

Cheyne Social Property Impact Report 4: Thera

Executive summary

People with learning disabilities have historically lived in unsuitable housing which has negative effects on many aspects of their lives. Even after deinstitutionalisation, some of the most common types of accommodation for housing adults with learning disabilities, such as living with family and residential care, have not supported independence or autonomy over their lives. Moreover, the complex needs of people with learning disabilities have implications for the suitability of a given property, regardless of the type of accommodation. A shortage in supply of suitable housing and constraints on funding for accommodation and social care have meant that many adults with learning disabilities are living in insecure, low quality or unsuitable housing.

Cheyne Social Property Impact Fund (the Fund) has identified social housing as an area where their capital investment has the potential to generate positive social impact, and one such investment relates to housing for adults with learning disabilities. The Fund purchased accommodation and made it available to the Thera Trust, a charity providing supported living to adults with learning disabilities, for housing people that the charity supports. The Fund commissioned the Policy Institute at King's College London to assess the social impact of this investment.

Our approach

The following flowchart shows the logic model for how the Fund's investment might be expected to achieve social impact:



This report focuses on the last two boxes, outcomes and impact. We explore two questions:

1. Are the homes provided by the fund meeting the needs of the population served?
2. Is this housing having a meaningful effect on people's lives?

We collected data from three sources to answer these questions: depth interviews with adults with learning disabilities and their circles of support; key informant interviews with managerial staff and administrators at Thera and the housing organisation which leases properties provided by the Fund; and a survey of people

who had experience in searching for housing for a friend or family member with a learning disability.

These sources provide compelling evidence that the Fund is having real impact on individual lives. This has manifested as improvements to residents' health and wellbeing, increased independence and better relationships, as well as offering their families reassurance and relief from some of the most demanding aspects of care. However, the Fund's model addresses symptoms and does not – and should not be expected to – address systemic problems created by cuts to adult social care budgets. These findings are summarised below.

Finding 1: There is considerable variation in people's satisfaction with and impressions of housing for adults with learning disabilities

To provide context for the Fund's intervention, we first sought to understand people's previous experiences of housing. While negative experiences were far from universal, it is the case that a significant proportion had very negative experiences across their interactions with housing. Moreover, it is clear from interviews that many people had spent considerable time living in unsuitable housing situations, with many moves into Fund properties being motivated by a crisis.

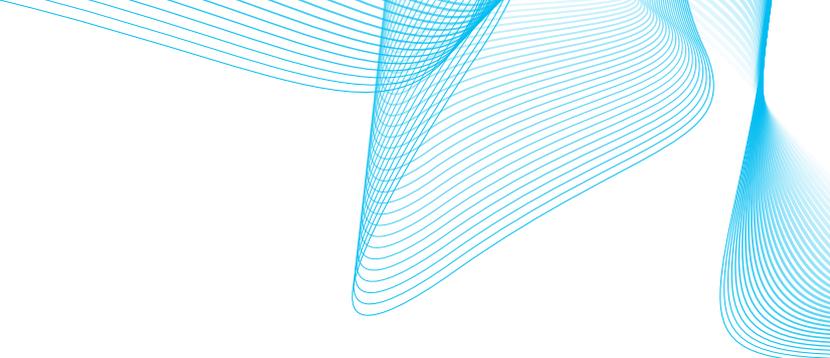
Finding 2: Homes purchased by the fund overwhelmingly feature the characteristics residents and their families value

In contrast, qualitative interviews described the housing provided by the Fund as being of high quality and appropriately tailored to individual needs. Valued characteristics of homes for individuals with a learning disability extend far beyond their material qualities, with high value placed on relationships within and around the home as well as viewing the home as a hub for a meaningful and active lifestyle. Very few people suggested their Fund-provided home (or their family member's home) did not meet their needs. Thera staff were similarly positive. For example, a Thera Project Manager commented that the housing produced through the Fund's relationship with Thera is "at the top end of what can be produced for people with learning disabilities."

Finding 3: Housing provided by the Fund has impacted residents' health, wellbeing, relationships, and independence, as well as the lives of their families

Moving into housing provided by the Fund led to impact in five areas of the lives of people with learning disabilities and their families:

1. Changes in physical and mental health, including improved mobility, a reduction in instances of challenging behaviours, anxiety and distress, and reduced risk to life during seizures
2. Improvements to happiness and wellbeing, including improved appearance, communication, confidence and social skills, and being happier and more settled
3. More independent behaviours, including exhibiting greater control over own home environment and social life
4. Building relationships with family members and the wider community

- 
5. A relief for families from some of the most demanding aspects of care and worry for their family member with a learning disability, who are now able to make more time for themselves and for other family members

Finding 4: The Fund has had important higher-level impacts, but cannot address systemic failure

The Fund has been operating during a period where there have been severe cuts to social care funding, and to social security more generally. The scale of the Fund's investment is several orders of magnitude smaller than the £4.6b in adult social care funding removed since 2010. These funding constraints have made it more challenging to ensure adults with learning disabilities are able to access suitable housing. A common theme in our research is that local authority decision on individual-level funding would favour cost saving over meeting individual needs, but that this was often a false economy as higher costs would be incurred as a consequence of unsuitable housing or inadequate support. The impact of the Fund's investment was not limited to those living in Fund-provided properties and their families. Access to the Fund's financing enabled Thera to provide better services to all their clients. Without the Fund's financing, Thera would struggle to provide the high standard of supported living respondents and their families reported.

Final reflections

The pandemic crisis emphasises the importance of good housing, as people are forced to spend much more time in their homes. It also demonstrates the fragility of systems intended to meet the needs of vulnerable groups such as adults with learning disabilities, as local authorities' social care obligations have been pared back.

These unique circumstances underscore the value of innovative models of financing and provision, such as that provided by the Fund. Although the Fund cannot change the system in which it operates, we are optimistic about the potential for positive effects beyond the families and organisations directly impacted. The model demonstrates that it is possible to provide high quality housing that meets the needs of people with learning disabilities, within current funding constraints.

Contents

1. BACKGROUND	08
2. CONTEXT: EXPERIENCES OF HOUSING	13
3. WHAT THE FUND PROVIDES	25
4. IMPACT OF THE FUND'S FINANCING	35
5. FINAL REFLECTIONS	50
GLOSSARY	51
APPENDIX	52

Table of Figures

FIGURE 1: LOGIC MODEL OF SOCIAL IMPACT FROM THE FUND'S INVESTMENT IN THERA	10
FIGURE 2: SATISFACTION WITH HOUSING	14
FIGURE 3: APPROPRIATE HOMES AVAILABLE	15
FIGURE 4: IMPORTANT QUALITIES OF A HOME	16
FIGURE 5: AVAILABILITY OF SUITABLE PROPERTIES	18
FIGURE 6: DOMINANT SCENARIOS DESCRIBED IN TRANSITION NARRATIVES	21
FIGURE 7: STAGES OF INVESTMENT IN HOUSING FOR PEOPLE WITH A LEARNING DISABILITY	25
FIGURE 8: MENTIONS OF SALIENT QUALITIES OF HOMES PROVIDED BY THE FUND, BY INTERVIEWEE TYPE	29
FIGURE 9: VALUED CHARACTERISTICS OF THE HOME AND EXTENT TO WHICH PROPERTY MEETS THEM	32
FIGURE 10: SATISFACTION WITH HOME IN THERA PROPERTIES	32
FIGURE 11: COMMON IMPACT NARRATIVE ELEMENTS	37
FIGURE 12: LINKS BETWEEN INPUTS, OUTCOMES AND IMPACTS IN IMPACT NARRATIVES	38

1. Background

1.1. The Fund's investment

The Cheyne Social Property Impact Fund (the Fund) was founded in 2014 to make investments in social housing through a range of charitable and local government partners. One such partner was Thera Trust. Thera Trust is the parent organisation of a number of charitable companies. These companies are mostly local support providers, but there is also a dedicated housing charity, Forward Housing. The day-to-day relationship between the Fund and Thera is through Forward Housing.

The Fund initially made available £15 million to Forward Housing for the purchase of homes for people supported by Thera, with a subsequent £3.1 million in a later phase. In total, the Fund purchased 61 one- to five-bedroom properties housing 125 residents.

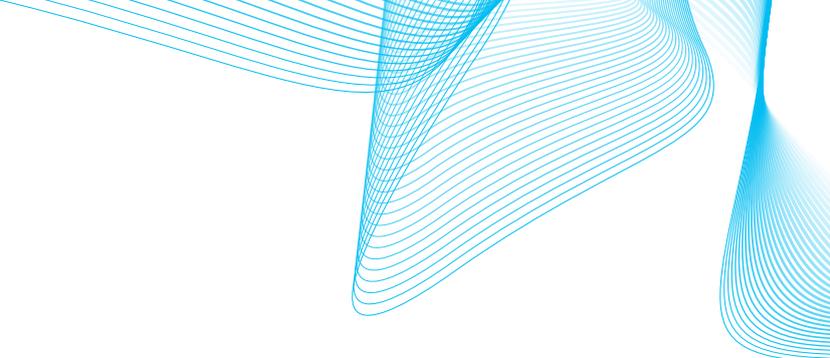
1.2. Autonomy and security of tenure are emphasised in policy for housing people with learning disabilities

Historically, options for housing adults with learning disabilities outside the family home have been largely limited to large institutional settings, in which residents had little autonomy over their lives and were largely excluded from the wider community. In the late twentieth century, deinstitutionalisation – the closure of large institutional settings and placement of former residents within communities – for adults with learning disabilities (as well as those institutionalised for other reasons, such as mental illness) took place in most high-income countries.

In the UK, what has emerged in replacement of institutional settings are a variety of models for providing accommodation and support for adults with learning disabilities to live in their communities. The two most common models now (for adults not living with their families) are residential care and supported living.¹ Residential care describes a situation where support and accommodation are a package, with the support element determined by the providers of the accommodation rather than the needs of the residents. In residential care, residents typically have a licence to occupy rather than any security of tenure. In contrast, supported living describes arrangements where support is provided to people in their homes based on their needs. A key element of this approach is that the support and accommodation are distinct arrangements so that people can change their support provider without disruption to their accommodation. Supported living generally requires some security of tenure, such as assured tenancies or (shared) home ownership.

As part of the NHS Adult Social Care Outcomes Framework (ASCOF), the proportion of adults with learning disabilities living in their own homes or with their family² is monitored. In the latest available data, covering the year 1 April 2018 to 31 March 2019, 77.4% of adults with learning disabilities were living in their own homes or with their family.³ Grouping these two categories together, however, masks the fact that the majority of adults with learning disabilities are not living independently, with more than half of all adults with learning disabilities living with family, including many living with parents aged over 70.⁴

Supported living is a model which is encouraged under ASCOF and is the model used by Thera. Thera is not unique or unusual in offering supported living, but



residential care remains widespread. For local authorities, who have legal duties towards people with learning disabilities as part of adult social care, financial considerations can affect the packages offered for support and accommodation. In the era of austerity, where social care budgets have been reduced by £7.7 billion between 2010 and 2019,⁵ there is a belief among some local authorities that residential care is more cost effective than supported living arrangements, although there is little evidence that this is actually the case.⁶

We reviewed the academic and grey literature to understand what is already known about housing for adults with learning disabilities. Studies tended to fall into one of three groups. The first were comparisons of housing models, the initial wave of which occurred during the deinstitutionalisation period and compared a range of outcomes such as health, happiness, and wellbeing for people living in the community with people living in institutional settings.⁷ As community living became the norm, comparisons were made between different models of housing adults with learning disabilities in the community. For example, comparisons were made between “clustered” housing, where several homes housing people with learning disabilities are in close physical proximity with the goal of creating communities of peers, and “dispersed” housing where the goal is for people with learning disabilities to be fully integrated within the wider community. In general, these studies have found that models of housing which place people within the wider community, rather than attempting to form distinct communities separate from the wider community – be it in institutional settings or by clustering non-institutional homes together – are associated with better outcomes for adults with learning disabilities.⁸ However, while supported living nominally gives people with learning disabilities greater control over the care they receive than traditional group homes, an Australian study suggests the degree of choice or control individuals actually have in practice is limited.⁹ Nevertheless, supported living is endorsed by ASCOF, with uptake treated as a benchmark for monitoring the degree to which adults with learning disabilities are living independently.

