



Golden Lane Housing

working in partnership with **mencap**



2014 Social Investment Bond

Social Impact Report - Year 3

July 2017

Contents

CEO overview	P3
Scope, purpose and context	P4-8
Who benefits	P10-12
Activities and operations	P14-17
Stakeholders	P18-21
Social value	P22
• Outcomes for tenants	P24-26
• Outcomes for families	P28-31
Costs and savings	P32-33
Conclusions and recommendations	P34
Glossary of terms and abbreviations	P35

CEO overview



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

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

This third 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 in our 2014 bond which was the first ever retail 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 completed the process of investing this money in 62 properties across the UK which are homes to over 205 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 continues to enable people with a learning disability to lead significantly enriched 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. 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 continue to believe in the long-term that this type of provision will save money by providing a sustainable home for people at a reasonable price and by ensuring that an adequate proportion of the housing stock is appropriate for people with a learning disability.

We still face some challenges at GLH and within the sector. What the bonds achieved still only scratches the surface of the huge needs that remain in relation to inadequate housing for people with a learning disability. As a society, we need to end the scandal of the failure to dramatically reduce the number of people still living in so-called Assessment and Treatment Units (ATUs) and hundreds of thousands more who are in inappropriate housing simply through a lack of choice. Many of our tenants come from the family home and there is an increasing need for independent supported housing for those living with parents who can no longer cope. The government is currently proposing changes to the future revenue funding of supported housing, and we will continue to campaign for the continued statutory protection for this vulnerable group.

At GLH, we continue to consider the results of this report to develop our thinking around what do to address these issues – 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 it can help us in our mission, please get in touch.

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

Alastair Graham
Director, Golden Lane Housing

Purpose, scope and context

GLH is a leading national specialist provider of housing for people with a learning disability. Mencap established it as an independent registered charity in 1998 and it became a registered provider with the Homes and Community Agency in 2015. 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 ongoing investment to meet GLH's standards and tenants are provided with specialist housing services 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 2013 GLH launched its second £10 million Social Investment Bond to raise money for the purchase and adaptations of property for new tenants. Following the success of this, it launched a new Retail Charity Bond to raise £11 million to house over 100 new tenants. This was the first bond to be listed on the London Stock Exchange's Order Book for Retail Bonds in this field. The bond as with the 2013 bond had to close early due to over-subscription.

By the end of November 2016 GLH had purchased 61 properties and the land for a new build fully wheelchair accessible bungalow had been secured. Our revised projection is that 106 people with a learning disability and their family members will benefit from the 2014 investment. This report builds on our Year 1 and Year 2 reports and the impact that we have previously measured as a result of our 2014 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 care managers.

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, the government are still behind their targets to reduce people still inappropriately housed in ATUs. GLH continues to be involved with national and regional discussions with NHS England to increase the options.

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

Data from Mencap's What Matters Most (WMM) framework, a self-reporting tool shows that the areas that tenants cited as wanting to see most improvement were physical wellbeing, social inclusion, personal development and choices.



Vicky with her support staff, she moved into her home in with two friends in Grimsby

Although progress was made across all of the outcome areas, the most progress was made in relation to rights, safety and emotional wellbeing. Although these are not the most cited outcome areas, tenants reported that they are happy with the changes in their life and the outcomes that they are achieving. There are very few areas where people are not satisfied with the outcomes that they have achieved.

Through GLH's Tenant Satisfaction Survey individuals reported a high level of satisfaction with their property, with almost 90% giving a positive rating to the quality of their landlord and housing. The location of the properties got a positive rating of over 94% and an analysis of the 2013 properties using the Index of Multiple Deprivation (IMD) finds that over half are located in the 25% least deprived neighbourhoods.

There were clear tenant outcomes from our survey that included improvements to space and adaptations; increased community inclusion; a better sense of personal safety; and increased independence. There is considerable evidence that families can struggle physically and psychologically but improvements were reported in both of these areas after the relocation of their relative into a GLH property. Relationships within the wider family showed positive improvements as did their social life.

There appears to be some net gain for relatives in the amount of time they had for their own interests. Most measures of emotional wellbeing had improved for relative. Benefits were also identified for the state.

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

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

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 16% of those known to the local authority are in secure long-term tenancy or own their own home² - most live in registered care or with their families³. The majority of these receive no support from health or social care.

A national shortage in social housing means that it can be hard to find social housing through a local authority or housing association, particularly for people looking at sharing, needing adaptations or in specific areas close to existing circles of support. Potential tenants also face barriers accessing private rented housing – including a reluctance to deal with people on benefits or a lack of understanding of people with a learning disability. 5.8% of all people with a learning disability are on the social housing list⁴.

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.

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-life⁷.

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.

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 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.

4 Mencap. 2012. *Housing for People with a Learning Disability*. Mencap: London.

5 Department of Health (2011). *Illustrative cost models in learning disabilities social care provision*. Healthcare market intelligence. Laing & Buisson, London.

6 Mansell, J.L., Beadle-Brown, J., Skidmore, C., Whelton, B., & Hutchinson, A. (2006). People with learning disabilities in 'out-of-area-residential placements. 1. Policy context. *Journal of Intellectual Disability Research*, 50(11), 837-844.

7 Rowbotham, M., Cuskelly, M., & Carroll, A. (2011). Sustainable caregiving? Demands upon and resources of female carers of adults with intellectual disability. *Journal of Women & Aging*, 23, 129-148.

8 Stimulating housing supply – Government initiatives (England Standard Note: SN/SP/6416 Last updated: 8 July 2014).

Policy content

The quality of care settings for people with a learning disability is something that has been of great public concern in recent years, in light of high profile cases of abuse such as that at Winterbourne View.

Whilst some ATUs were shut down and individuals prosecuted in the aftermath, the scandal shed light on the lack of coordinated policy responses to the housing needs of people with disabilities. In its final report on the issue, the government set out a timetable (June 2014) to return as many people as possible to their communities (Department of Health, 2014). Instead, the situation has deteriorated since then: the number of people in ATUs has actually increased and Mencap reports that thousands of people with a learning disability are still housed in this way⁹.

There are over 3,000 people still living in inpatient settings. These places are meant to be for short periods of assessment and treatment but many spend an average of over five years, often hundreds of miles away from their families and communities. Not only is this inappropriate and potentially harmful but it is very costly to the state with an average cost per placement in an ATU of £3,500 per person per week¹⁰. This compares with an average of about £1,300 per week to live in the community. GLH continues to be involved with national and regional discussions with NHS England to increase the options.

