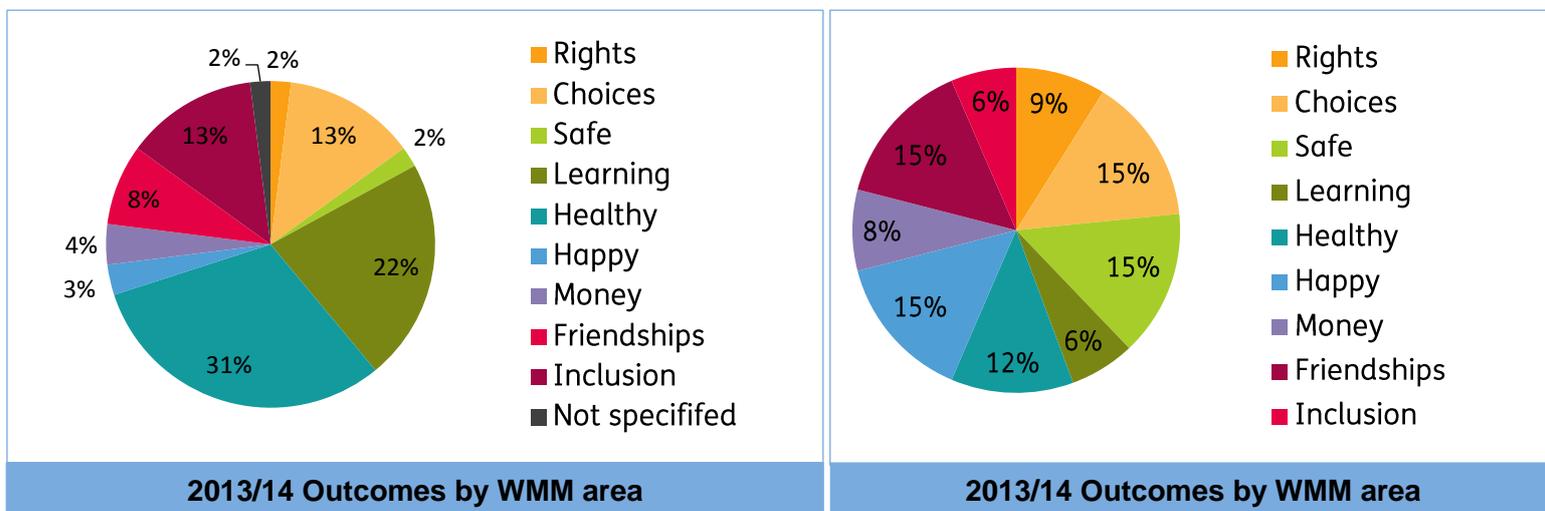


Chart 7: a comparison of the outcomes in 2013-14 and 2014-15

What this large reduction in focus in health related outcomes can be attributed to is not clear at this time, but it is interesting to see that the spread of the outcomes by type is much more even in this more recent review than for the original cohort. There is now a greater focus on the need to think about safety, personal friendships and people seem to be more focused on making sure that they are happy in their new home.

D & J have known each other for many years and now live together. Their friendship has grown since the move and they spend lots of time together. They both give the other confidence to try new things. J recently tried swimming for the first time and his initial hesitation vanished when he saw D get straight into the water. D was wary of trying the go-kart ride until he saw J get straight in and then J quickly joined him. They have friendship, they are happy, and their confidence to try new things is growing and growing.

How people are progressing

Our previous 2014 Impact Report looked at how people are progressing towards their outcome. This didn't tell us much about what had been achieved other than direction and the fact that the outcome was under review. With the change in the way that we have been working this time we have focused on whether the outcome had been reviewed, and the satisfaction that people had with their progression and support to meet this outcome. Of the 124 outcomes that people were working towards only 4 of these had yet to have any formal review and these were all for people who had yet to be in their new home for more than 6 months.

How satisfied are people

We have again collected measures of satisfaction from the people we support, and with the move to our new standards we have moved the way that we have approached this. Previous satisfaction measures were made at points in time and were about fixed criteria such as how happy are you with your support.

This often proved difficult for people and it was hard to know if the answers that people gave were about the support that they had at that specific moment or about the support that they had been receiving since the last time a survey was run. It was also hard to address the issues of acquiescence that any survey can produce.

With the last bond and with the measures presented here we have asked the teams to ask the person about their satisfaction with the outcomes that they are achieving, and while there are still the issues of acquiescence that may skew the results, the sense that people understand that they are answering questions about a specific thing that they are trying to achieve means the results produced should have greater reliability.

The latest results for people housed through 2014 Bond funding are presented below (*Chart 8*) and show that most people were very satisfied with their progress towards their outcomes with only one person being very unhappy about one of their outcomes relating to a burglary. Additional security measures were subsequently implemented by GLH.