The second group of studies considered people’s experiences within a longitudinal policy perspective. The effects of austerity in the UK in the 2010s were a common framework and tended to be found to have had negative effects. In one study, policy makers reported that the threshold level of need to qualify for assistance, whether with housing or support or both, had increased. Moreover, cuts to social housing and housing assistance overall had made it more challenging for local authorities to deliver the type of housing needed by adults with learning disabilities, as had cuts to overall and social care budgets.¹⁰ In the grey literature, there were reports that cost saving was motivating regressive housing policies for this group, such as placement in residential care rather than supported living.¹¹ Research by Mencap suggests this is a widespread problem, with 82% of local authorities saying they have a shortage of housing for adults with learning disabilities.¹²

The final category of research explored people’s relationships with the home: what they wanted from housing, how housing affected them and how housing aspirations matched reality. The majority of such research was in the grey literature. Research from Mencap found that 40% of adults with learning disabilities wanted to live alone and a further 30% wanted to live with friends, reflecting a majority who wanted to

live independently rather than in residential settings.¹² Although studies in the first two categories referred frequently to unsuitable housing, there was no clear consensus as to what constitutes suitable housing for adults with learning disabilities. Instead, the focus was on what the home enables. A focus of several studies was the ageing cohort of adults with learning disabilities who would be forced to transition to new accommodation as their parents aged out of being their primary carers. In one such study, facilitation of social networks and the ability to age in place were emphasised.¹³ Interactions between families and various organisations in the search for a home was also a theme in the literature. The causes of housing problems were not only related to characteristics of housing, but also a lack of information and practical support, and a marginalisation of the concerns of the family.¹⁴

The academic literature is largely silent on the specific housing characteristics that are important to people with learning disabilities and how these characteristics are related to other aspects of their lives. However, social impact reports reviewing the effects of comparable investments provide markers of what impact we might expect. Golden Lane Housing reported in 2017 that the tenants they housed using a social impact bond valued independence, doing things for themselves, friendships, and housing quality.⁴ This report also noted that the impact of moving into the accommodation in question was dependent on how suitable the previous accommodation had been. A 2019 report on specialist housing delivered by Civitas reported people with learning disabilities were more confident and motivated, with improved mental health, after moving into the accommodation.¹⁵

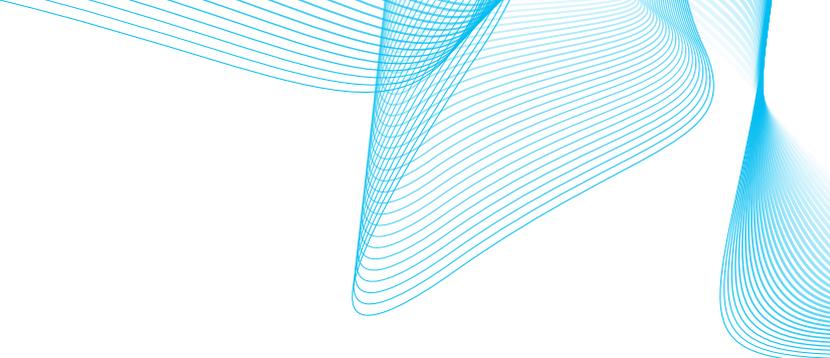
1.3. Purpose and scope of this report

Figure 1 shows the logic model for how the Fund’s investment might be expected to achieve social impact. The Fund has enabled the purchase of a number of properties. If these properties meet the needs of the population served (the outcome), and in doing so are filling a gap in terms of quality, accessibility or something else, then we might expect there to be a meaningful effect on people’s lives (the impact).

FIGURE 1: LOGIC MODEL OF SOCIAL IMPACT FROM THE FUND’S INVESTMENT IN THERA



We were commissioned by Cheyne Capital, on behalf of the Fund, to assess the social impact of the Fund’s investments. In this report, we focus on the impact of the Fund’s relationship with Thera on the lives of people they support as well as on Thera’s operations to date. Other aspects of social impact are beyond the scope of this report;



we consider the Fund in isolation from other business conducted by Cheyne and the myriad opportunity cost scenarios of alternative uses of capital to achieve social impact.

The purpose of the report is twofold: firstly, to provide investors and other interested parties with information regarding the degree to which the Fund has achieved its social impact objectives; and secondly, to contribute to a larger discussion about social impact investment in housing as a way to address social problems.

We chose to focus on the priorities of those whose lives we were interested in. Social research in general, and research on the experiences of people with learning disabilities in particular, has an imbalance of power between researchers and research subjects, with agendas usually being set by the former. We wanted to know not only what changes had happened as a result of the Fund, but also whether people valued any changes that occurred.

We collected data from three sources:

1. Depth interviews with people with learning disabilities and their circles of support;
2. Key informant interviews with practitioners such as high-level administrators in organisations such as Thera and Forward Housing;
3. A survey of family members of people supported by Thera and other organisations within their network.

Depth interviews were conducted in the summer and autumn of 2019, with key informant interviews occurring during this period but after a number of depth interviews had been conducted. Surveys were deliberately fielded after depth interviews were complete, to ensure that these covered the domains people told us were important about housing, rather than imposing our own priorities.

Beyond documenting the social impact of the Fund's investment, we were guided by two principles in undertaking this work. The first was maintaining the highest ethical standards in working with a population who are both vulnerable and hard to reach. The second was giving primacy to the voices of people with learning disabilities. At some points, acting on these principles led to conflicting courses of action. Ethically, special approval is needed from NHS ethics committees to conduct research with people who may not have capacity to consent to participate. This approval was not something we could obtain because this work was classified as commercial research due to the funding arrangements. We therefore had to limit the participation of people with learning disabilities to those who had capacity to consent. To reflect the experiences of as many people as possible, we collected data from the circles of support of people who were unable to consent, and this provided valuable insights. However, it is important to acknowledge that these perspectives may not necessarily be the same as those of the people with learning disabilities themselves.

This report contains the following sections. Section 2 describes the housing experiences of adults with learning disabilities. We make the case that housing is an important determinant of wellbeing in this group and explore what adults with learning disabilities and their families want from housing. We also contrast the housing characteristics people tell us they want with the housing characteristics they have experienced. Section 3 describes the model of financing that the Fund provides and the outcomes this model enables; and Section 4 describes the impact of this model, connecting outputs and outcomes of the Fund's financing to the bigger picture of people's lives and the landscape of housing for adults with learning disabilities. We conclude in Section 5 with some reflections on how learnings from this model can be applied to greater social benefit.

2. Context: experiences of housing

Key points

- There was broad consensus that housing is important for people with learning disabilities to live a full life as well as some agreement about the most important features of housing
- There was considerable variation in people's experiences of housing for adults with learning disabilities – some were quite positive about the housing system and its effects on the lives of people with learning disabilities, whereas others were quite negative
- Transitions into Fund housing were often precipitated by crises
- Individuals and families perceive they have little choice and few options in terms of their housing

“Well, it’s absolutely crucial, the right home. We all need somewhere that makes us feel safe. It’s one of our most basic, fundamental human needs. ... Getting good housing for people automatically raises their standards of living by a certain level, because they have access to better things and better places, and being in a nicer environment just sets everything off at a slightly higher level.”
– Thera Project Manager

As is the case for the wider population, available housing for adults with learning disabilities is of varying quality and suitability for any given individual. But for adults with learning disabilities, quality of housing is of additional importance. Interviews with residents, practitioners, family members and support staff all confirmed the importance of housing for the wellbeing and quality of life among people supported by Thera. Survey respondents also considered housing to be an important determinant of the life their family member or friend with a learning disability was able to enjoy. More than 70% of respondents classed housing as “very important”¹⁶ for safety, health, behaviour, independence, happiness and ability to lead a normal life. Additionally, more than 50% of respondents agreed housing was important for their friend or family member’s social life.

For Thera staff, the right housing is crucial to being able to provide support. A Project Manager observed that “having a suitable home for somebody is the foundation of your environment. If you’ve got the environment right, you can build on everything else.” Within the right environment, appropriate support can be delivered, but this is not always possible when housing is not suitable. The Lead Director of Ansar, a support organisation within the Thera group, provided the following example of the housing situation forcing a less than optimal approach to support – in this case, describing the common situation of shared living instead of living alone:

“As far as trying to support someone to manage their behaviour, the more we can back off and give them space ... in an environment that they have total control over, then that helps their development. If they’re in a house where they, perhaps, share with one or two other people, first of all, they don’t have control over the whole environment, but also, we are less able to back off from an incident of behaviour, leave them time to work through and manage it themselves.

We have to take particular consideration for the safety of the other ... people ... living in the house. It might be that, at that time, we're having to interject more or use an intervention or distraction, which, again, could cause their anxiety levels to heighten, rather than actually what we should be doing, which is backing off."

In addition to creating an environment conducive to providing support, housing for this population must consider the complex needs of individuals. Seemingly benign features of the property can create problems. For example, we spoke to a Thera Project Manager who described a case where the placement of a thermostat in a prominent position compelled a resident to set it to the maximum temperature. As the home subsequently became hot, the discomfort the resident felt would be expressed as challenging behaviours.

Housing, then, is an important determinant of many aspects of the lives of adults with learning disabilities. In order to examine the social impact of the Fund's financing of housing through Thera, it is necessary to understand what other housing offers. In this section, we explore people's prior experiences with housing.



"I think [the most important thing] is that the property or the environment has been assessed to be the right property, because I feel environment is key. I think what makes Thera's job easier to provide support is the fact that the environment has been thought out, if that makes sense? The fact that everything has been explored, that it's the right area and the fact that it's the right property that's going to suit that person's needs. ... That makes our job so much easier."

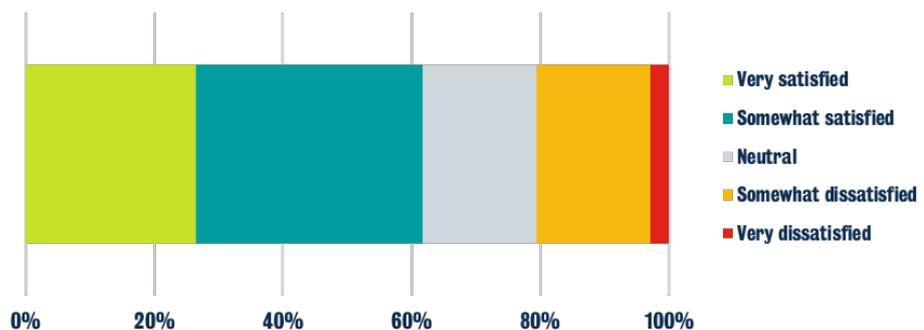
– Supervisor

2.1. There is considerable variation in people's satisfaction with and impressions of housing for adults with learning disabilities

As Figure 2 shows, the majority of survey respondents report they are very or somewhat satisfied with the housing their friend or family member has lived in. However, 1 in 5 report they are somewhat or very dissatisfied.

FIGURE 2: SATISFACTION WITH HOUSING

Thinking of all the housing your family member/friend has lived in (apart from the family home), how satisfied have you been?



The literature suggests that housing is important for what it enables: notably, allowing independence and autonomy. We examine whether the housing people with learning disabilities have encountered across their lives fulfils these promises.

Responses to the survey suggest people have a diverse range of experiences – some more positive than others. As Figure 3 shows, there was a range of opinion among survey respondents as to whether housing available to people with learning disabilities fulfils a number of needs. Respondents were presented with six statements (as listed in Figure 3) and asked whether these statements were true for their experiences of housing overall, with answer choices ranging from “nearly all housing” to “no housing”, with “don’t know” permitted.

Three times as many people said “no housing” or “not a lot of housing” available to people with learning disabilities is physically well suited to complex needs, compared to those who selected “nearly all housing” or “a lot of housing”. Moreover, there was a clear division between those who felt that “nearly all housing” or “a lot of housing” enables people with learning disabilities to live as independently as possible, and those who found a dearth of properties suited to independent living (both around 30%).

FIGURE 3: APPROPRIATE HOMES AVAILABLE

Thinking about your friend or family member's experience, would you say homes available to people with learning disabilities...



2.2. Respondents were less positive about previous homes than the current home

As mentioned in Section 1, there is little in the literature on what people with learning disabilities find important in terms of the physical characteristics of the home. We therefore wanted to know the priorities of people with learning disabilities and their circles of support in terms of what they need and want from housing, and what features of housing they value most.

Happiness, trust in the care provider, and quality and continuity of care were ranked as the most important measures of housing quality.¹⁷ We additionally asked which of a list of considerations were most important in their recent home search¹⁸ and then

asked for a ranking of considerations selected. Location was by far the most highly ranked consideration, followed by compatibility with other residents and layout.

We asked whether these features and others have been delivered in the housing people have lived in, starting with the current home.

When asked whether the current home delivered on these qualities, the majority of people agreed, as can be seen in Figure 4. In fact, for all qualities respondents considered important, a majority of between 60% and 88% agreed that their family member’s current home had these qualities.

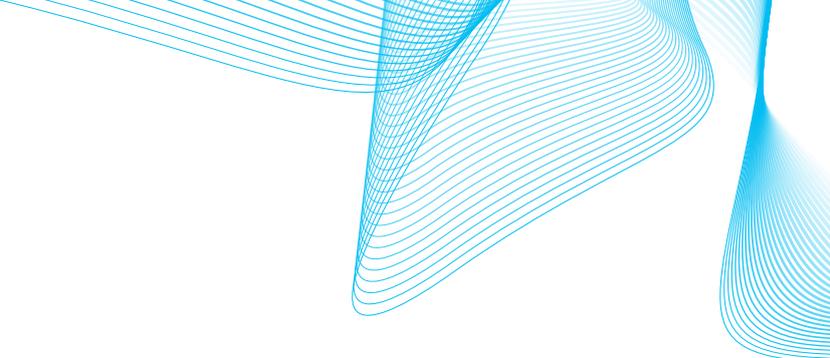
FIGURE 4: IMPORTANT QUALITIES OF A HOME

Have the qualities that are important to you been delivered in the current home?