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

9 http://www.mencap.org.uk/sites/default/files/documents/Winterbourne_View_the_scandal_continues_0.pdf

10 These costs are highly variable. 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

GLH's solution

Since GLH was established, it has invested £102.4 million in transforming the lives of over 1,700 people with a wide range of needs in more than 750 properties across England, Wales and Northern Ireland.

In recent years and largely as a result of bond financing it has been able to increase the number of people it houses to 200 people per annum and aims to continually find innovative ways to provide appropriate and sustainable housing solutions.

GLH's housing options include:

GLH rented properties

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

Privately rented accommodation

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

Planning with relatives

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

Financial contribution

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



Jack's story

“I have peace of mind now that should Jack ever have another stroke then he would always have somewhere to recuperate that met his needs.”

Adam, Jack's Father



Within the last few years Jack has suffered from two strokes which has affected his mobility. Wanting to share a place with friends Steven and Ed, Golden Lane Housing (GLH) was able to buy and specially adapt his home in Somerset using 2014 Retail Charity Bond monies.

“We were advised there was a strong likelihood that Jack would have another stroke in the near future which may reduce his mobility even more,” explains Pauline Cann, Mencap. “We wanted to make sure he would be able come home to recuperate - being in his own bed surrounded by family and friends with staff to support him would also aid his recovery.

The perfect property was found in Street with a garden, this is something they hadn't had before. It's an area they know well which is close to their other friends. The work only took a few weeks. Although the garage had already been converted into a bedroom the room, it was large enough to be reconfigured to include an ensuite wet room. The access to the front door was relocated removing part of the wall and a few wide shallow steps with a rail were built.

Jack is really happy with his new room, he's a massive football fan so it's painted red to go with his Manchester United bedding!”

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.

Tenants

To date the 2014 bond has enabled GLH to purchase 36 properties for 106 tenants. At the time of writing this report GLH has purchased a site to enable a new build bungalow for five people to be build.

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 £10 million 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 £11 million Bond is 106. 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 37 properties, 23 are bungalows, increasing the number of ground floor bedrooms with access to ground floor bathrooms. Over the next couple of pages, we have included some stories that explain the difference a new home makes for our tenants and their families.

Tenants' stated reasons for wanting to move (in the application form) were extremely varied. There emerged some interesting patterns about the stated reasons.

For many of those tenants in their twenties or thirties, they were moving from the family home and there were two primary considerations: for the tenant to gain independence; and to prepare for the future when families could no longer give the same level of support.

This shows the level of Disability Living Allowance (Care Component) that 2014 Bond tenants are claiming. As we can see, the majority have moderate to severe disabilities. Although not a perfect measure of severity of disability, it is reasonable proxy¹³.

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

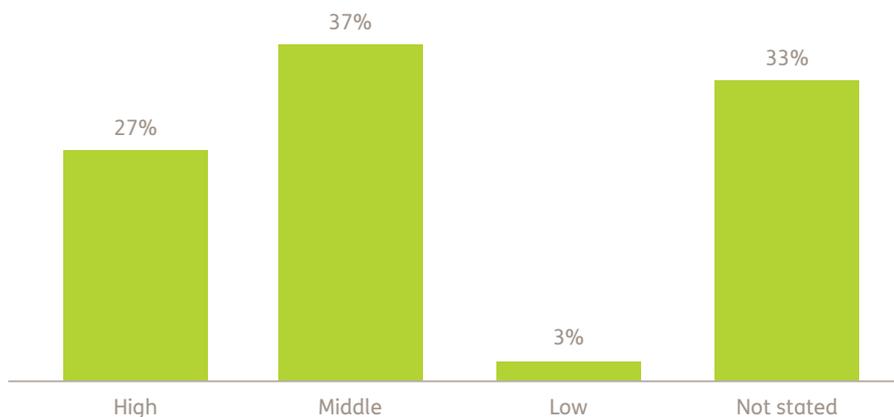
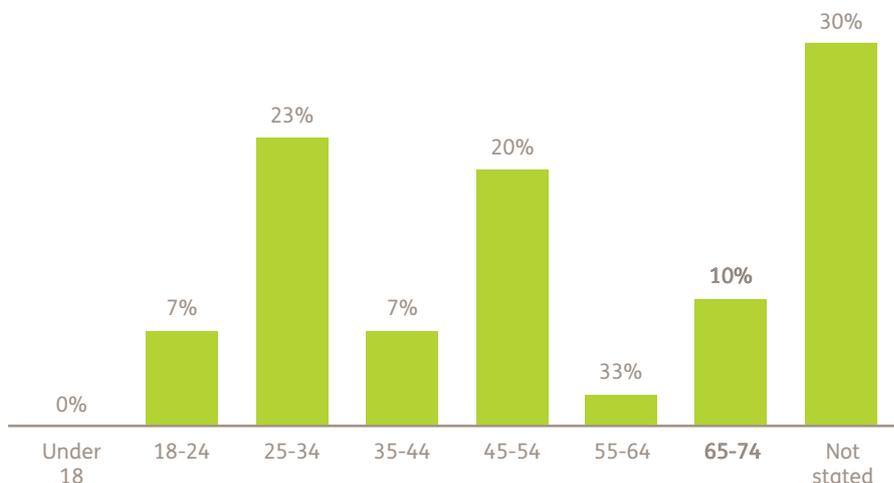


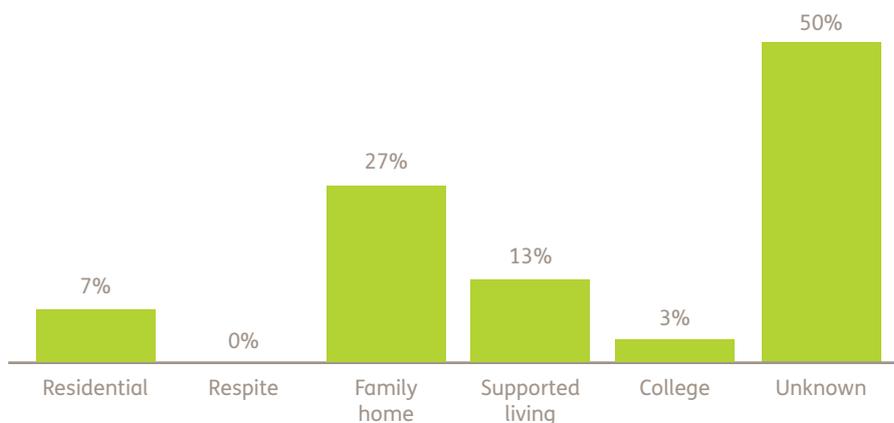
Chart 2 gives a breakdown of tenants by age. The tenants' age distribution shows two peaks: in the age 25-24 group (almost one quarter of the cohort) and in the age 45-54 group (one in five of the cohort). The mean age was 43.