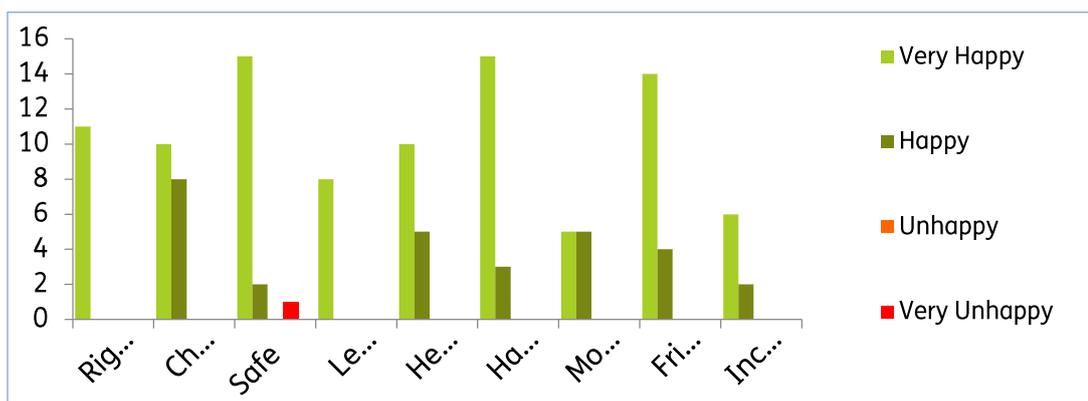


Chart 8: satisfaction with outcomes

The role of the environment

After collecting the data we went back to the teams to find out a little more about what the outcomes people had been achieving were and the things that they thought were most successful. When people told us of some of the things that they are most proud of we asked them about the role the environment had to play in this. The stories we were told were not just related to the “safer” conditions that people were now living in but highlighted how people attributed the impact that the better environment was offering against a number of outcomes areas. These are illustrated below.