However, when asked whether the most recent home (i.e. the home before the current home) had delivered on the relevant quality or measure, satisfaction dropped significantly. Only 8% agreed that happiness and trust in the care provider were delivered in the previous home, and 11% for quality and continuity of care. A similar pattern emerged when respondents were asked to consider all housing their family member or friend had experienced since leaving the family home: 8% agreed housing had delivered on trust in care provider, 11% agreed for quality and continuity of care, and 17% agreed for their family member or friend’s happiness.

This contrast between the qualities of the current home and previous homes also surfaced in interviews conducted with family members of 20 individuals who are now living in a property provided by the Fund. Of the 17 cases that disclosed experiences



with previous providers, 14 had found their way to Thera after one or more previous residential settings had broken down.

Six had moved from inadequate or unsuitable properties, be it properties neglected by the landlord, leased on insecure tenancies, located in unsuitable neighbourhoods or that were unsafe for the needs of the tenant. All but one of these individuals had also left highly restrictive settings, experiencing regular restraint, oppressive security, or segregation from the community. For example, one parent told us how, in a previous placement, her son “wasn’t able to go off the site, there were high fences everywhere.”

Three individuals had been abused or bullied in institutional care. And almost half had left a placement on account of the provider failing their duty of care. For some, this was prompted by general concerns about the provider’s capacity or experience in caring for individuals with a learning disability; for others, specific incidents had occurred where the resident had been neglected or had witnessed traumatic events, such as exposure to violent episodes from other residents, seizures and suicide attempts.



“She witnessed a lot of things going on that were unsettling to her, for example, the seizures, the ambulances being called, and her sometimes being there, having to deal with it to an extent because there wasn’t enough support in place.”

– supervisor

2.3. Respondents perceived a lack of supply of suitable housing

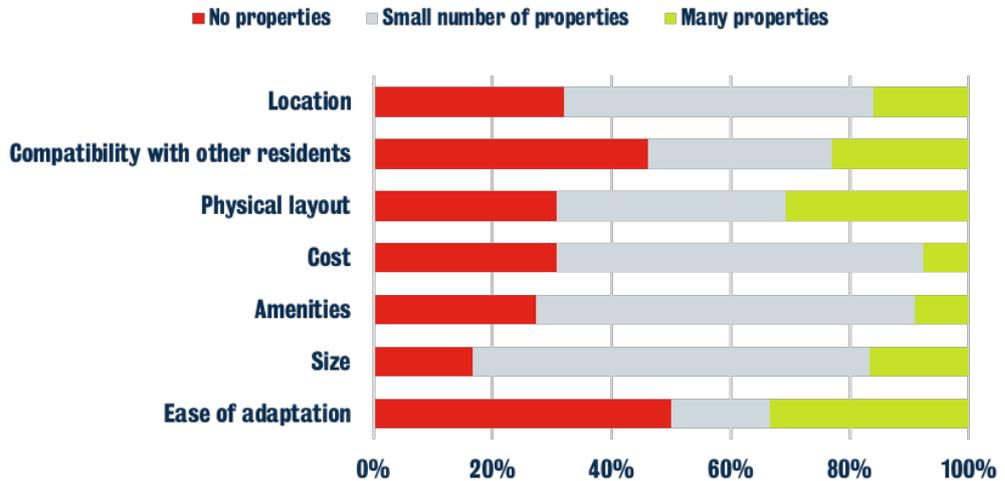
As well as asking survey respondents about the housing system as a whole, we asked them to reflect on their most recent experience of searching for housing.

To get a sense of whether available housing meets the criteria that survey respondents found most important, we asked about the availability of properties in relation to these criteria in their most recent home search.

Figure 5 shows that respondents perceived there to be few homes that met their criteria. For the three most important criteria (location, layout, compatibility with other residents), between 30% and 45% of respondents reported that no properties were suitable. The category with the smallest proportion of respondents to say there were no properties available was for property size, but this proportion was not small by absolute standards, with about 18%.

FIGURE 5: AVAILABILITY OF SUITABLE PROPERTIES

When you and your friend or family member were most recently searching for a home for them, were there properties available that met the needs you identified as important..



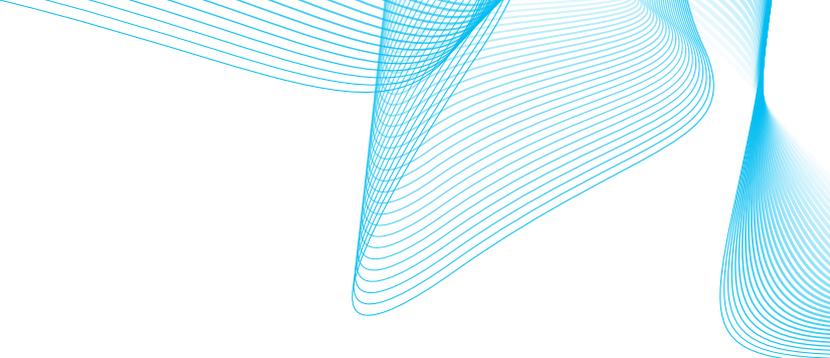
We asked respondents to identify a single main reason for choosing their family member or friend’s current home, providing the same list of options as in the previous question with the addition of “only option available”. The most frequently chosen response was “only option available”, which was selected by 44% (16/36) of respondents. 33% (12/36) selected location, and 11% (4/36) selected “something else”.

2.4. Negative experiences related not only to housing itself, but to the process of finding it

As well as asking about features of housing, we were also interested in people’s experiences of navigating the system. Large minorities of survey respondents reported they had to advocate for their family member to social workers or other officials (44%) and to take it upon themselves to search for other housing than what was offered (31%). A majority of survey respondents felt that in the most recent home search they had been kept informed (53%) and able to input meaningfully into the process (65%). Fewer reported they had been able to tailor housing options to individual needs (32%) or were given a choice of suitable options (13%).

Free-response survey questions provided respondents with an opportunity to describe their experiences in more depth. Of those who responded to the question “What is your impression of the current system for housing adults with learning disabilities?” 48% commented on an overall lack of housing, 20% commented on a lack of support and the same proportion commented on a lack of funding. 28% commented that the system was not good, inadequate, or in need of improvement. By contrast, just under a quarter (24%) of respondents made remarks which characterised the system as good or sufficient.

Despite these negative impressions of the system as a whole, 49% of those who answered the question “Thinking about when you and your family member/friend were most recently searching for a home for them, how did you find this process?”



characterised the process as easy. However, approximately a third described the experience as logistically difficult, emotionally difficult, or stressful.

This resonates with reflections from family members and support staff during the interviews. Many of the areas that they identified as needing improvement related directly to the state – be it based on their interactions with social services, local authorities, actions taken by government or frustrations with the system in general. The most common was the limited choices available to individuals with a learning disability – both in terms of the variable quality of providers and an overall lack of suitable housing and options for respite care. As one parent observed, “It’s incredibly difficult to find properties – they just aren’t being built. [There aren’t] enough properties [that are] accessible in terms of hoisting, accessible bathrooms, flat wet rooms, and that kind of thing. Most flats are too small for that.”

A small group of parents and supervisors also highlighted a lack of control over decisions: not only are individuals ultimately reliant on what is on offer from care providers and social services, they are also at the mercy of needs assessments in determining the amount of support they receive, which one parent described as insufficiently capturing their child’s needs day-to-day:

“Although you have an individual needs assessment and the support package is tailored to your needs, it’s a very gross level, very coarse level of assessment. They don’t see the day-to-day variabilities and idiosyncrasies and the behaviour changes, and how this impacts on the support model. The only time they see that is an annual case review.”

“

“I’m a bit jaundiced about it ... the NHS, social care, everything. ... They really squeeze the providers to go almost to the bone, to the point they can’t operate. It becomes impossible for them to provide a service.”

– parent

Workforce volatility was mentioned in just under half of the interviews we conducted with circles of support. Family members, in particular, observed a high turnover of staff, a shortage of experienced care workers and a general undervaluing of carers. This was linked to insufficient funding overall, but mostly these criticisms specifically related to funding for care services; many felt that too often, cost was prioritised before quality of life.

Supported living arrangements – and specifically the care provided by Thera – was, however, seen as bucking this trend, despite acknowledging problems with retention and recruitment in some settings. As an organisation, Thera were seen to be putting quality of care before profit.

That said, challenges still remain at a systemic level. All but four of the 14 parents we spoke to described ongoing struggles to achieve or sustain an adequate level of funding and many feel the level of cover is still too low to facilitate a fully independent life. For example, one resident had to top up money from their state benefits to cover

the cost of their care. Others described how they only received sufficient cover to meet their child's needs after a serious incident, meaning that they met eligibility criteria for funds beyond the social care budget. As one parent put it:

“The worry that we have now is, well it's paradoxical. What happens if he gets better? If he stops having seizures, will his health funding cease? Paradoxically, that's a worry.”

2.5. Some respondents had spent considerable time in unsuitable housing

Over half of the individuals represented in the qualitative parts of this report had experienced systemic failures in their housing and support. Five spent prolonged periods living in unsuitable or temporary placements due to delays in transitions between placements. Three were bounced between various institutional settings, before settling in a suitable residential setting. Others experienced tensions with their social workers, who offered little guidance on finding a reputable care provider, and in some cases the perception was that they went out of their way to block suitable placements.

Relatives of four residents spoke about being disadvantaged by differences in funding approaches between counties, having to forgo a suitable placement or move their relative a considerable distance from their family to place them in a suitable environment. And almost half spent prolonged periods living in unsuitable environments, the result of insufficient one-to-one time with carers, clashes of temperament with other residents, or being unsuited to living in a shared home.

Such examples should not be taken as being representative of the full range of experiences in housing for individuals with a learning disability. Indeed, others reinforced their indebtedness to staff and social workers who worked hard to secure the right environment for their relative, support workers who went above and beyond their duty of care, and residential homes that provided engaging programmes of activities that helped residents to develop their skills and confidence. Yet, the more negative experiences appear to be central to descriptions of housing before engaging Thera as a support provider.

2.6. Moves into Fund properties were often motivated by a crisis

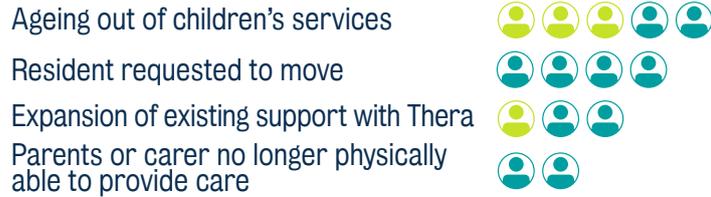
Interviews with residents and circles of support explored why people moved into Fund-provided properties. Figure 6 shows the factors that contributed to interview subjects' decisions to move into Fund-provided housing. These factors generally fall into two categories, which are not mutually exclusive.

The first category is characterised by consensual, routine moves that would be expected as the resident or their family reached a new milestone in their lives. For example, two individuals began a phased transition to their own home, supported by Thera, as they left education and transitioned from child to adult services. The families of a further three residents expanded an existing support with Thera as their child moved out of the family home, after previously receiving respite care or outreach support within in the family home. For some, the decision to move was taken when parents or carers were no longer physically able to provide care for their child, who had remained living in the family home as an adult. In some cases, the

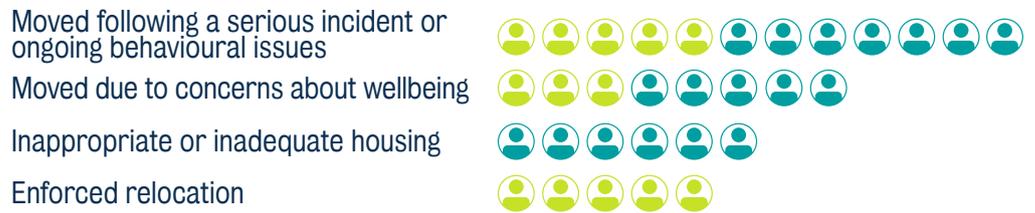
FIGURE 6: DOMINANT SCENARIOS DESCRIBED IN TRANSITION NARRATIVES

resident initiated the move to be closer to their family or because they were ready for more independence.