Chart 2: age of 2014 Bond tenants



Prior to relocating to a GLH property, the majority 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



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.

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 the researchers Qa Research conducted telephone interviews with the families of GLH tenants prior to the relative of the family moving in their new property was purchased and adapted for them. Qa 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 in 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 and Developmental Disabilities, 47(6), 425-435.



Vicky, Gillian and Cecilia's story

“We like everything about this house, it's perfect for us.”

Vicky, Gillian and Cecilia, GLH tenants



Cecilia, Gillian and Vicky were sharing a place together. As time passed their mobility began to get worse and they were finding it difficult to climb the steep stairs.

“We looked at a couple of houses, and then found this one,” explains Clare Crowder, Mencap. “It's about a five minute drive from their old house, which means they know the area and it's not affected any of their activities or work, the ladies have busy lives!

Vicky's needed to be on the ground floor as she's very unsteady on her feet. She's got the largest bedroom with an ensuite wet room, this was originally the garage. Cecilia and Gillian decided which bedroom they wanted upstairs, they agree Cecilia could have the one with ensuite to help with her personal care. When they were choosing the colour for their bedrooms, Vicky chose a maroon colour for a feature wall. The decorators did explain it would make the room darker, but it was Vicky's choice and she's got what she wanted!

New windows were put in throughout the house and they look great and some hand and grab rails were put in around their home to Vicky move around more easily.”

Activities and operations

GLH has a 19 year track record of managing and maintaining properties for people with a learning disability. Over time it has built up a portfolio of 429 properties, which it owns on freeholds or long leases with a net asset value of £102.4 million (as at 31 March 2017). GLH has a further 369 properties on short leases.

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 2017 GLH had 1,740 bedspaces, of which, 65 are in registered care services where housing costs are met directly by the social care authority. Our tenants living in supported housing, subject to their personal eligibility, claim housing benefit to meet their housing costs. Most of GLH's income comes from rent, with most tenants rent being paid directly by the local authority.

Steven lives in Somerset with three friends



Personalised support

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

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

People who moved into a property purchased with bond capital were supported by Mencap using their WMM framework, such as:

- day-to-day personal care
- physical and health needs
- identifying activities and participate in their local community
- keeping in contact with their family and friends
- managing their money so they can buy the things that they need
- part of the decision making about the things that are important in their lives

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

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 £865,000 per annum on planned maintenance over the past three years. We involve our tenants, their families and social workers and occupational therapists in the design of the new homes that we purchase or lease and subsequently adapt to meet specific disability and/or behavioural requirements. We carry out a tenant survey to gauge levels of satisfaction with the properties we provide.

2016 Tenants satisfaction survey

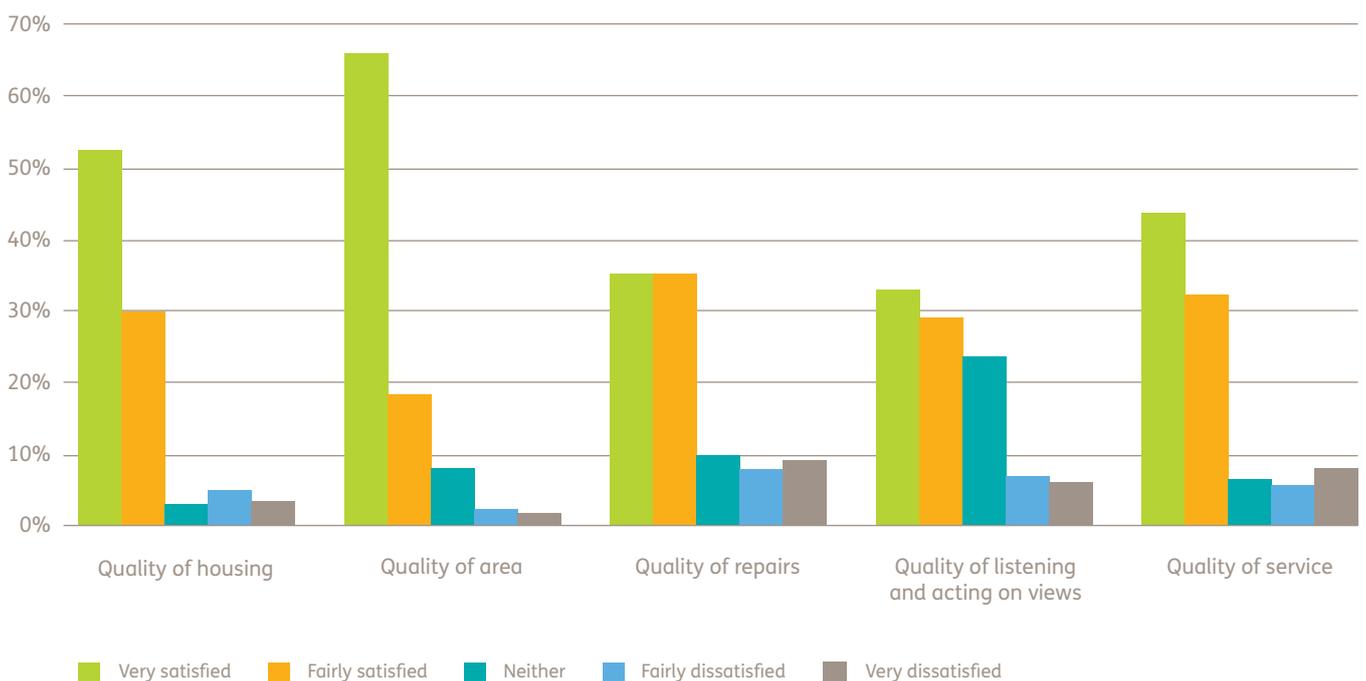
Every year GLH undertakes a survey of all of its tenants to understand satisfaction with our service across a range of issues that are important to our tenants.

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 was a lower satisfaction rating in 2015, GLH introduced its own repairs team at the start of April 2015 covering South Yorkshire, Nottinghamshire, Greater Manchester and parts of Lancashire, and extended to the North West and all of the North East in March 2016. This service has been well received by our tenants and they are benefitting from a closer relationship with our trades operatives than previously. We aim to roll out to the South West and South England by the autumn of 2017.