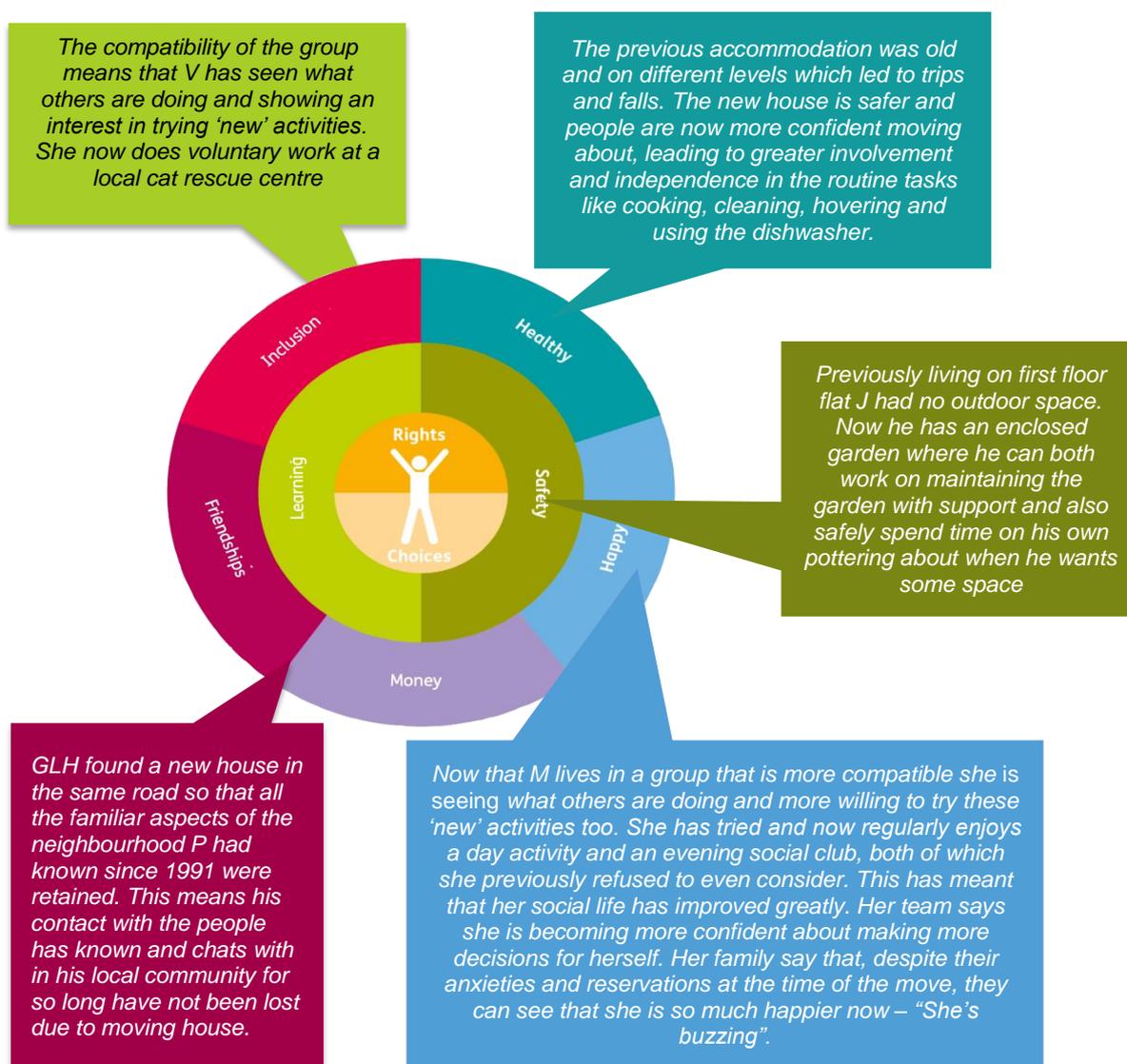


Figure 1: some of the stories so far

As previously reported 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.

6.2 Outcomes for families

In our year 1 report we presented findings of the 2013 Bond family impact assessment. In summary, Bangor University reported that a move to a new home had a positive impact on close relatives of people that we housed in particular that statistical analysis of all health scores showed there were significant improvements 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 and psychological health status of carers, together with family stress did not occur as a result of chance.

More detail can be found in our 2014 Baseline Impact Report and the Theory of Change section.

In January 2015 we commissioned Qa research (an independent MRS company specialising in social research) to conduct telephone interviews with the relatives of Golden Lane Housing (GLH) tenants. The overall aim of the research has been to measure change and impact over the six-month period following a disabled family member's (tenant) move into Golden Lane Housing. More specifically the research aims to understand respondents' views on:

- their family member's financial independence
- their family member's health and wellbeing
- their family member's working status
- the suitability of the housing provided
- any aspirations or disincentives towards their own working
- their own health and wellbeing
- their own financial resilience
- quality of relationships with their family member and within the family as a whole

The current number of baseline interviews completed at the time of writing this report stands at 29, with the following section of this report detailing the 7 initial baseline findings of the data. It should be noted that due to the low base size the results cannot be taken as wholly representative of all tenants but an indication of the views from the first cohort of 2014 families. For the baseline phase, each question required the participant to think retrospectively about the last 6-12 months in the run-up to their family member's (tenant) move. These are baseline results only at this stage and they will be used in 2016 to measure the impact of the move on the baseline family impact measures.

Initial baseline finding 1: suitability of tenant's previous property, prior to move into GLH property

Reflecting on the six months prior to their relative's move into GLH accommodation, almost two thirds of respondents felt that their relatives had had sufficient space and the appropriate adaptations for their needs. A small number indicated the property prior to GLH fell short of their relative's requirements, sometimes relating to space available or overall quality.

Views varied about whether the relatives had or had not wanted to stay in their prior accommodation: some had, some had not.

Encouragingly, plenty of respondents felt their relatives had learnt new skills whilst in their non-GLH property.