Consensual or routine scenarios



Responses to crisis



The second category is moves that occurred in response to a crisis situation. While many moves involved a consensual, routine scenario, response to crisis is a more common element in transition narratives, featuring in three quarters of the transition narratives disclosed. In both circumstances – ie in routine moves and moves during a crisis – referral routes varied. Of the 14 residents for whom referral routes were disclosed in interviews, over half originated from the local authority, including five instances where Thera had been recommended through social services or a social worker, and a further three instances where Thera won a tender to take over the care contract for a group of existing service users in an area. Personal networks were also the dominant referral route for three residents, whose circle of support acted on recommendations from a friend or family member; and in one instance the resident's parents discovered Thera online when proactively searching for a care provider. There were only two instances where the individual was already receiving respite care from Thera, so the move to supported living was an expansion of their existing care package.

Ongoing behavioural issues or serious incidents were features of the transition narratives of roughly a third of the 20 interview subjects. This included situations where the resident was the instigator as well as situations where they were harmed. Circles of support described a range of scenarios. In some cases, a resident's behaviour had become difficult to manage in a shared living arrangement, including the individual targeting other residents, becoming obsessive or confrontational around them, or attacking staff. Other moves were prompted by distinct episodes, such as incidents where the resident had absconded from residential care or committed a crime, which prompted intervention from their social worker to set in motion the process of moving to supported living. For some older residents, this scenario was part of a much longer, familiar trend of moves between different residential care settings, where similar incidents had meant that they were asked to move out.

Such scenarios, while distressing for residents and support staff, also have a profound impact on family members. In the cases where parents or carers are forced to hand over responsibility for care as the result of an incident, most struggled with losing control during the transition, even though in hindsight they accept that the outcome has been positive. Moreover, the uncertainty of trying to find a new placement while responding to the crisis can be a considerable source of anxiety. One family described how they were “more or less given an ultimatum” that their son had to move out of his current home:

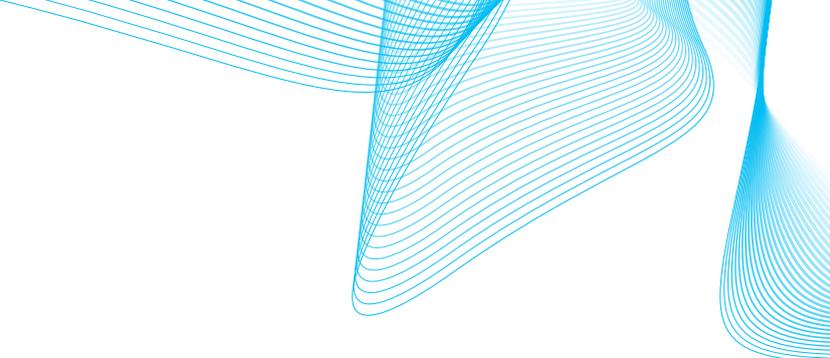
“We were, well, heartbroken, actually, at the thought of him leaving [residential placement], where we didn’t ever have to worry about him – and the thought of him being sent to a secure unit was absolutely horrible. ... We were constantly worried that he would end up getting into a secure unit – [residential placement] did their utmost to prevent that and they did a wonderful job. But we were just on edge. Every time the phone rang and you heard that it was [residential placement], and then: ‘There’s been an incident...’ We had that so much and you just came to dread it.”

In some cases, accident or injury either prompted or expedited the move to a more suitable physical environment. In fact, in all but two of these cases, the seriousness of the incident led to an increase in support for the individual that enabled a move from a shared residential setting to their own property – something that many family members had advocated for a number of years, but with little impact until the incident. As one parent recounted:

“In a way, he’s not fortunate. He’s got what he really needs and what he should have but it’s through him having a terrible injury. We tried to fight for this through Social Services and there was no way they were going to provide it, were they? ... I don’t know whether he’d get what he’s got now, I don’t know. I don’t think he would. ... It probably would be the same, wouldn’t it, with Social Services, ‘Oh no, you can’t have that’. ... We are fairly proactive, we always have been as parents haven’t we, but we couldn’t pin them down to meeting his needs really, could we? Again, it’s all down to funding.”

Another example of crisis-motivated factors in transition to Fund properties is concerns about care. These took a range of forms, from concerns about the suitability of the type of placement, isolation from the community, exposure to distressing incidents (such as seeing other residents being restrained or having seizures) or more general reservations about the capability of the care provider.

For example, one family member described the breakdown of the relationship with another supported living provider. The family became concerned about the gradual clawing back of support, both in terms of reducing the amount of one-to-one support and a growing resistance to taking the resident out: “They kind of started off well and then it went downhill. They started off in the first couple of weeks, ‘Oh yes, we’ll do this’. Then they went, ‘Well, we’ve been there. We are not going to do that’. Then there were issues with, ‘There are no drivers so we can’t take them out anywhere’.” From early conversations with Thera, “it was immediately obvious from the outset it



was just much more of a professional setting. They had got systems in place for this, that and the other. It was clearly going to be better, so we went with it.”

Concerns about incompatibility with the residential care model were also a specific concern for some families with a relative on the autism spectrum. These families observed increased anxiety, distress and ill health in having to share the attention of their support workers. The sibling of one resident, whose anxiety and health has improved considerably since living in his own property, described the impact of a gradual reduction of one-to-one time with support workers:

“He wasn’t happy there, wasn’t thriving. He did get quite anxious and ill and had lots of seizures and things like that. He put on a lot of weight as well and absconded quite a lot. So, it was quite helpful that his social worker didn’t feel that it was an appropriate place for him, and my sister-in-law works in care management. So, thankfully, we had her and she was able to represent him quite well, and knew the right sort of people to talk to, and the right things to say. And that’s when they brought Thera in and said, ‘We wonder if this might be an option.’”

“

“He had just his own little bedroom and it’s like a communal area where a few other people shared as well. But his health and his appearance had quite low esteem then. He seemed a bit withdrawn when we all first met him. ... He just seems a lot more chirpy now and he has a lot more control over his life.”

– supervisor

“

“He had been in and out of residential settings for ... [about] twenty years. He would spend some time, and then the setting would break down, and then he would end up back at home; and then he would go somewhere else, and then there would be problems and he would end up at home.”

– sibling

Inappropriate or inadequate housing is another example of crisis-driven moves. These cases were related to both specific physical needs such as a home without stairs, as well as the more common scenario where landlords were reluctant to invest in the property leading to damp and other maintenance related issues. Although these scenarios are quite negative, one support worker viewed such circumstances as an opportunity to start afresh and move to a property that pre-empted the changing needs of the residents:

“There was a breakdown in the management of the previous property from the company that actually own it. So, they were very unwilling to make adaptations that would actually help us support the individuals. They didn’t maintain the property to a good enough standard which meant that it [wasn’t] actually viable to even stay there. There was lots of ongoing issues with rotting walls where it was just damp and built in wardrobes were beginning to rot and fall away. The

sewage system wasn't up to scratch to actually cope with the demands that we were putting onto it. It was actually... it was a septic tank, and it was breaking down every other day. They were reluctant to redecorate. They didn't want to replace any bathrooms. Because we're getting to a stage now where individuals are having a change of need, they actually need the possibility of a wheelchair at some point in their life. The property was just not at all geared up for that type of environment."

Residents have suffered from unsuitable settings. One resident brought up the previous property multiple times in their interview, saying "God it was total rubbish, that's all". In the words of the resident's support worker, it was "basically in the middle of a road between a drug rehab centre and a park where they went to take their drugs". The landlord did not maintain the house, and the residents spent most of the time confined to their rooms, as the property was "very cramped and almost claustrophobic". For another resident, ongoing disturbances from neighbours, which included overhearing arguments, drinking and witnessing arrests, were "very disruptive".



"It was damp and horrible. You go in the bathroom and the bathroom has mould all over the ceiling. And the landlord wouldn't do things at all, all he wanted is the rent. The carpets were cheap carpets and they all come off where they're joining, which was dangerous for them to fall and he wouldn't replace them. So, we pay about £300 each ... to put new floor down."

– parent

3. What the Fund provides

Key points

- Valued characteristics of homes for individuals with a learning disability extend far beyond their material qualities, with high value placed on relationships within and around the home as well as viewing the home as a hub for a meaningful and active lifestyle
- Homes purchased through the fund overwhelmingly meet the characteristics that residents and their families value, with only a small number of exceptions
- The strongest area of dissatisfaction with housing was in difficulty with funding adaptations after the initial adaptation at purchase
- Other areas where residents expressed dissatisfaction were only tangentially related to housing, such as the continuity of care affecting the perceived stability of the home

The Fund’s investment in housing for people with learning disabilities relies on co-ordination between a number of actors, as summarised in Figure 7. The length of each stage varies, but Stage 2 is typically the longest. This is because the needs assessment may need to be adjusted as features of candidate properties bring new considerations to light – and depending on location, there may be a short supply of suitable properties.

FIGURE 7: STAGES OF INVESTMENT IN HOUSING FOR PEOPLE WITH A LEARNING DISABILITY



As part of identifying a suitable property in Stage 2, modelling and budgeting is undertaken to determine whether a property will be financially sustainable. Most people supported by Thera, including those in Fund properties, receive housing benefit to pay rent. Because support is associated with the housing, Thera tenants are eligible for exemption from the local housing area (LHA) caps on housing benefit. Instead, the amount of housing benefit to be paid is determined by a local authority housing officer, considering both the property and local housing market, and the proposed support an individual will receive. When properties are identified, Forward Housing, the housing association¹⁹ and the Fund must determine whether the rent likely to be covered by housing benefit will be sufficient. This information is gathered through a combination of previous experience and informal approaches to housing officers but cannot be predicted with certainty.

Key informants from Thera and the housing association emphasised that this model is intended to be bespoke, with individual needs and preferences being the primary consideration in choosing housing. This model of securing housing in response

to need, as an alternative to a model where stock is held and vacancies are filled, provides real advantages, avoiding a situation where “you end up trying to get a square peg in a round hole and then you spend the next six months trying to square the hole. It just doesn’t work.” (Ansar Managing Director). According to a Thera Project Management Lead, the Fund enabled Thera to provide housing of a quality that few other providers were able to match: “When you look back at the properties that have been produced through [the Fund], they are at the top end of what can be produced for people with learning disabilities.”

Because this housing is intended to be bespoke to individual needs, the financing covers not only the purchase of properties, but also the costs of undertaking any necessary modifications at the time of purchase. The scale of modifications undertaken in properties acquired to date ranges from minor redecoration for residents with sensory processing difficulties to structural changes which enlarged or added rooms. Modifications increased accessibility for wheelchairs and mobility devices (for example, installing ramps or widening doorways), improved safety of residents (for example, installing induction hobs), and facilitated personal care (for example, creating wet rooms or installing baths with lifting mechanisms).

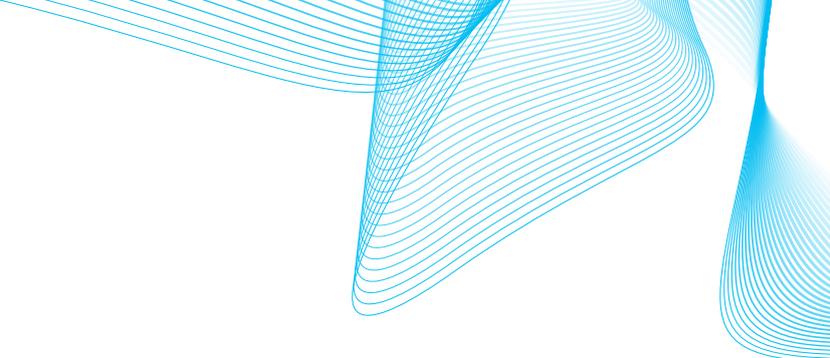
As well as the bespoke nature of Fund-provided housing, a second theme emphasised by Forward Housing, the housing association and various Thera staff is that housing is intended to be for life. The Assured Tenancy offered by the housing association is a key feature distinguishing supported living models like those offered by Thera from residential care models where individuals have a licence to occupy. By having an Assured Tenancy, individuals will retain the right to live in their homes indefinitely, even if they were to change their support provider away from Thera. “Futureproofing” – that is, ensuring accommodation will be suitable not just for a person’s current needs but also their changing needs over the long term – is therefore a core concern for both key informants and for support teams. The difficulty of anticipating future needs, and the consequences of this being unsuccessful, are discussed below in Section 3.2.

In summary, Thera strives to use the Fund’s capital to deliver bespoke housing that will serve adults with learning disabilities for life. Having explored how people perceive the overall housing available to people with learning disabilities in Section 2, this section examines how people living in properties provided by the Fund perceive these properties specifically, with a particular focus on whether specific individual needs are met and whether the homes are suitable for longer term needs.

3.1. Valued characteristics of homes provided by the Fund extend far beyond their material qualities

We asked people living in Fund-provided housing and their friends and family members to describe the features of this housing that they most valued, and eight consistent themes emerged. The themes are perhaps unsurprising, but we believe that to assess impact it is important to identify what is important to those who are directly impacted. The themes are:

1. Quality of the space (mentioned by 33/36 interviewees) – A variety of characteristics of the physical space were referenced. These included: a clean,



tidy, and well-maintained environment for living and working; an environment that was not over- or under-stimulating; and ample space. Another dimension of the physical space that interviewees value is the ability to cultivate a homely atmosphere, highlighting the value of sociable spaces, access to a garden and the option for residents to personalise their environment.