Chart 4: results of GLH’s national 2016 Tenant Satisfaction Survey



New Home Satisfaction Survey
- Bond and Great Tenants

We undertake a more in depth evaluation to understand how we could improve our operations when we purchase a property. Here are some of the results of our annual 'My New Home Satisfaction Survey' undertaken from April 2016 to September 2016 from 20 people (nine properties) that have moved and are settled into their new home purchased using the 2014 bond finance. The tables compare the results of four questions for our 2014 bond tenants with the results for our new 2016 Great Tenant private leased schemes.

Chart 5: are you happy with the area that you live?

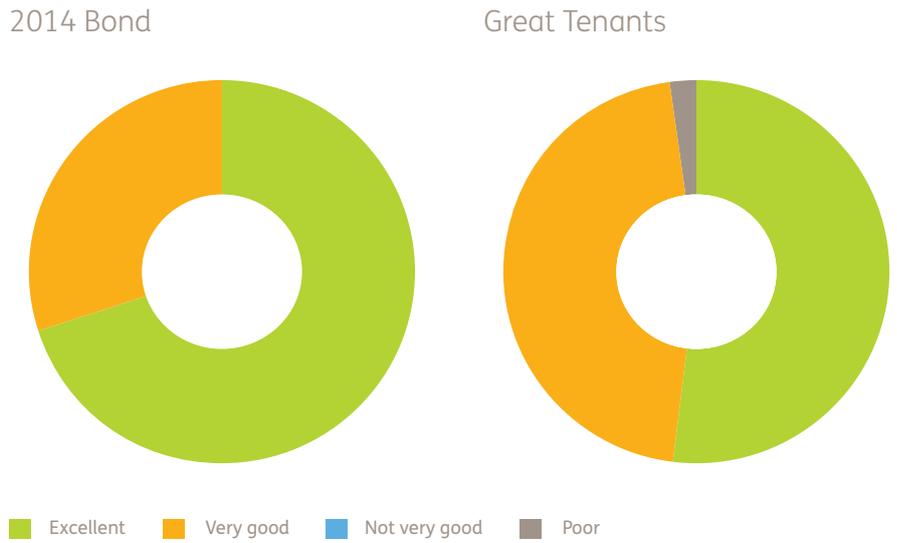


Chart 6: are you happy with the overall condition of your home?

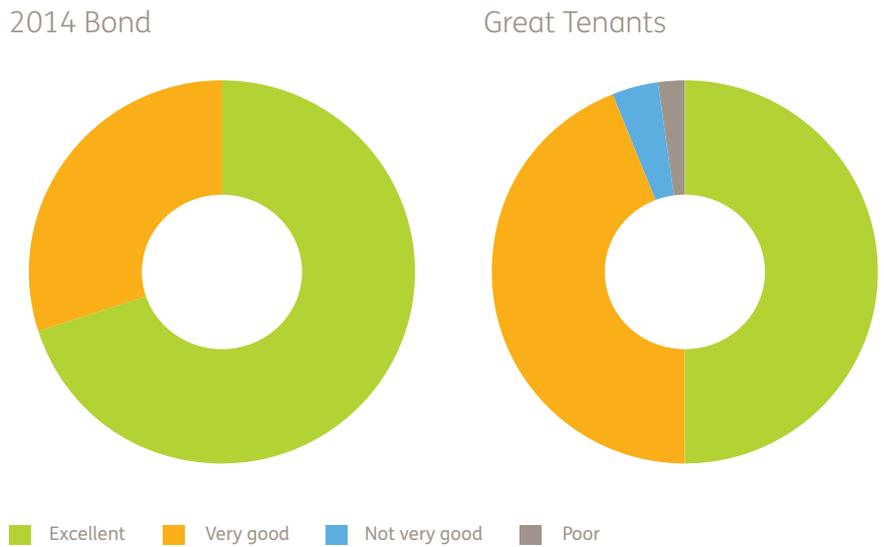
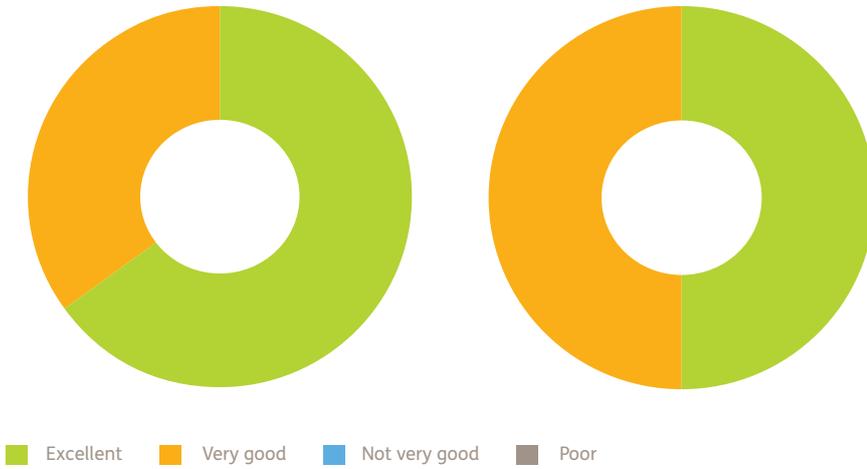


Chart 7: are you happy with the safety and security of your home?

2014 Bond

Great Tenants

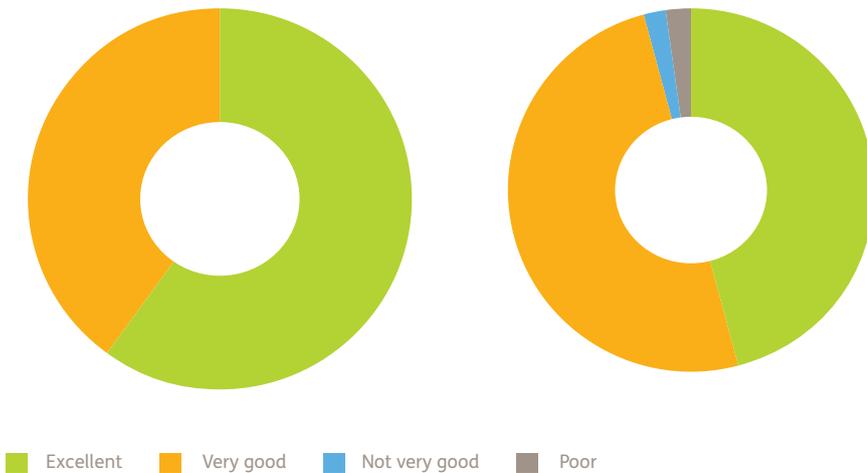


Compared with the results from all 20 tenants that responded to our 'New Home Satisfaction Survey' we can see that there is very high level of satisfaction in all four areas of questioning. This is perhaps not unsurprising as the 2014 investment enables GLH to purchase and adapt a property more extensively than we would be able to with a property that we lease from the private sector.