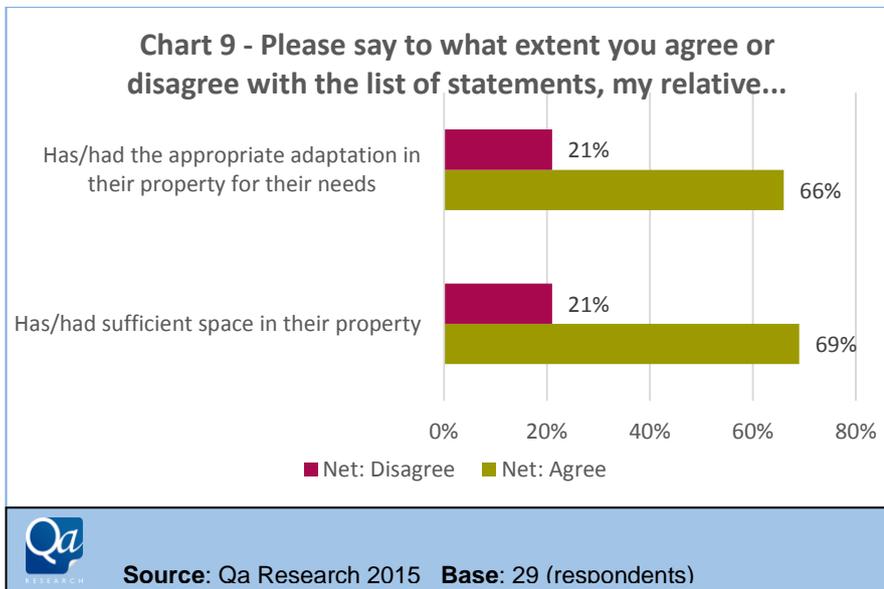


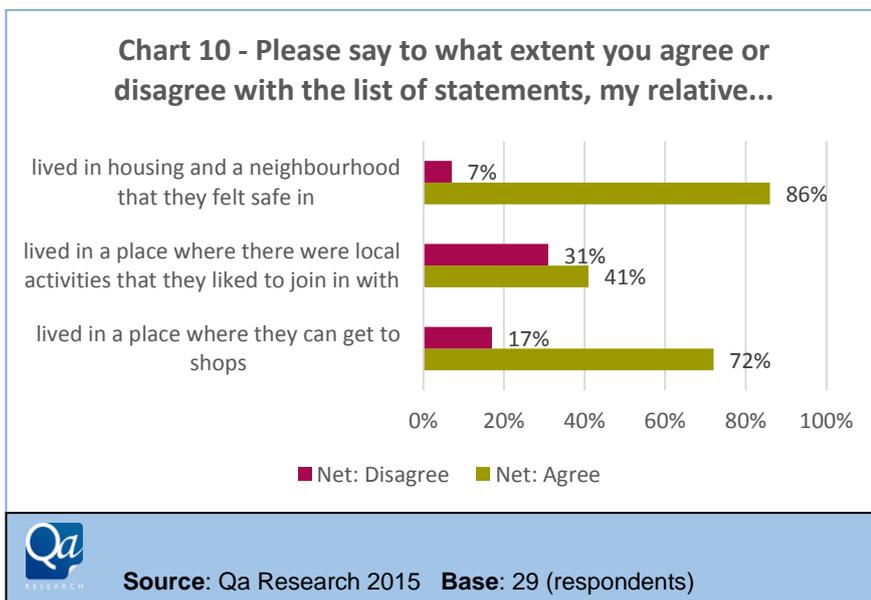
Chart 9 above shows responses when asked about *amount of space* and about *appropriate adaptation* in the property.

Initial baseline finding 2: neighbourhood and local community of tenant, prior to move into GLH property

Generally, respondents believe their relative felt safe in their neighbourhood with nine in ten stating they agree that this is the case, seven in ten indicated their relative lived in a place where they can access shops; with a significant minority (17%) feeling that their relative did not live in an area which mean they could get to shops.

Two fifths of family members agreed that their relative did live close to local activities which were accessible for them, however a third disagreed; indicating there were some relatives who were unable to access activities close-by when they resided at their previous accommodation.

Respondents were asked to state how far they agreed or disagreed with statements concerning their relative’s neighbourhood - its accessibility to shops and local activities and its safety (see **Chart 10** below).

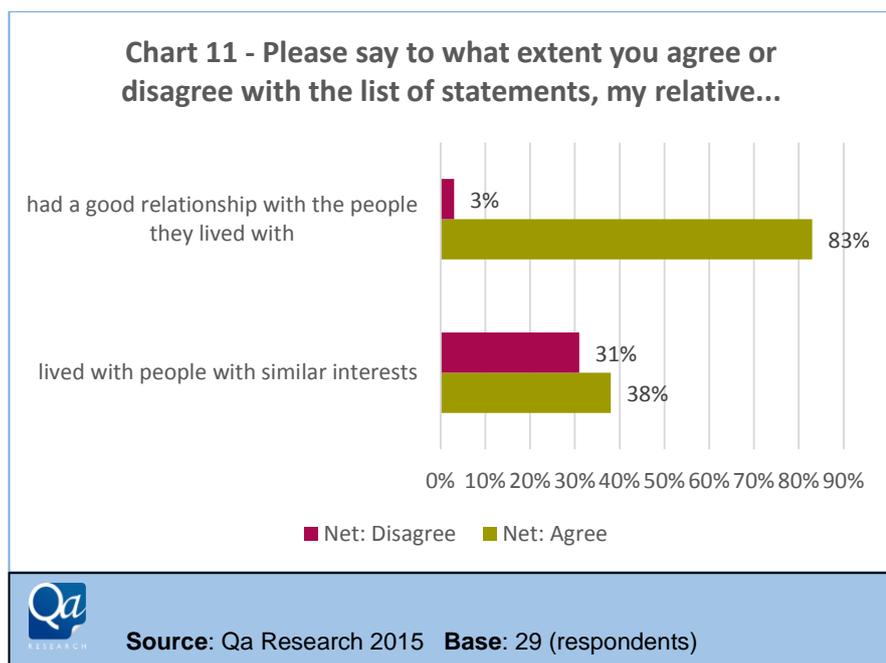


Initial baseline finding 3: housemates of tenant, prior to move into GLH property

The majority of respondents felt that their relative had a good relationship with their current/prior housemates despite not sharing similar interests. Responses were even when participants were asked to agree or disagree with the statement “My relative lived with people with similar interests”.