2. Relationships within or around the home (29/36) – In all but five cases, this included reference to the compatibility between the individual and their support team (with some specifically emphasising familiarity, valuing carers who are sensitive to cues that can help to prevent challenging behaviours from escalating). Several family members spoke directly about the importance of communication between Thera and the wider circle of support, valuing transparent communication and involvement in aspects of care, such as interviewing for new support workers. Others emphasised relationships with neighbours and, for those living in shared accommodation, compatibility with flatmates.
3. Privacy and control (25/36) – The ways in which a home was described as facilitating privacy and control ranged from the availability of private space – a bedroom or an entire property – to residents having more control over the environment and what they do day-to-day. For example, for some residents and their families, a home environment where they are able to take responsibility for everyday tasks such as managing money, dealing with the housing association or doing the grocery shopping, was a highly salient quality of the home – and a stark contrast to previous placements in institutional or residential care.
4. Hub for meaningful and active lifestyle (25/36) – The suitability of home was not just about objective, physical characteristics but also about the lifestyle it enables. Particularly for family members, the home was seen as the foundation from which an active, busy and full lifestyle could be built. In shared settings, this was often seen as being contingent on the number of people living in the property relative to the number of carers, as well as ease of access to a car or public transport. Others emphasised the general happiness of the resident as well as opportunities to develop soft skills.
5. Stability (22/36) – Stability had multiple framings in how the home was discussed. For some, stability was described through the frame of continuity of carers, whereas for others security of tenure was more front of mind. References to the latter not only included longer-term leases but also the longevity of the physical environment, with consideration given to ‘future-proofing’ the home so that it can be adapted as an individual’s need change over time.
6. Security and safety (22/36) – Measures taken to ensure physical safety (and to a lesser extent to prevent destruction to the property) were the primary focus of references to safety. This not only related to interventions aimed at protecting the safety of the resident, such as the installation of security alarms, fire systems and safe kitchen devices, but included measures to safeguard staff (eg installing multiple exits from the property). Just three interviewees framed safety in terms of protection from break-ins.

7. Location (22/36) – The property’s immediate surroundings were the main focus for most people who spoke about location as an important characteristic of the home, with proximity to the town centre, amenities or green spaces, living in a quiet, peaceful area and the reputation of the neighbourhood all being salient aspects. Others emphasised proximity to family (n=10) and qualities of the local area (n=10), including familiarity with the area, availability of things to do, transport links and physical accessibility (for example, not too hilly).
8. Physical accessibility (19/36) – The accessible layout of a property, particularly living on a single level, was prominent in interviews relating to residents with mobility issues. Adaptations that were tailored to the individual’s needs were also important, such as widening of hallways and doorways for wheelchair access, availability of parking outside of the property and the installation of accessible appliances or fixtures, such as a wet room or disabled toilet.

Figure 8 shows differences between respondent types in valuing these characteristics. In this figure, each icon represents an interviewee, and darkened icons represent that the interviewee mentioned this characteristic once or more in their interview. For residents, Figure 8 shows that quality of the space was universally considered important. The other aspects were less universal among residents. Quality of the space was also universal among support staff. Family members placed relatively more emphasis on lifestyle, security and safety, and support staff on stability, privacy and control. The quality of the space and relationships within the home were, however, the most frequently mentioned across both groups as well as for residents.

All of the residents interviewed focused on the quality of the space when describing their home. While all highlighted different aspects, the examples given included being able to redecorate to personalise the space, having access to a garden or having sociable or private spaces within a shared home that are “nice and cosy”. As one resident described it:

“In the sitting room down here, when we’re down here, it’s all about interacting with your peers and with your mates, have a nice general chat. Sometimes we do, like, house meetings. And we just chill out, just relax. So, like, this does feel like being in a chill-out room.”

Residents emphasised relationships within the home. Three out of the four residents who spoke about this specifically referred to their relationships with staff, with one resident choosing their support staff as the thing they liked best about living on their own. Another told us “how great the staff and how great my housemates are”, emphasising how the staff work really hard, are caring, help people out and take them out to nice places. Relationships with flatmates were also important for individuals living in shared properties – even though, as described in the section 3.2, relationships in one property were at that time experiencing strain.

FIGURE 8: MENTIONS OF SALIENT QUALITIES OF HOMES PROVIDED BY THE FUND, BY INTERVIEWEE TYPE



Both of these characteristics were also prominent in how family members described the home. The most common aspect mentioned about the quality of the home was that it offers a nice, well maintained environment that is more homely than a residential setting. One parent described how, when they first found the property, “that was my biggest shock, because ... [given] what I’d seen in the past, I braced myself to see something disgusting, and was shocked when I saw something that I would live in, and we all would have lived in it. ... It’s an absolutely beautiful bungalow.”

When describing relationships, in addition to discussing compatibility with carers and flatmates, family members also tended to foreground the importance of relationships

built with individuals in the local area, particularly with neighbours. When reflecting on the outcome of steps taken to help their son form relationships locally, one family remarked that:

“People know who he is, they know why he’s there, they know these are his carers. They tend to look after him. They all speak to him now. ... I mean, it’s just nice, isn’t it, that he’s part of that little community. The shop down the road, ... they all know him as well.”

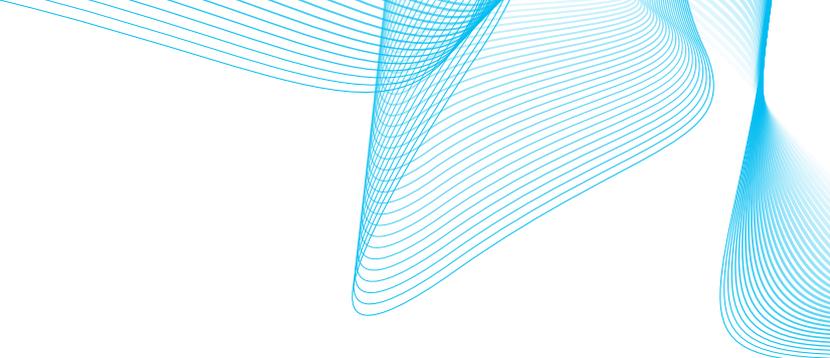
In comparison to residents and support staff, family members also placed the most emphasis on aspects of the lifestyle that is supported by the home. The lifestyles and interests of the twenty subjects of our interviews were described in depth during the interviews. This included various activities around the home, such as watching films or TV, playing video games, engaging in arts and crafts activities, among a range of other interests. However, activities outside of the home were mentioned far more frequently by family members. The most common examples given related to holidays and day trips arranged by the support team. Activities in the local area were also mentioned frequently, such as going to gigs, football matches or to the cinema, going bowling, exercising outdoors as well as a wide range of other creative and social activities.

Central to these descriptions was that the home and associated care arrangement was a launching point for an active, full and meaningful lifestyle. As one parent described it:

“It’s easy, because the car is on the front, she can get straight in the car. She has got a wheelchair accessible one so it’s ramped at the back. ... It’s easy for the staff to do. Then they can take her to these things where she has an interest. She loves music and dance and theatre and all those kinds of things. They’ll take her to these events, ... her activities have increased, a lot, just because they are tapping into what makes her tick. She’s having as independent a life as she can, which was always our dream really, was for her to achieve as much independence as she was going to be able to.”

Such references to lifestyle are clearly contingent on having an appropriate physical environment within the home. In over half of the interviews with circles of support, the physical accessibility of the home was specifically mentioned, with references to characteristics such as an accessible layout, the availability of parking outside as well as adaptations tailored to the individual. For example, this included modifications such as the widening of hallways and doorways, installation of ramps up to the front door and the levelling of the property as well as more bespoke modifications, such as those described at the beginning of section, to support individuals with limited to no mobility to access different areas around the home with greater ease.

Similarly, there was also a strong association between lifestyle and the location of the property, with family members drawing out qualities such as proximity to shops and amenities, living in a quiet and peaceful area, as well as proximity to family members. Support staff also drew out links between lifestyle and aspects of privacy and control, which was typically discussed in terms of residents having more control to do the



things they want to do within the home as well as being able to come and go as they please and set their own schedules.

The ways in which support teams and family members assessed the suitability of a home differed most notably in how they thought about stability. For support teams, the framing of discussions about stability tended to hinge on providing a home with longevity – both in terms of being able to adapt the environment to changing needs as well as offering secure tenancies. Moves, in particular, are typically described as a last resort, with future proofing, where possible, being factored into the design of the property to ensure it can be adapted as residents’ needs change over time:

“If there was a change of need, if somebody went off their feet and they needed a hoist, or needed access to a wheelchair, it could be easily implemented and would be the least restrictive way for them, you know? They wouldn’t have to incur another move somewhere else. Hoists could go up, or mobile tracking, or whatever, so, it’s not going to impact on their life going forward. I think that was what was really important when we were looking for the design and layout of the property. It was, yes, the longevity of it.”

Part of what drives this concern about stability among support staff is the awareness that moves can be distressing for individuals with a learning disability and are complicated to get right. Approaches taken can range from moving home with little to no prior notice, in order to limit anxieties and distress for the resident, to more phased transitions. As one support worker noted, “particularly for people with autism, you might need several visits, including overnight stays, before the person can move in, and that has been difficult in a couple of occasions”. One resident spoke about how the anticipation of a move can be induce negative emotions:

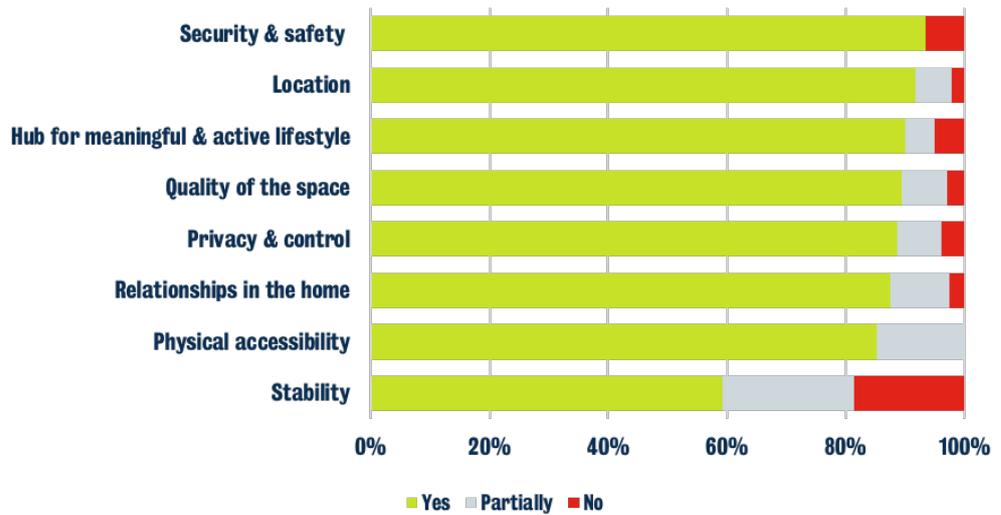
“It’s very stressful – very, very stressful. It’s not an easy task moving. ... Because it’s like very, very daunting moving from one place to another. ... When I moved out [of my last residential placement], I didn’t know what to expect leaving my friends behind. I just thought, I’m scared of doing this, it was a big approach, if you like. And I was thinking, oh, I’m really, really scared of what I have to do. What if they would like me, I don’t know. ... Yeah. It’s a very scary thing, moving.”

Families, on the other hand, tended to view stability more through the lens of continuity of carers and relationships built with other agencies, such as housing associations. This is similar in nature to the softer aspects of security and safety that were noted by parents, in particular, which focused less on systems to ensure the building was secure, but instead on ensuring their child felt safe and were not vulnerable. In both cases, these were highly dependent on perceptions of the quality of support provided by staff.

3.2. Homes purchased through the fund overwhelmingly feature the characteristics residents and their families value

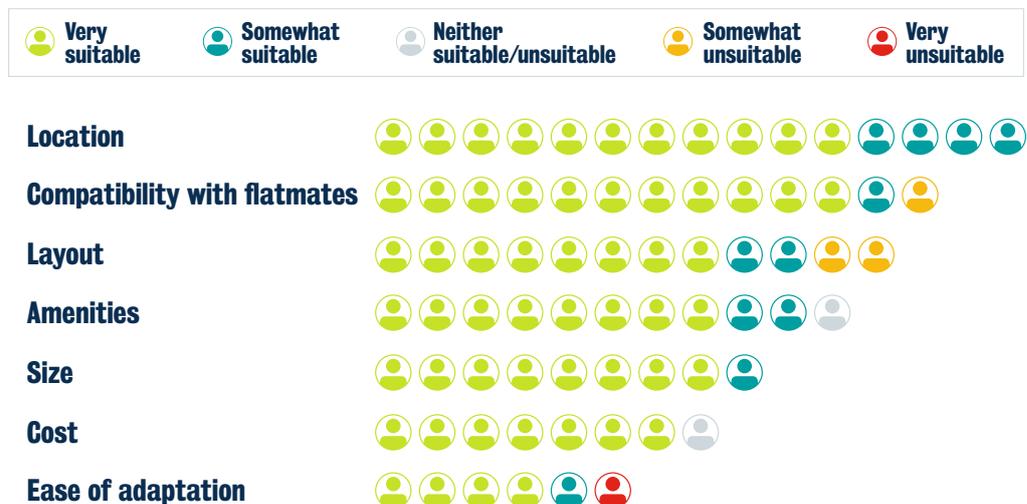
Of the themes identified by interview respondents as important features of a home in the previous section, nine out of every ten references were highly favourable in relation to the homes provided by the Fund. In particular, interviewees overwhelmingly reported that their expectations in terms of security and safety of the property, its location and being a hub for a meaningful and active lifestyle were fully met in these properties (see Figure 9).