Chart 8: Overall how satisfied are you with your new home?

2014 Bond

Great Tenants



Stakeholders

In impact evaluation, it is now common practice to take a multi-stakeholder approach to measure all material outcomes to groups affected by an intervention, whether that impact is positive or negative. This section describes the stakeholders of the 2014 bond properties and assesses whether they should be included in the impact report.

Which stakeholders to include?

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

Table 1: stakeholder audit trail

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

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

Table 2: stakeholder engagement

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

- * This will include any people who may have moved into and out of a property over this time.
- ** Four commissioners were approached for interview but only two agreed to take part in the research.

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. 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.

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.

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.

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

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

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

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



GLH's In-house Repairs team fitted a specialist swing for Elaine who lives with three friends in Nottingham

Interviews with commissioners

At the start of the 2014 Bond programme it was only possible to interview two commissioners during the timescale of the research. One difficulty with engaging commissioners for this type of research is that in some instances the day-to-day pressures of the job, and the emphasis on costs make it difficult for them to make space for an ongoing assessment of the outcomes of their commissions. This is a common problem across the public sector that has been written about elsewhere. Commissioners are not a homogenous group however and in some authorities this thinking is more advanced than others. Nonetheless, there has been a commitment to outcomes based commissioning in place for some time and the Social Value Act has enshrined in law the importance of taking non-economic factors into account in making commissioning decisions¹⁷.

Both commissioners that were consulted as part of this research spoke very highly of GLH and its professionalism and competence. There was also

a sense that because of its links with Mencap, there was an assumption that it was working in the best interests of people with disabilities. Although this creates potential accountability risks, the contracts are subject to regular reviews.

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

17 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.

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.

Table 3: indicators and ways of measuring tenants'

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

Table 4: indicators and ways of measuring tenants'

Outcome	Indicator	Existing measure
Physical health	Self-reported change in mobility, self-care, usual activities, pain/discomfort and anxiety/depression	General Health Questionnaire (EQ-5D) ¹⁸
Psychological health	Levels of family stress, care-giver's distress and burden	Distress (Kessler 6) ¹⁹ , caregiver burden (Zarit Burden Interview) ²⁰ and family stress (QRS-F) ²¹
Relationships	Change in relationship with family member	Not currently measured

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

19 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.

20 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.

21 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.



Ben's story

“We are delighted. Everything is just right for everyone. It's a beautiful bungalow with a huge garden, and we can see why they enjoy living here so much.”

Viv and Rick, Ben's parents



Friends Ben, Jenna, Rupert and John live in Cornwall and are supported by Mencap. Using Golden Lane Housing's 2014 Retail Charity Bond their home has been bought and specially adapted.

“We thought moving in was going to be a slow transition for Ben,” says Viv and Rick. “It was absolutely amazing, and we found out we were wrong! Ben's bedroom is the converted garage. He'd chosen the colour blue for his walls and the room is just the right size for him, it's got a real feel of a lad's den.

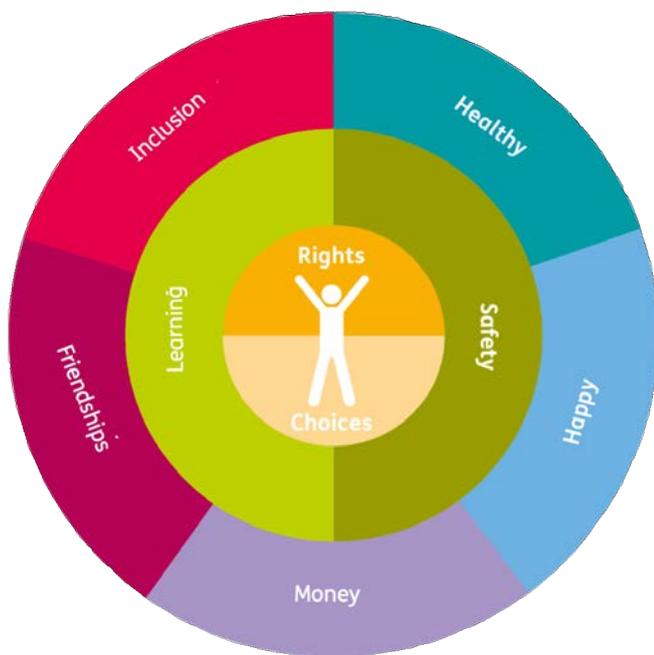
We were quite surprised, but in a good way. We thought it was going to take a long time to get used to his new home. Ben has Downs Syndrome and likes having a set routine and a structure. We think he made the decision to move in after having tea with everyone and would have stayed that night. Having his own place has really empowered him to make choices, we've really seen him develop and grow in a short space of time. For a while, we wondered if he was going to change his mind, but it's been quite the opposite. We see Ben every week. When he comes to our house, he lets us know when it's time for him to go home. And, if we're round at his house, he's happy to wave us off. He really does see this as home. Ben gets on well with everyone. There's a good Mencap staff team who have got to know what they need and when. The amount of work that Mencap put in, alongside Ben's social worker helped to make the transition for Ben very successful.”

Outcomes for 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. 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.

Figure 1: What Matters Most summary



Bringing about this change has meant that Mencap are placing a greater focus on the experiences that people have, and the need to reflect on what we are learning about the way that we work and the outcomes that this is supporting people to achieve.

To support this change Mencap introduced a new annual reflection event where the people we support, those close to them and the teams who support them looked back at what they had achieved in the past year and identified those things that had worked well, and those things that had been difficult and may need to change.

These events are a time when everyone involved in a service are encouraged to come together and share the learning of the last year and to celebrate the successes they have had. They follow the individual reviews that everyone we support have, and draw together the key themes that people felt were important and they wanted to share.