Inclusion in the local community drew mixed responses; around half agreed their relative had been involved with the local community - a third disagreed indicating they felt their relative had not been included in the local community.

Respondents were asked about tenants’ relationships with their housemates in their previous accommodation and whether or not they shared similar interests with the tenant, with responses displayed in **chart 11** below.



Initial baseline finding 4: support, autonomy, volunteering, education and employment of tenant, prior to move into GLH property

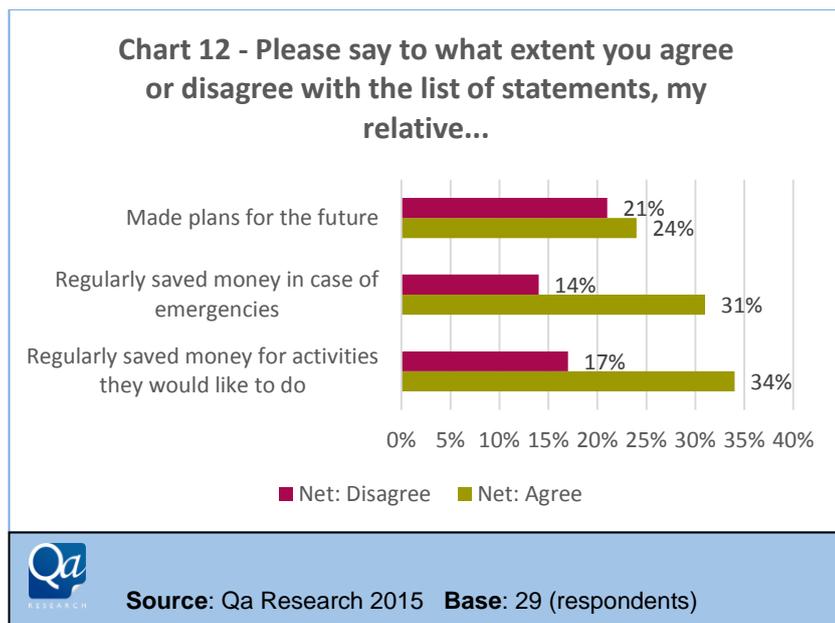
Many respondents were very complimentary about the quality of care and support their relative had received with over half rating the care as ‘very good’.

The majority claimed their relative had not had access to any types of work, whether education, voluntary work or paid employment.

Respondents were asked about the overall access and quality of **support** their relative had in their housing, prior to the move. When asked how far they agree or disagree that their relative has/had the support they need, the majority (90%) said they agreed, contrasting with just 3% of respondents who disagreed.

Respondents were also asked to rate the quality of care and support at an overall level with possible answers ranging from very poor to very good. Responses here were very positive with over eight in ten people saying it was good or very good (83%). Conversely, nobody rated quality of care and support as very poor and only 10% rated it as quite poor.

Respondents were asked a range of questions relating to their relative's autonomy whilst living in their previous, non-GLH property (see **chart 12** below). This included questions about **financial** and **other planning**.

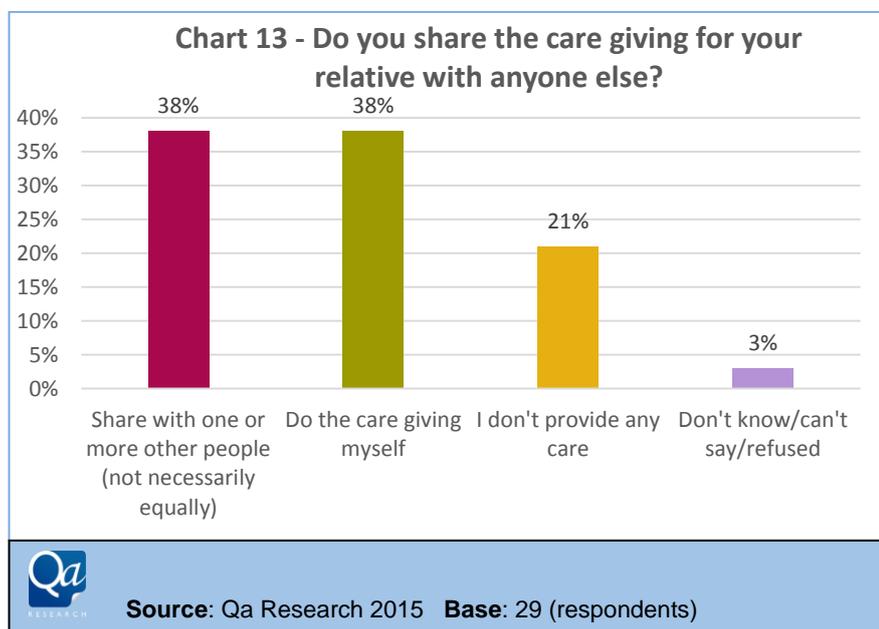


Initial baseline finding 5: caregiving and family relationships, prior to relative's move into GLH property