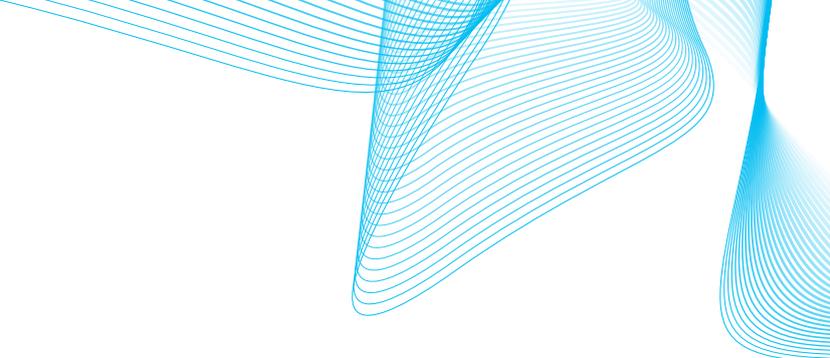
FIGURE 9: VALUED CHARACTERISTICS OF THE HOME AND EXTENT TO WHICH PROPERTY MEETS THEM



As described in Section 2.3, we asked survey respondents to choose aspects of housing that had been important in their most recent search for a home for a friend or family member with a learning disability. Each respondent was then asked whether the current home was suitable in terms of the aspects they had chosen. Figure 10 displays the result of this question for survey respondents whose friend or family member was receiving support from Thera (n=17).

FIGURE 10: SATISFACTION WITH HOME IN THERA PROPERTIES





This figure offers a useful reference point as it gives insight into the wider portfolio of properties in which Thera provides support, not just those provided by the Fund. There were just three domains where one or more respondents said the current property was “somewhat unsuitable” or “very unsuitable”: layout, compatibility with other residents, and ease of adaptation. However, the number of these negative responses was very small, vastly outnumbered by “somewhat suitable” and “very suitable” responses.

The few instances where interviewees described the current home as not meeting or only partially meeting their standards were also in these domains. Yet in most cases, the criticism was mild. For example, three of the five examples given where the physical accessibility of the home only partially met needs related to limited parking on the property itself, even though there was good availability of parking on the street. The further two cases related to minor oversights in modifying the property: in one instance, a tight turn that hadn’t been factored into the design of the ramp out into the garden, and in another, the need for more support for the toilet. There was a single case where interviewees reported a severe deficiency in one of these domains: incompatibility between residents that had led to a breakdown of relationships within the property. Concerns were raised by both the resident and their family member about ongoing tensions and incidents within the home as well as how those issues had been communicated to the family. The situation is currently under review.

The only consistent concerns that were raised about the homes provided by the Fund related to stability – only 59% of references to stability during interviews suggested expectations were met in the current home. The concerns raised are not unique to people in properties provided by the Fund, but are a reflection of the barriers to supplying care in the community within a system experiencing severe funding constraints. For example, many of the concerns around stability were focused on continuity of carers. Six family members noted this as a characteristic that is either only partially, or if at all fulfilled in the current home, yet many recognised that it was an issue faced by the sector overall. As one parent saw it: “the big problem is staff continuity. I mean they’re not getting enough money and obviously ... it is a stressful job. And they are being pulled and pushed to support many people in a limited window of support.”

Consistent with the survey findings, other mentions of stability referred specifically to the ease of making adaptations to the home – something that support staff emphasised was not just an issue as residents experience changing mobility needs, but at the beginning of a placement too. As we explore in the following section, particularly after living in a more institutionalised setting, the behaviours and lifestyles of residents in supported living can transform as they adapt to a new environment with greater freedoms, or as their support team come to better understand their needs. One support worker told us how, for one resident three years after a move, small modifications to the property were still required:

“Because we didn’t do a massive transition with her, it was a little bit difficult to make big choices based on her level of need at that time and based on what staff were saying, based on what her family were saying. ... And her wants and wishes change over time, which is difficult from our point of view and from [the housing

association]’s point of view, because, again, you know, yourself in your own homes, you want to change things all the time. Is it a bit of that or is it actually a need of change, that she prefers that? Having a wet room might be causing her some sort of distress, but she can’t always communicate that to us, to the best of her ability. So, it’s a constant guessing game for us, as the provider.”

Another support worker told us that, for this reason, they were now exploring options to move a resident to a bigger home, observing that “when he moved into that house ... it was great, but I think he’s [now] outgrown that house because he is so active– for the first year it was alright, but he is now settling into his environment and settling into his own independence as well”. In all other cases, however, work arounds had been found within the parameters of the existing home, albeit requiring compromise over the shorter term.

Again, this issue is not unique to properties provided by the Fund. Part of what makes this challenging is the inflexibility within the wider system. Grants are available from local authorities for some necessary adaptations. However, in the experience of the project managers and other Thera staff we talked to, these grants were typically for fairly small amounts, and took upwards of a year to obtain, potentially because demand exceeds the available funding within local authorities.

4. Impact of the Fund's financing

Key points

- Half of the residents whose lives we explored in depth exhibited improvements to their health, especially mental health, following the move to their current home.
- Many circles of supports observed increased happiness, confidence, and willingness to socialise and attribute this to residents viewing the property as “home” and taking pride in it.
- Residents were able to live more independent, ‘normal’ lives as they gained control over their environment and lived a more active life in the community.
- In a quarter of cases, the above impacts also explicitly laid the foundations for enriching relationships, be it within the home, between the resident and their wider family, or within the community.
- Secondary impacts can also be seen for family members, where reassurance about their relative’s living arrangement was the catalyst for more making time for themselves or for strengthening relationships with their wider family.
- For all individual-level impact types, the interdependency of the physical environment and person-centred qualities of the care were apparent. In the two cases where we observed a negative impact of the current housing situation, it was attributed to insufficient allocation of funding from the state to provide the level of care needed.
- Without the Fund’s financing, Thera would struggle to provide the high standard of supported living respondents and their families reported.
- The Fund is having real impact on individual lives, but the approach addresses symptoms and does not – and should not be expected to – address systemic problems.

“It does change lives for people like [my son], as they can be part of the community with the security of having support staff. ... There was one incident a while ago ... We were just sitting there having a coffee and in he walks with his carers, just by chance, and it was just lovely. He just beamed, this great beam he had, beaming smile. So, they joined us at the table, and his support worker took him up to get him a drink, and it became apparent that the staff just knew him, and they just automatically were making his drink, and it’s just such a nice feeling. And then he left. He had a bit of a backward glance, but he left with his support worker, so he didn’t try to come back with us, no problem at all. Yes, just how it should be.” – parent

This section focuses on the final box of Figure 1: the impact arising from the Fund’s investment in Thera. The first part of this section focuses on a set of impact narratives relating to twenty residents who are supported by Thera in a Fund-provided property, tracing the impact that their current home has had on their life. These impact narratives combine insights from interviews conducted with 38 people, including, where possible, the residents themselves, their parent, guardian or sibling, and a member of their support team (for further details, see Appendix).

The homes that the Fund has supplied as well as the associated care arrangement have been the backbone of significant changes in the lives of these residents. Improvements have been observed in their health, happiness and wellbeing, their independence, and their relationships with others. These changes have also had a profound effect on the lives of family members, who are satisfied their relative is living in a safe, suitable and comfortable environment.

The first part of this section, 4.1, describes five common types of impact that have occurred for this group of 20 residents since moving into their current home. The second part of this section, 4.2, takes a bigger picture view of impact. By providing financing to Thera, the Fund is acting in a wider system in which a variety of organisations – charities, local authorities, housing associations, private landlords, central government, charitable and for-profit care providers, health services – coordinate to provide housing and support for adults with learning disabilities. By engaging with this system, there is the potential for any impact of the Fund to reach beyond those who live in Fund-provided properties and their families.

4.1. Housing provided by the Fund has impacted residents' health, wellbeing, relationships and independence as well as the lives of their families

The ways in which the Fund has impacted the lives of residents are just as unique to each individual as their prior experiences of housing, which we explored in Section 2. During interviews, we identified a common set of impacts on residents' health, wellbeing, relationships, and independence, yet the factors that residents and their circle of support associate with these impacts are often quite different for each individual. The ways in which the impact of the home was described in interviews can be broken down into three narrative elements, which we have illustrated with a basic logic model comprising inputs, outcomes and impacts.

In this model, inputs are the features and processes interviewees associate with the intervention. Interviewees see these as a foundation for the impact that follows. The most common inputs related to aspects of person-centred care, particularly the importance of carers getting to know and adapting to the needs and interests of residents as individuals. Material aspects of a property were also highly salient: that a property was bespoke to an individual's needs was a common input, as was the opportunity for individuals to move into their own home, among a range of other less frequently cited inputs.

Outcomes refer to a change in the interview subject or circle of support that is observed as a result of this input, which then creates the right conditions for impact to occur. Increased autonomy was the most common outcome mentioned during interviews; having an active, rich lifestyle as well as agency over one's own home life were also common outcomes across a range of interviews.

Impacts are the broader effects of outcomes over a longer time period. We observed a common set of five impacts:

1. Changes in physical and/or mental health
2. Improvements to happiness and wellbeing

3. Independence
4. Building relationships
5. Wider impacts for families

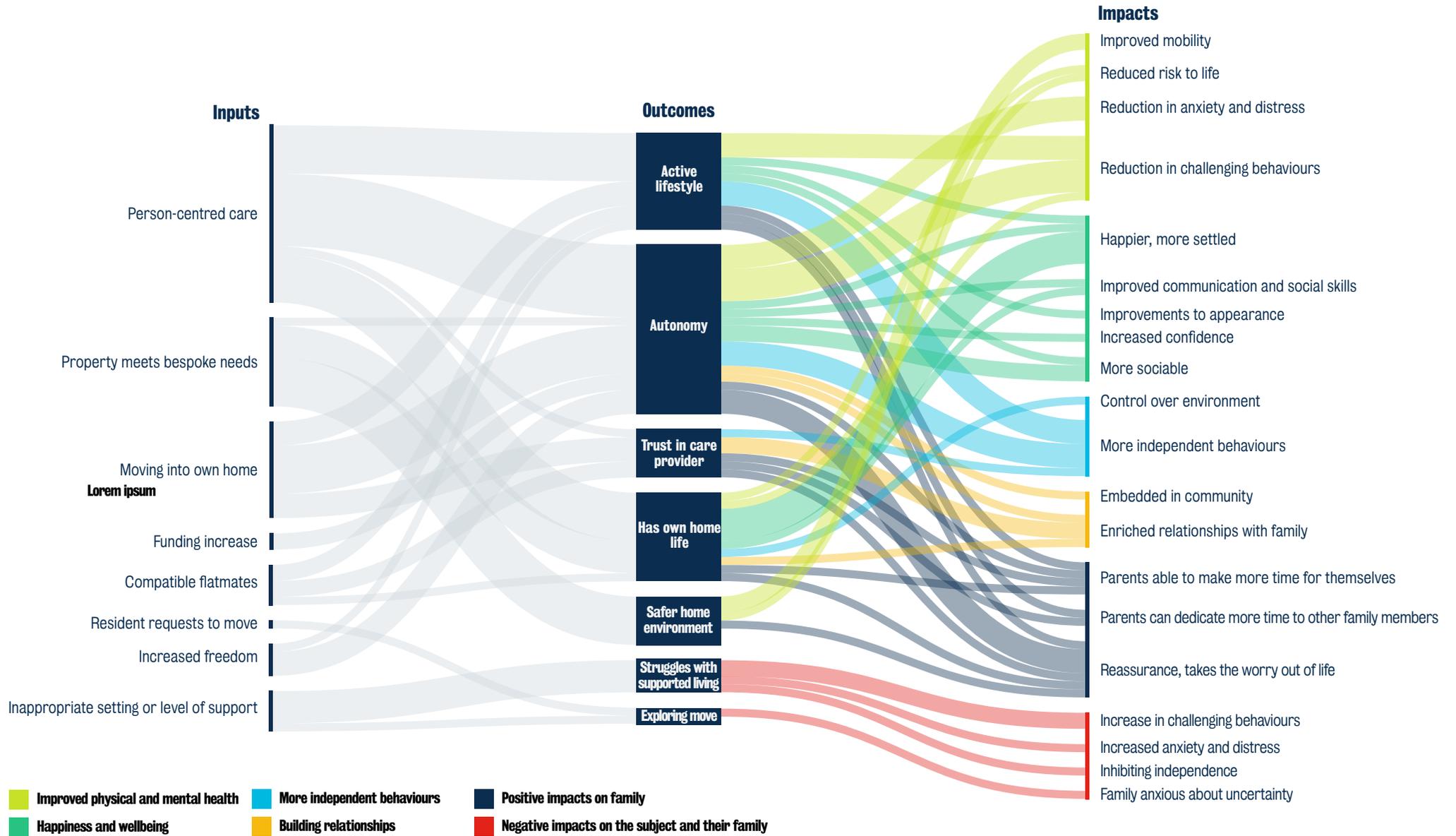
The full ranges of inputs, outcomes and impacts are described in Figure 11, which simplifies the narratives provided by interviewees into a straightforward taxonomy. However, the ways in which the three elements interrelate is highly complex. When we try to map the connections between inputs, outcomes and impact, we quickly find that there is no standard pathway to impact in the five areas are described, as can be seen in Figure 12.