This report uses information gathered from a review of these reflection events and summarises the key outcomes that people were describing for people supported in GLH bond properties in that year. In total 14 properties that were acquired through the bond had a reflection event in this time. Although this accounts for under 50% of all locations it is important to recognise that many of these locations were new in this year, and may not have planned a reflection event in this year. These locations may have since had a reflection event but as this falls outside the parameters of this report they are not included in this report.

Before we consider the themes that have come out of the reflection events it is worth noting that for many people this was the first opportunity to have a party/event in their own home, and the actual event was an achievement worth recognising and needed to be planned to reflect that this was something new for people. This was described in several the reports that were submitted.

Although this report does not look in detail at the individual outcomes that people were achieving it has been possible through an analysis of the reflection events to draw out the key things that people identified as working well, and the analysis of the reports of the 14 locations that completed a reflection event in 2015-16 highlighted positive comments about people’s experiences and achievements shown in Chart 9 below.

This highlights that for this group of services the two areas that most often appeared in reports are people’s friendships (and families), as well Inclusion and being part of the community they live in.

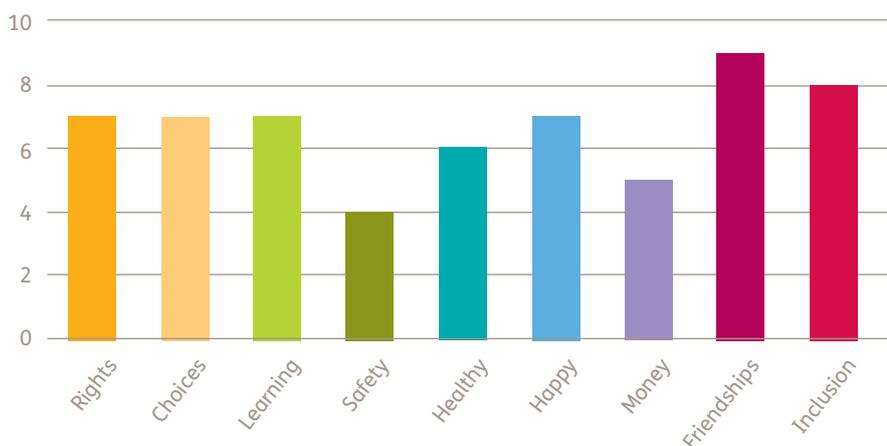
While ‘being safe’ didn’t feature as strongly in the discussions people had, the role that their new homes had in making them feel safe was highlighted.

Finally, the report really highlighted that the role of development and learning in people’s lives, and the possibilities that have been created by the move, and in many places people described the things that people were learning and continuing to develop in their lives.

These opportunities have been as much about taking greater control of their day to day living as they have been about the wider opportunities that people are seeking to further develop their lives.

This range of opportunities is best summed up by the descriptions made about the things that people had learnt in the last year and the role that moving home had played in this change.

Chart 9: outcomes people are working towards by WMM category



“People are going to club nights and joining singing and signing sessions as well as horse riding, going out to cafes. People are also joining keep fit sessions, swimming and hip-hop.”

“B has a volunteering job that has now formed some relationships. This has increased from one to two days. He has also re-established contact with family members.”

“A is now confident about speaking up and is more independent. He manages his own money with the support from staff.”

Family impact study conclusions for tenants

There was an extremely varied profile of tenants accessing the GLH housing. Age ranges covered the full adult spectrum up to age 65+; levels of disability varied as indicated by DLA ratings from low to high; previous living arrangements also varied from the family home, to residential, supported living and college. Reasons given for wanting to move into their new GLH home also varied across the life course. Relatives of tenants too varied across the age ranges, as well as in their household situations and other caring responsibilities.

This variety suggests that there may be difficulties with assessing impacts for the tenants as one unified cohort; rather, taking a case study approach in future, looking at a range of tenants and families in more depth, may yield useful insights for tenants experiencing a range of circumstances.

Quality of housing

Improvements in space and adaptations were the main improvements noted in the quality of GLH housing, compared to previously. Relatives believed that tenants were now more satisfied with their housing and more likely to want to say in it. Verbatim comments supported the view that tenants were now living in good accommodation and were generally happier, more independent and more confident.

Community inclusion

The main difference noted for tenants regarding community inclusion was increased agreement that tenants now lived somewhere where there were local activities they liked to join in with; and that tenants now had the opportunity to take part in sport, exercise or leisure activities of their choice.

Independence and rights

Respondents noted increasing levels of tenant independence following the move, as more could now manage daily tasks without the support of the respondent. Again, when responding to a direct question about the effect of living in the GLH property, a majority agreed there had been a positive effect on the tenant's independence.

Relationships

Outcomes regarding tenants' relationships were a little more inconclusive than in other areas examined, with some aspects showing clear improvement, while others did not show change or worsened slightly (albeit from a high baseline). Positively, more tenants now were reported as living with people with similar interests. In response to a direct question about the impact the move to a GLH property had on the tenant's social life, most reported there had been a positive impact. Verbatim comments suggested that a small minority of tenants had experienced inter-personal difficulties that were not yet resolved.

Safety and physical wellbeing

At baseline, there was already a high level of agreement that tenants had the support they needed and lived in housing and a neighbourhood where they felt safe. Nevertheless, levels of satisfaction with these factors increased further following the move into the GLH housing. In response to a direct question about the effect of living in in the GLH housing, the largest group also agreed there had been a positive effect on the tenant's sense of personal safety.

Economic wellbeing

When asking about aspects of economic wellbeing such as regularly saving money or having the opportunity to access paid employment, there seemed to have been little change for tenants since moving into their GLH property. The majority of respondents had noted that their relative (the tenant) was not able to do these things; therefore the lack of change did not reflect on the support from GLH but perhaps indicated that there was limited scope for any support to make much difference in this area.



Kate's story

“They’ve got everything on their doorstep. The town centre is down the road and all the families live close by. Most importantly, they’re very happy.”

Sandra, Kate's Mother



Friends Kate, Trevor and Graeme live in Stokesley supported by Mencap. Golden Lane Housing bought their home using 2014 Retail Charity Bond money, and specially adapted it to make it just right.

“It is lovely to see her bedroom which has got special things she has chosen to take with her,” says Sandra, Kate's Mother. “Kate and Graeme's bedrooms are upstairs and they share a bathroom, Kate is pleased it has a bath as she does like a soak! Trevor's bedroom is downstairs due to his mobility and he has a wet room.

The house has always been homely from the start and it's evolving. They've brought their own things, but now they're starting to choose things together to make it 'their own home'. They're saving up for a new kitchen table and chairs.