Prior to their relative moving into their GLH property, the majority of respondents either gave the vast majority of their time to caring for their relative or very little of their time.

Almost half state that performing this care giving strengthens their relationship with that relative although for many this affects relationships with other family members. This is reported as being lack of quality time they can spend with the family, a limitation on the activities they can do and a lack of non-essential items they can buy.

All respondents were asked about their caregiving to understand the extent to which respondents have had their time dedicated to their relative. Two-fifths (38%) said that they provide the main personal care for their relative, with three-fifths (62%) saying this wasn't the case. They were then asked to what extent they shared this caregiving with anyone else, with results shown on **chart 13** below.



Initial baseline finding 6: health and wellbeing, prior to relative's move into GLH property

Half of respondents find that their own health has taken a lower priority, due to caring for their relative. Nevertheless, the majority appear to be in good physical health.

Only around half (or fewer) of respondents reported good levels of wellbeing, such as having enough time for themselves, an active social life or feeling able to take on new challenges.

Mental health issues seemed to be a problem for some, with half feeling stressed because of caring, a quarter experiencing anxiety and on in ten depression.

Respondents were asked about physical or general health problems, with around half (45%) agreeing that caring for their relative has meant their own health has taken a low priority; a slightly smaller proportion (34%) disagreed.

Nevertheless, between half and three-quarters of all respondents answered positively about their state of health:

“I was able to self-care prior to the move”

76% agreed
3% disagreed

“I had good levels of mobility, prior to the move”

72% agreed
10% disagreed

“I was able to perform my usual activities prior to the move”

66% agreed
14% disagreed

“I was free from pain and discomfort, prior to the move.”

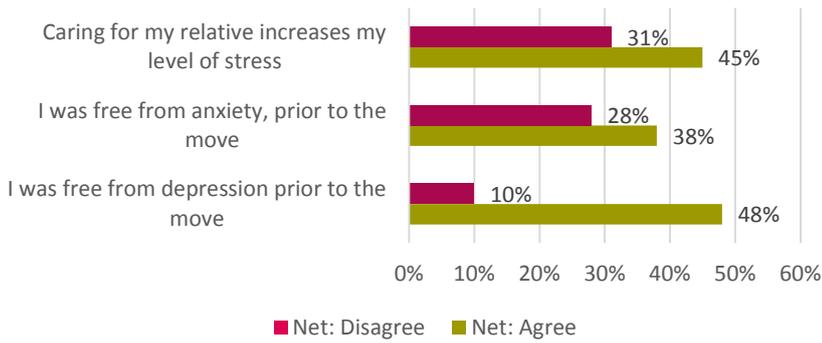
59%
17%

Other aspects of wider wellbeing were touched on in the survey. A majority of respondents (79%) agreed that they felt relaxed when they had time to themselves. Unfortunately, smaller proportions agreed with the following:

- they actually had enough time for themselves after spending time with their relative (52%)
- they had had time to spend on hobbies or interests (52%)
- they are happy with the balance between caring for their relative, other family or work commitments (48%)
- they had an active social life with the ability to visit friends regularly (41%)
- they feel able to take on new challenges alongside caring for their relative (38%)

A few questions touched on mental health, including asking respondents if caring for their relative increased their stress. **Chart 14** over the page shows responses.

Chart 14 - Please say to what extent you agree or disagree with the list of statements



Source: Qa Research 2015 Base: 29 (respondents)

Almost half of respondents (45%) agreed that caring increased their levels of stress, with a smaller number (31%) disagreeing.

A similar proportion (48%) agreed that they were free from depression, with only a small proportion (10%) disagreeing.

However, when asking about anxiety, there was more variation in replies: two-fifths (38%) agreed they were free from anxiety, with a quarter (28%) disagreeing.