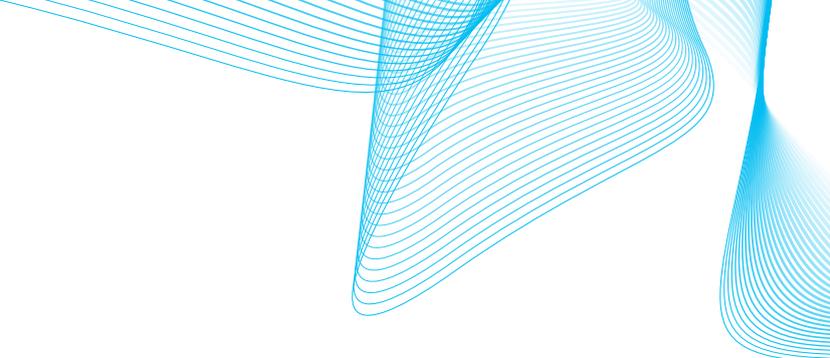
Figure 12 visually demonstrates all impact narratives mentioned across 36 interviews, linking inputs to outcomes, and outcomes to impacts. The width of each line represents the number of times a connection was made between two elements. While there are some links – for example between a property feeling like home and a resident being happy and settled – in most cases, the associations made are highly irregular, suggesting that the drivers of these impacts are unique to each individual. The connections in this diagram are unlikely to be generalisable, given the small sample of residents to which they refer; the value of Figure 12 lies in visualising the varied, individualised connections that residents and their circles of support make between the intervention and its impact. In the sections that follow we explore these five impact types in depth, drawing out some of the associations made on a case-by-case basis.

FIGURE 11: COMMON IMPACT NARRATIVE ELEMENTS

Inputs	Outcomes	Impacts
<ul style="list-style-type: none"> - Person-centred care, responsive to the interests of residents - Moving into own home after living with family or in a shared residential setting - Property meets bespoke needs for accessibility and safety - Compatible flatmates, through reconfiguration of groupings or phased introductions - Increased freedom through a less restrictive approach to care and more agency in decisions about the home - Funding increase, following change in needs assessment - Resident requests to move - Inappropriate setting/level of support, eg tensions between flatmates, care allowance does not meet needs 	<ul style="list-style-type: none"> - Autonomy in decision making around the home, and developing soft skills such as self-esteem and confidence to support independent living (ie not being treated as someone who 'has needs') - Has own home life that feels like home and is embedded in community - Active lifestyle, able to go out more, live a fuller, more varied lifestyle and interact with a wider range of people - Safer home environment, eg to move around home safely, during seizures - Trust in care provider to handle all aspects of care (eg doctors appointments, financial assistance) - Struggling with supported living, eg isolation of living alone, insufficient life skills, reliance on respite in daytime - Exploring move to a new home 	<ul style="list-style-type: none"> - Changes in physical and mental health, including improved mobility, changes in the amount of challenging behaviours, anxiety and distress, and reduced risk to life during seizures - Happiness and wellbeing, including improved appearance, communication, confidence and social skills, and being happier; more settled - More independent behaviours, including exhibiting greater control over own environment and social life - Building relationships with family and the wider community - Impacts on family members, who are reassured about care of child, are able to make more time for themselves and for other family members

FIGURE 12: LINKS BETWEEN INPUTS, OUTCOMES AND IMPACTS IN IMPACT NARRATIVES





Residents' physical and mental health has been improved by living in a home appropriate for their needs

Exactly half of the residents whose lives we explored in depth during the interviews experienced improvements to their health following their move to a property provided by the Fund. For some, this related to their physical health, such as improved mobility or reduced risk of injury during seizures. For many others the impact was observed in their mental health, in the form of reduced anxiety, less frequent self-harm behaviours, less frequent challenging behaviours, or less intense time crises.

Interviewees viewed modifications to make homes physically accessible as a key driver of improvements in residents' physical health. For example, the mobility of two residents, who had all but stopped walking in their previous home, improved as a result of living in a property with widened hallways and levelled floors. The family of one of these residents believed that, had their relative remained living where in the previous home, they would have stopped walking altogether: "going back to that time, he lost his confidence in walking. He'd got to hold onto something. Where he lived, there wasn't room for his walker, and so he was going from chair to table to door frame. Obviously, when anybody's struggling like that to walk, you don't go unnecessarily, do you?" Similarly, the parent of the other resident observed how his daughter is now able to walk more freely around the home, where she had previously been reliant on an electric chair:

"It has got a nice, wide hallway. She can walk with support, but if it was narrower, then they would have to be walking behind her or in front of her, or not walking with her, but it's wide enough to be able to do that. ... She was using her electric chair, which actually she is not using so much now because they've been able to do more walking with her. Her walking is much better than it was."

A physically accessible home also offers a safer environment for residents who suffer from seizures. For one resident, who moved out of his family home into a property established for residents with limited mobility, moving to an accessible property was vital in mitigating the risk to his life during seizures. Not only does the presence of at least two staff on site now make it safer to manage the seizures, the accessible layout of the property also enables emergency services workers to attend to the resident at his bedside. As his parent explained:

"There are little things that people don't realise. If this lift we've got in our house broke down, ... I've got him stuck upstairs. You know, he's a person. Even an animal, you wouldn't do that. You can't wait and leave him in bed. ... Now, he can have the ambulance crew straight in to the side of his bed, straight on the trolley and out. So, there are loads of bonuses. ... If he fits, because of what happens to him and how severe they are, you need two people, not one, so if I was on my own it was a dangerous situation. So, for the person, you are doing the right thing because ... he needs two people to make sure he's safe."

The most common change observed after moving to the new home, however, related to reductions in the frequency of challenging behaviours and the intensity of time spent in crisis. Circles of support attributed these improvements to a range of factors relating to the environment and the nature of the care.

Living in a suitable environment was mentioned by many circles of support as a key input for reducing challenging behaviours. “Suitability” was framed in terms of individuals physical needs for accessibility as well as behavioural patterns. For example, for one resident who moved into an extensively modified property, access to personal care was at least as important as modifications made to ensure the property was physically accessible. Installation of his own ensuite bathroom allowed him to shower at will, often 2-3 times a day for long periods. A member of his support team observed the profound behavioural effect of such changes:

Because people aren't having to wait for the bath to run for a long time, if they want a bath, and they want it now, they can have it now, you know? ... The guys that we support ... they have autism, challenging behaviour. They don't want to have to wait. They don't understand that somebody else's needs are possibly going to come before theirs. So, now they don't have to wait. Whatever they want to do, they can do straightaway. So, the level of challenging behaviour has certainly decreased ... because they're getting the things that they want, and they're getting the things that they need straightaway instead of having to wait.”

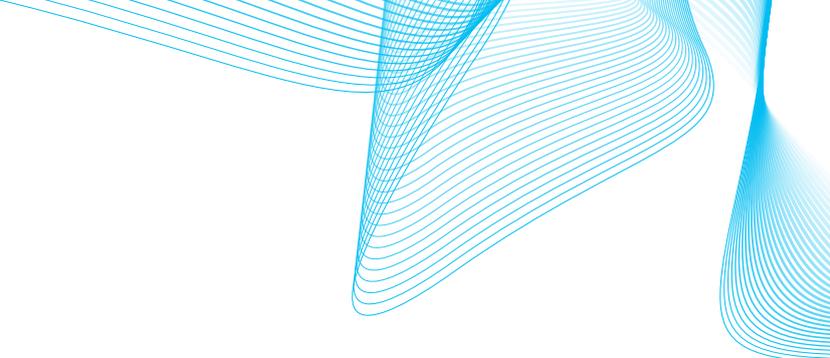
Others associated an easing of challenging behaviours with the person-centred nature of the care provided by Thera, emphasising the role of the support team in “tapping into what makes someone tick” and finding ways to support and develop those interests. The parent of one resident noted their daughter is no longer “having those real big dips in mood and losing the plot. ... When she gets to that point, nothing you can say or do will make a difference, ... but that happens so infrequently now, because she's happier. That's the real visual side of that.”

Particularly for residents with limited communication, taking an iterative approach to getting to know the resident's preferences and taking time to experiment with different options to get the environment right for that individual have been found to reduce the intensity of time spent in crisis. As one support worker reflected:

“Because it was such a rocky start, we at one point were thinking maybe she is suited to a secure placement, rather than being in the community. ... Now, looking at it two years on from those times, it's realising, actually, our perseverance and our dedication to her, our support in getting everything right for her, has massively paid off, because she's happy. You know, she's content, the behaviours have decreased massively, the intensity has decreased massively. Whereas sometimes she would spend days in crisis, now she spends about an hour. So, the difference is huge. The staff know her better. ... We can prepare her for a lot. ... We know that now it lasts an hour and everything will be settled, and she'll be back to being happy again. She can communicate that a lot better now.”

Among the seven residents who are now supported to live alone in their own home, almost all have reduced anxiety, in part due to having the undivided attention of their support team. This in turn has lessened the severity of challenging behaviours.

One resident had struggled in previous shared placements with an ongoing pattern of confrontational behaviour and aggression towards other residents. His family observed this was triggered by having to share the attention of his carers: “If he



particularly took to one carer, then he would get very upset and hostile if ‘his’ carer was working with another service user. So, it really didn’t suit him. ... He can get quite anxious. So, at times, he would become very anxious, and that would result in ill health for him.” The stability of knowing which staff will be on and having their full attention has delivered an “enormous improvement” for this individual now that he is living in his own home.

Yet these types of impact are, of course, contingent on factors beyond the immediate environment of the home – particularly the level of social care funding, which can vary markedly between residents. For example, we spoke to one family whose child, because of the limits of the funding awarded through social services, is required to attend a day centre every weekday, even though this often leaves him in distress. Staff have communicated to his parents that when he returns home “he shouts, he’s stressed, and he takes quite a while to calm down because he’s stressed. ... [But] he’s happy ... when he has one-to-one in the bungalow.” Such cases highlight the importance of the interaction between housing and care for mental health outcomes. Even in an appropriate physical environment, a sufficient level of support is necessary to fully achieve impact.

Being more settled and having more freedom is associated with happiness, confidence, and sociability

The dimensions of an appropriate home environment are not restricted to accessibility. Many narratives emphasised the importance of a homely, clean and well-maintained environment on residents’ ability to settle, particularly for those who lived for many years in institutionalised or run-down environments. As one support worker observed, “the guys have led quite dysfunctional lives in the past, but they can all sit down and have a meal together now [and] it just feels like more of a homely environment. ... It has just made such a huge difference, a huge difference. Family members that come to visit the guys say how happy they are, how settled they are.”

The importance of seeing a property as “home” was emphasised by various family members and often associated with independence – a reassurance to parents whose child now takes “going home” to mean a return to their own home, rather than to the family home:

“It’s taken him a while to come to terms with it. It takes him a while to understand that he’s not moving back, that this is it. ... There was a breakthrough about two or three months ago when I was down there with him. ... We were talking about his house and I said, ‘I like this house’. He said, ‘Yeah, I do too’. I said, ‘How do you feel about living here?’ He said, ‘I live here on my own just like my dad lives in his place on his own.’ I was thinking, ‘Okay, so we’ve made a connection that people do live on their own, in their own place and that’s okay to do that.’ That was quite reassuring to hear him say that.”

For others, being “settled” related to ownership and pride in the space – that residents not only feel at home in the property, but also, they feel it is their home. For example, when asked how he felt about his current property, one resident remarked: “I wouldn’t say goodbye to this. I love this place. ... My house, my way.” His support worker noted how in the move to the current property, the resident was “involved

every step of the way and had choices in every decision that needed making”, having previously lived in a property where the residents were just “stuffed in there by the previous carers” with no consultation. The support worker observed that the resident now seems happier, more confident and more sociable, interacting more with staff and his flatmate.