Marion, Carole and I wanted their home to be an open house, not just family visiting but people popping round whenever they want to. We're really pleased this is happening; friends are calling round, which is lovely.”

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 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 our Theory of Change.

In January 2015 we commissioned Qa Research (an independent MRS company specialising in social research) to conduct telephone interviews with the relatives of GLH tenants.

The overall aim of the research has been to measure change and impact over the six month period following a family member with a learning disability (tenant) moving into a GLH property. 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

At baseline, 44 respondents were consulted just before or after the tenants were due to move into the GLH property. At follow-up, 35 interviews took place, six months later. For the baseline phase, each question required the participant to think retrospectively about the previous 6-12 months in the run-up to their family member's (tenant) move into their GLH property.

At follow up, the questionnaire asked questions about the six months since the tenant had moved in to the GLH property, including any changes over that period. Of those interviewed, 30 completed both the baseline and follow-up survey and therefore yielded data that could be analysed for change in this report.

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.



Daniel from Rochdale is having a picnic in the park with his Sister and friends

Family impact study conclusions for families

Results for measures relating to outcomes for families are shown below and in the charts overleaf, which highlights the degree of change between the baseline and the follow-up surveys.

Relatives' outcomes – economic wellbeing

For the majority of respondents, there was a change recorded for several indicators of economic wellbeing. However, for some, their financial situation had worsened slightly with increases in unauthorised overdrafts, failing to pay bills and credit card debts, alongside lack of savings. When asked directly to compare their financial outlook with six months ago, most also indicated no change, with a small minority reporting their situation as worse and a handful of respondents indicating it was better. Verbatim comments suggested that other factors accounted for change such as increased tax or costs. Employment status remained largely the same for most respondents. Most continued to work the same number of hours; one quarter reported working increased hours, while around one fifth worked fewer hours – suggesting a slight net gain in working hours overall.

Relatives' outcomes – community inclusion

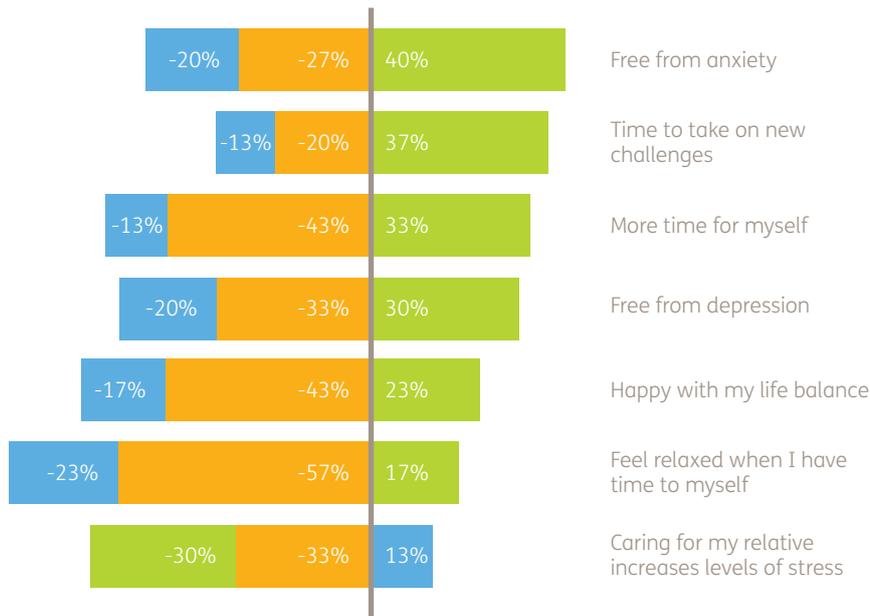
There appeared to be some net gain for relatives in the amount of time they had to spend on hobbies or interests, since the tenant's move into GLH housing, as well as a marginal net increase in those volunteering.

“It has made B grow up into a woman. She is now more in control and she is making a lot of personal choices. It is very positive.”

“It's given me more freedom, by giving me the choice to allocate my time between D and other members of the family.”

“I'm happy for F, but I miss her a lot as well.”

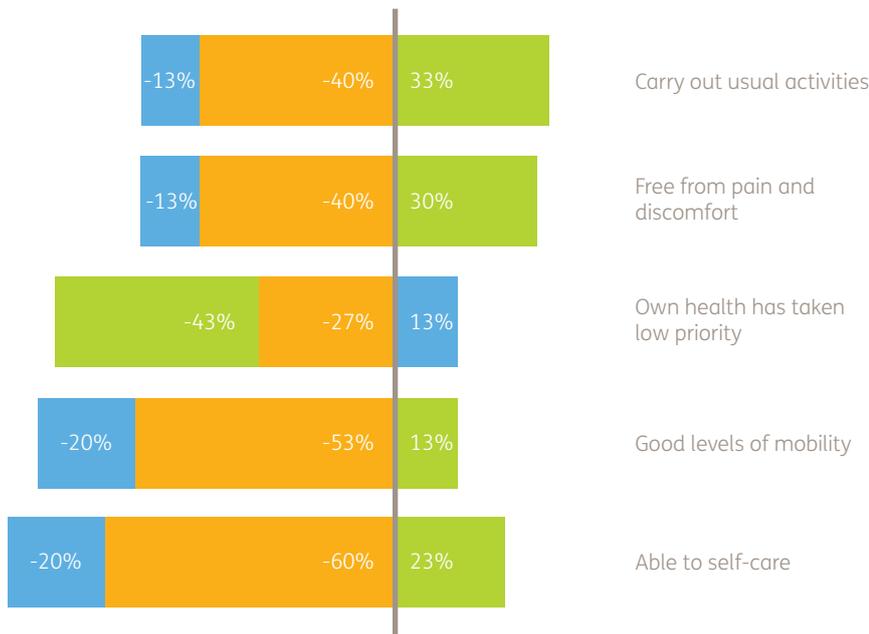
Chart 10: emotional wellbeing



Most measures of emotional wellbeing had improved for relatives: notably their freedom from anxiety, their ability to take on new challenges, to have enough time after spending time with their relative and to be free from depression. Verbatim comments supported the view that many relatives were now happier, more relaxed, with less to worry about and the ability to go out more.