Initial baseline finding 7: commitments, employment and financial outlook, prior to relative’s move into GLH property

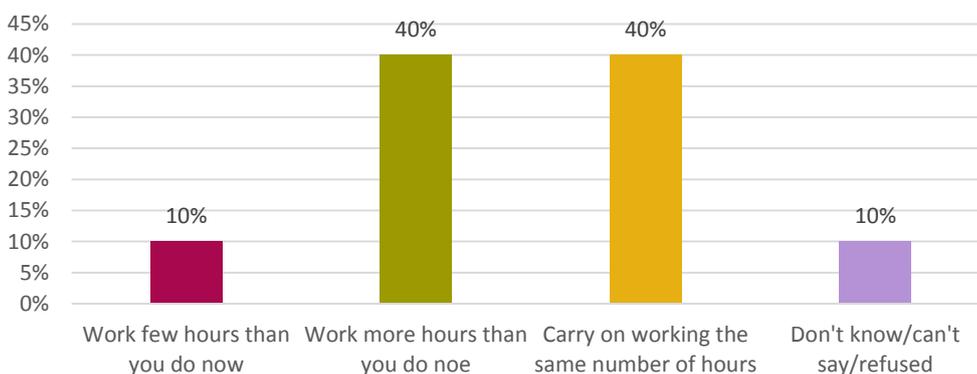
The majority of respondents did not have other commitments such as caring for an adult or looking after children. Only a quarter volunteered often.

One half of respondents were retired, while a third were in employment, mostly part-time. Some of those working would want to increase their hours but felt restricted because of the time commitments involved in caring for their relative.

Only a small proportion were without savings, had debts, were falling behind with bills and felt their financial situation would worsen in the future.

To explore whether the move of their relative into GLH housing was likely to lead to any change in the respondent’s employment situation, the working respondents were asked to consider whether they would like to change their working hours in future. **Chart 15** below shows the responses.

Chart 15 - Would you like to...?



Source: Qa Research 2015 Base: 10 (all respondents who are employed)

7.0 Other sustainability and reputational issues

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 7 shows some costs developed by the PSSRU³³ and the Department of Health³⁴ 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.

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
GLH/Mencap^{iv}	£78	£1079^{iv}	£266	Assume £252	£1,675
Fully-staff living settings**	£77	£1,186	£266	£252	£1703

Table 7: cost comparison

* 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.

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)³⁵. 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

³³ <http://www.pssru.ac.uk/project-pages/unit-costs/2013/>

³⁴ http://www.laingbuisson.co.uk/portals/1/media_packs/Fact_Sheets/Illustrative_Costs_PLD.pdf

³⁵ 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.

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 year³⁶. 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. Moreover, there are likely to have been savings for the state in the case of those who have moved from institutional settings.

Where a tenant is being moved from the family home the costs are likely to lead to cost increases at least in the short term. However, with greater life expectancy for people with disabilities, longer-term solutions for those living with families, especially elderly parents are essential.

Well planned and timely moves reinforce independence skills developed by young people at specialist colleges. Moves to supported living settings can also prevent emergency placements in inappropriate settings taking place when parents and other carers become too old to care for loved ones.

³⁶ Social Care Partnerships, Department of Health Efficient management of resources: to improve outcomes for people with learning disabilities <http://www.evidence.nhs.uk/qipp>

8.0 Disclosure Checklist

Disclosure Statements

Governance

1.1. Name of SSX Member Organisation: Golden Lane Housing

1.2. Please provide the name of the entity (team/governing body) responsible for oversight of the organisation's social objectives (as referenced in Section 2 of the Impact Report):

Golden Lane Housing Board of Trustees.

1.3. How many times did this entity meet during the year? Five.

#	Disclosure Statement	Confirm
1.3	During the year, the core mission and social purpose of the organisation was reviewed by the entity described in statement 1.1 above.	<input checked="" type="checkbox"/>
1.4	The entity described in statement 1.1 above was satisfied that the organisation is continuing to achieve its mission and is working towards its stated social purpose.	<input checked="" type="checkbox"/>

Stakeholder engagement

1.5. Please provide a summary of the engagement activities the organisation has undertaken with the organisation's core stakeholder groups during the year (which are impacted by its operations).

Stakeholder Group	Activity	No. of sessions	No. engaged	Topics of engagement
Tenants	Planning meetings	Over 150	Over 120	Housing needs, choice of where to live, health of tenants, property alterations, tenancy matters including finances.
	Tenancy meetings	Over 60	Over 120	
	Housing Benefit representations	Over 30		
	Property adaptations, improvements and repairs	31		
	What Matters Most planning and review meetings	Over 60		
	My New Home Surveys and Tenants Satisfaction Surveys	Over 1500		
Families	Planning meetings	Over 150	Over 30	Housing needs, choice of where to live, health of tenants, property alterations, tenancy matters including finances.
	Surveys	Over 25	Over 60	
LA and HA Commissioners	Planning Meetings	Over 90	Over 30	Housing needs for people with a learning disability
Ministers and Senior Policy Makers	Various meetings	Over 10	Over 20	Housing need for people with a learning disability. Financing specialist housing including protecting HB income streams to ensure new housing is sustainable.

1.6. Please provide a summary of actions the organisation has taken as a result of this engagement.

For each new property that GLH purchases we hold extensive planning meetings with our future tenants, their families and/or appointees, the local authority if appropriate the relevant health authority, and occupational therapists. We liaise with Mencap as the initial care provider to ensure that alterations and adaptations are to the tenants new home are undertaken in such a way so as to ensure that the property meets the tenants current and anticipated physical, learning and well-being needs. We support the tenants to move into their new home once the work is complete and maintain regular contact during the settling in period. Along with Mencap we undertake pre and post move-in surveys of tenants and their family members to measure the impact the move has, and to also learn how we can improve on how we deliver our service and maximise the impact of our investment.

The impact of GLH's work funded through the 2014 bond has also attracted the interest of the Department of Health and NHS England, especially in relation to the Transforming Care programme to provide community based alternatives to Assessment and Treatment Units. The Director of GLH has met with the Health Minister and the Minister for Disabled People to discuss ways in which the bond model could be scaled up and applied across the sector. GLH is currently working on a number of options for a potentially much larger capital raise in 2016. GLH is also working with a number of the Transforming Care fast track areas, including Greater Manchester.

Material changes

For the following statements, please answer 'yes' if any material changes have occurred during the year, and provide details of the change on the following page:

#	Report Section	Decision Point	Yes	No
2.1	Social Purpose and Context	Has the organisation materially changed or updated its social purpose or mission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	Social Purpose and Context	Has responsibility for oversight of the organisation's social objectives, mission or social purpose changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	Who Benefits	Have any of the organisation's core stakeholder groups changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2	Who Benefits	Has the policy, regulatory or market context of the organisation materially changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	Activities and Operations	Has the organisation changed its core activities and/or core operations, or acquired or divested of businesses which affect its core purpose?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2	Activities and Operations	Have any of the outcomes experienced by the organisation's core stakeholder groups changed (described by the organisation as resulting from its activities)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	Stakeholders	Has the organisation changed its methods of stakeholder engagement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2	Stakeholders	Have relationships with any key partners of the organisation changed (i.e. those partners that are critical to delivery)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Further Detail

In the table below, please provide further details where you answered 'yes' to the decision points listed above. Note that you will need to submit updated versions of all sections which have material changes in them as defined by this table. You should also include details of any updates you have made to sections of your Impact Report to evidence the Year Two requirements, such as proportionality, materiality or stakeholder engagement.

#	Report Section	Decision Point	Detail
2.1	Social Purpose and Context	Has the organisation materially changed or updated its social purpose or mission?	No
2.2	Social Purpose and Context	Has responsibility for oversight of the organisation's social objectives, mission or social purpose changed?	No
3.1	Who Benefits	Have any of the organisation's core stakeholder groups changed?	No

#	Report Section	Decision Point	Detail
3.2	Who Benefits	Has the policy, regulatory or market context of the organisation materially changed?	No
4.1	Activities and Operations	Has the organisation changed its core activities and/or core operations, or acquired or divested of businesses which affect its core purpose?	No
4.2	Activities and Operations	Have any of the outcomes experienced by the organisation's core stakeholder groups changed (described by the organisation as resulting from its activities)?	No
5.1	Stakeholders	Has the organisation changed its methods of stakeholder engagement?	No
5.2	Stakeholders	Have relationships with any key partners of the organisation changed (i.e. those partners that are critical to delivery)?	No

Document sign-off

This document should be signed off by a representative of the entity (team/governing body) responsible for oversight of the organisation's social objectives, as referenced in statement 1.1 below and Section 2 of the Impact Report, to verify the accuracy of the disclosures presented by the Member Organisation:

The Impact Report submitted by our organisation is:

A new Impact Report

An update to our Year Two Impact Report, by exception

I certify that this document, when considered in conjunction with my organisation's SSX Year One Impact Report submission, provides a fair representation of the changes in the social and/or environmental impact of my organisation. I further certify that all material information relevant to the impact performance of my organisation in the year since the publication of my organisation's SSX Year One Impact Report has been included in either this document and/or my organisation's SSX Year Two Impact Report.

Signature:



Name: Alastair Graham

Role: Director, Golden Lane Housing

Date: 11th December 2015

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
PCT Primary Care Trust
QoL Quality of Life
QRS-F Questionnaire on Resources and Stress (Friedrich)
WMM What Matters Most

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Golden Lane Housing

Housing you can build your life around

Golden Lane Housing 2014 Social Investment Bond

Impact Report Year 2
December 2015