More likely to agree No change More likely to disagree

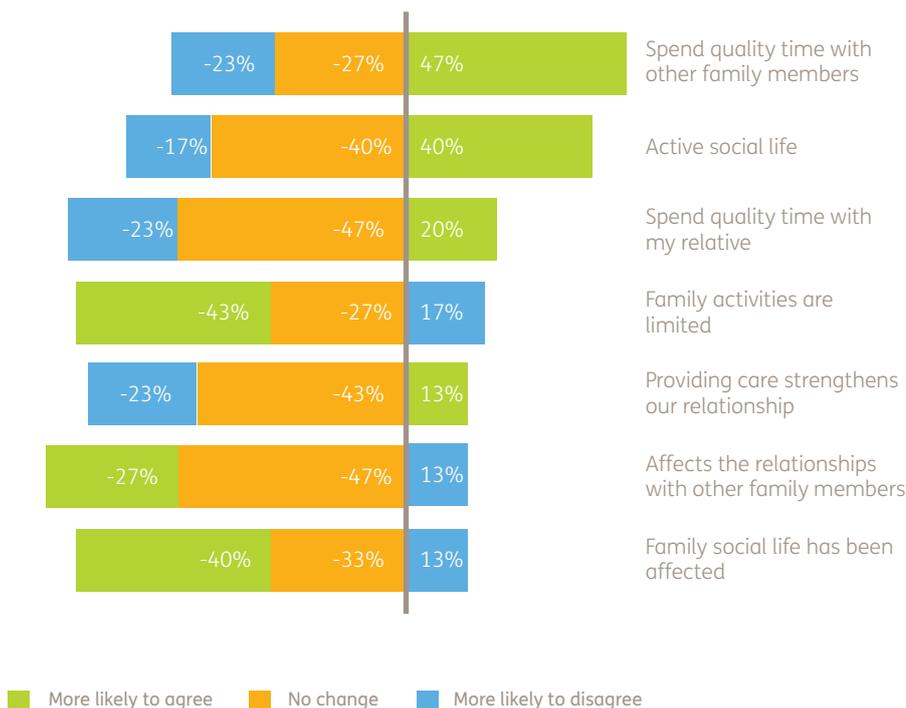
Chart 11: physical wellbeing



Most relatives reported no physical changes in their health since the tenant's move. However, one-fifth did note positive improvements, indicated to be freedom from pain or discomfort, an increased ability to perform their usual activities and a generally higher priority accorded to their own health. A small minority reported worsening health such as a slight decrease in good levels of mobility or ability to self-care; although some respondents did attribute this to other factors, such as ageing or other changes occurring within their family.

More likely to agree No change More likely to disagree

Chart 12: relationships



Relationships within the wider family showed positive improvements, following the tenant's move into GLH housing, as did the respondent's own social life and ability to visit friends regularly. Relationships between the respondent and tenant did not show the same clear-cut improvements and the strength of the relationship tended to have worsened overall. When asked directly, respondents attributed the positive changes much more to GLH; while most did not attribute the negative changes to GLH. Verbatim comments also supported the view that relatives were now able to spend more quality time with other members of the family; but that they did miss their relative since they had become a GLH tenant.

Costs and savings

This section summarises some of the available data on the costs of different models of care to generate some indicative figures for the cost of GLH properties relative to other providers. Whilst GLH are of the view that their services are a less expensive option for the state, at present there is insufficient evidence to effectively make this comparison. Instead, this section reviews some of the available cost data and describes some of the problems with making price comparisons between models of care.

Comparing the unit costs of types of provision is challenging for a number of reasons. First, price is not a measure of quality. Whilst spending more does not always imply a better service, by the same token spending less does not mean better value for money. With the scandals being uncovered in the care sector, there is an understandable concern that badly run provision can also be very costly and poor value for money for the taxpayer.

Second, the capital cost of housing and the costs of care and support services will vary with the complexity of needs of tenants and this also makes it difficult to make fair comparisons. The cost of support staff appears to be the most important variable that determines the cost of a service but this is not a cost that relates to the 2014 bond, which is solely funding the capital costs of acquiring new homes.

With these caveats in mind, we have attempted to draw together the available data on the costs of alternative provision to put the GLH offer in some context. Table 5 shows some costs developed by the PSSRU²² and the Department of Health²³ and how they compare to GLH. The fully staffed option is the one that provides the most appropriate benchmark for the GLH model. As we can see, the costs compare favourably. The group home and semi independent living options are cheaper but it may be that these reflect lower levels of tenant needs.

Table 5: cost comparison

Type of service	Capital costs (60 year annuitized)	Staffing, on-site administration and overheads	Benefits and allowances	External services (day-care, hospital)	Average unit cost prpw
Semi independent living*	£52	£378	£266	£150	£794
Group homes	£67	£906	£266	£228	£1401
GLH/Mencap***	£78	£1079 iv	£266	Assume £252	£1,675
Fully staff settings**	£77	£1,186	£266	£252	£1,703

* 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.

*** 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)²⁴. 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 £1,600 prpw. The cheaper placements were related to milder disabilities and older people whereas costs rose substantially for younger people with autism or challenging behaviour. A study carried out by Laing Buisson for the Department of Health found an average cost for residential care homes of £1,600 for four-bed homes and £1,450 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 year²⁵. The GLH model includes a wide range of tenants with varying level of disabilities, including specific disorders and challenging behaviour. A useful exercise might be to compare this data more closely adjusting for level of need.

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

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

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

24 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.

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

Conclusions and recommendations

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

The report shows that the approach continues to create substantial benefits for tenants and their families. There were clear tenant outcomes from our survey that included improvements to space and adaptations; increased community inclusion; a better sense of personal safety; and increased independence. Relationships within the wider family showed positive improvements as did their social life. There appears to be some net gain for relatives in the amount of time they had for their own interests. Most measures of emotional wellbeing had improved for relative. Benefits were also identified for the state. Not only does the initiative contribute directly to policy objectives in this area: reducing the reliance on institutional care, improving the wellbeing of families and enabling people with a learning disability to lead full and purposeful lives, it supports councils to provide a sustainable solution to housing for people with a learning disability, many of whom live with elderly parents. It is also estimated that housing people with a learning disability in the community is substantially cheaper than housing them in expensive institutional settings.

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

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

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

Glossary of terms and abbreviations

Terms

Department of Health

The government department responsible for health in England

Service Level Agreement

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

Abbreviations

ATU Assessment and Treatment Units

EQ-5D-3L EuroQol 5 Dimensions 3 level version

IMD Index of Multiple Deprivation

PCT Primary Care Trust

QoL Quality of Life

QRS-F Questionnaire on Resources and Stress (Friedrich)

WMM What Matters Most

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