For two residents, having more freedom within and beyond the home has been instrumental in improving wellbeing. For example, a staff member who oversaw the transition of one of these residents described the gradual transformation. Having previously lived in a highly restricted environment, the resident took a long time to adjust to the fact that “there’s no one holding her, there’s nobody restricting what, really, she can do, apart from, obviously, keeping her safe and locking the front and back doors”. Initially, the staff member told us, she “didn’t really like to go outside, didn’t want to walk anywhere, didn’t engage with staff, didn’t engage with activities”:

“Over the years, it’s gone to where she lives her life as independently as she possibly can. She’s happy, she’s going out, doing activities, she designs her home however she wants, she can go in the gardens, front and back, ... she can see who’s in and out all the time. So she feels like she’s got more control over her own life. It’s massively impacted on her.”

Similarly, staff noted that another resident, who transitioned to Thera from institutional care, has become less withdrawn since having more control over how he spends his time, with staff actively facilitating his interest rather “just plodding along where he was before”. A staff member who oversaw the transition noted that “his health and his appearance has improved immensely, [as has] his social life and his wellbeing”.

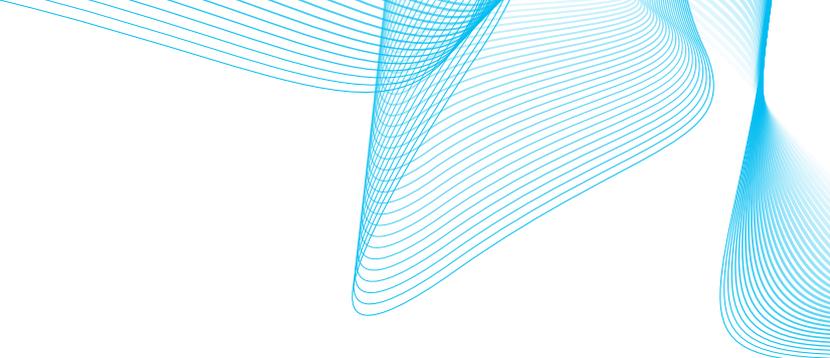
Another resident spoke about how they had built confidence since moving to their current home, with help from their support workers: “I lost my confidence years ago. ... I had like these, small like, panic attacks in the shops but now, no problem at all. Everyone chats to me when I walk in.”

Having more control over the home environment and use of time has enabled residents to live a more independent life

Roughly a third of impact narratives emphasised a shift towards a more independent, ‘normal’ life. While the framing of independence differed, many of these narratives emphasised the importance of residents living an active life, on their own terms. As one parent explained it:

“He’s come a long way. The stuff he’s doing now, he’s never in. He’s always out and about. ... If you can imagine, that’s his personality. So, to put somebody with that kind of personality in a restrictive setting, it’s like a caged animal, you know, that’s not going to happen. ... He needs to be out and about; he needs to be with people.”

Such examples typically hinged on outcomes related to the autonomy of the resident, for example, setting their own routine, not having to share things like the television, or having more control over their lifestyle. A key emphasis for many family members



was on a shift away from reliance on family members to “living their own life as they want to live it”. As the sibling of one resident described it:

“For us, having him in this environment has been life changing. ... At one point, we did consider just taking him out and bringing him to live with us, ... [even though] it was beyond what we could have managed. But we were so desperate that that’s what we were thinking of doing. So, yes. It’s life-changing because he is happy, and the carers, they do care about him. ... What his sister wanted most was ... [for] him to have the opportunity to actually live his own life as he wanted to live it, and to see us when he wanted to see us ... that he is doing what he wants to do and he’s not asking to come to ours all the time, which is what he wanted to do before. Like, before, if there was a choice between another activity and coming to ours, he would come to ours. Whereas, now, he just likes doing his own thing, and living his life the way he wants to.”

In many of these cases, leading a more active life in the community - going out for coffees or for meals, going on holiday without the family, meeting with friends or even running errands – was seen as illustrative of independence. As one parent recalled:

“My friends will say, ‘Oh, I’ve seen him in Tesco,’ and I’m, like, ‘Oh, have you?’ It’s so nice. ‘Oh, he’s been into the coffee shop. Oh, I’ve seen him. He’s been in



“There’s very little side event of anxiety at all, very little ... because there’s no reason, there are no triggers for it. There are no people that he’s going to be resentful of. He’s the centre of attention, that is why he has to be on his own in that property”

last night for his tea,’ and I was, like, ‘Oh, God, that’s brilliant.’ ... I do, now, class it that I have given him a gift by letting him go, because now he’s done what my other boys have done, hasn’t he? You know, he’s left home, he’s got his place and he’s got his mates, and he’s doing stuff.”

As noted elsewhere, a range of other impact types are associated with increased independence. Some circles of support emphasised improved capacity to form relationships, confidence and a decrease in regularity or intensity of challenging behaviours, whereas others associated greater independence with tangible improvements in soft skills, such as communication:

“He’s becoming emotionally independent and maturing a lot, you know? ... He is much more vocal. Much more independent. He’s becoming better at explaining things, because his speech was quite impaired but ... he’ll [now] persist in explaining things. He used to only work with two or three people and would get very upset with others, but he’s working with a really wide group of people now.”

However, we encountered one example where the setting had the opposite effect, in which the independence of a resident has become more constrained since living alone, with support for just a few hours per day. A family member told us that the resident still struggles with many aspects of independent living, such as leaving the

house on her own, doing domestic tasks and dealing with individuals coming to service the home. A member of her support team also observed that “other than just sitting on her bench or looking out the window, you know, she’s stuck in the property. She doesn’t have confidence to walk to even the local shop. So, the only time she gets out is when we’re with her.” This can often lead to anxiety when support workers are not there, which can escalate into abusive and confrontational behaviour towards family and staff. As her parent reflected:

“The problem with community living is what do you do for the rest of the day? How do you keep people who are in that home engaged and occupied? And if they can’t self-motivate themselves, you know, be a bit adventurous and learn life skills, they are always going to be at that level. I think she falls distinctly between the different banners – she’s not really bad enough to be in residential.”

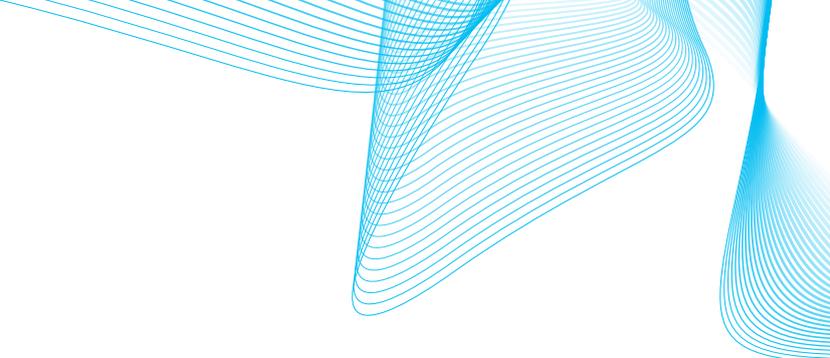
Living a less dependent life allows space for relationships with family, carers, and the local community to develop in meaningful ways

Many of the outcomes and impacts described above, particularly being more settled, having more autonomy or being more independent, were described as the foundation from which relationships had begun to evolve in ways that are meaningful for both the individual and their family. For some, these were relationships within the home. For example, the sibling of one resident, who had spent much of his life in institutional care, saw relationships with flatmates as vital: “he’s never really known a home life, he doesn’t know what to compare it with really. So that is like a home life for him, with the other lads.”

For many others, it was the relationships between the resident and their family that had evolved as they had become less interdependent. Building trust with the immediate support team as well as Thera more generally was an important ingredient – particularly for those who had struggled with letting go of the responsibility for care or had experienced issues in previous placements. Reaching this level of trust with Thera was described by one parent as transformational in terms of how he spends time with his daughter “because [before] it got to that point where things were so wrong you had to just keep on, “Why is this still happening?” But I don’t feel the need. I don’t even look at anything. I just go and I spend time with my daughter. I just leave them to do what they do – and it’s brilliant.”

For others, the home itself has provided a more suitable environment in which to build relationships with the wider family. The parents of one resident, who moved out of residential care into his own home, described how their son had begun to build relationships with members of his wider family for the first time, as the home environment and associated stabilisation of behaviours have provided a safer, more suitable environment for visiting:

“He’s been able to be included in the larger family now, our grandchildren can see him. They come here to see him when he’s at home, and they’ve been to the bungalow to see him, which is lovely. Because now he’s in his own property, it’s so nice to see him, and you can just relax. I mean, at [residential placement], he had his room, or it was the communal lounge, which obviously always had people



in it, and it wasn't really suitable for visiting. So, yes, he's quite happy, he likes having visitors."

“

“He's so motivated and the Thera team are determined to get him there. They can see all those soft skills that he needs. So, they're really working on those, and they go quite a long way out of their remit, I suppose, to get him there. It's not just, “Oh, he needs to be washed, dressed, and occupied.”

– parent

“

“Maybe the world has just moved on from the days when care meant that you fed them and kept them clean. But, yes, they're really well supported by people who take a lot of interest in whether they're happy, or not, and whether they feel that they've got a use for life.”

– parent

Other parents similarly commented on how, for some members in their wider family, seeing a relative with a learning disability living an independent life has also changed their perceptions of disability:

“I think, in some ways, it's made my son more normalised in their eyes, that they've grown up and gone on to have fairly ordinary lives; rather than, for example, going into institutional care, or something like that. So, I think, for my nieces and nephews, I think they see my son as more like them than they probably used to.”

Building relationships within the wider community, not just with individuals with a learning disability, was highly salient for three residents in particular, all of whom struggle to form relationships with others with a learning disability. For one resident, while still early days, the importance of these relationships and the need to continue to build on them was noted by his parent:

“There's a business just up the road, a garage. There's a guy who does valeting, car valeting. He spends a lot of time down there and I think that's because he feels like he's just one of the lads down there. He's not seen as somebody who needs to be supported, or he has got needs. Do you know what I mean? He's just a regular person passing, and they offer him a biscuit and they have a natter about regular stuff like blokes do.”

Reassurance that a child or sibling with a learning disability is living an independent life with a reliable and supportive care team also has a positive impact on families

For 10 of the family members interviewed, many of the impacts above – particularly seeing their relative settled, living more independently or seeing improvements in their mental health – have in turn led to impacts for themselves and their wider family. In almost all cases, reassurance that there would be continuity of a supportive

and stable living arrangement was the catalyst for an evolution of their relationship with the resident as well as their wider family.

For one family, seeing their son watching football in the pub, going to the cinema or being more independent around the home is symbolic of him living a life like any other person his age, that is less dependent on them as parents. This has not only changed the dynamic of their relationship, allowing more time for more casual interactions, such as dropping by for a coffee and a chat, but it has also reassured his parents as they approach their later years that he will have a good quality of life when they are no longer around:

“I think if you’ve got a son or a daughter with a disability, unfortunately, you’re also looking to the future. Everybody doesn’t like to think that they’re not going to be here forever, but, well, we’re not going to be here forever. We’ve got lots of friends who have become ill or sadly passed away. ... We want somewhere where he hopefully can stay and things won’t change too much for him. Nobody can guarantee that, of course, but we just feel at the moment that he is okay. ... You can’t predict the future, I know, but we’re just trying as best as we can to make sure there is some sort of consistency in his life and it can continue.”

For parents who struggled with the transition as their child was leaving home for the first time, seeing such changes has also helped them come to terms with idea of releasing responsibility for care. Reflecting on the experience three years later, one parent observed that “realising you are allowed a life beyond them, and then when you find it, it’s a bit of a shock”:

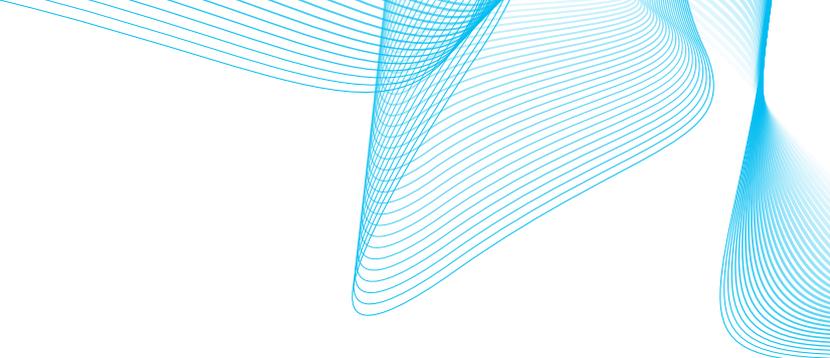
“In the throes of all this, I decided that I couldn’t cope. I knew I was going wrong in my mind. I thought, I’ll go for this counselling, private counselling. ... The lady said, ‘You’ve got a circle’, and she drew a circle. She said, ‘At the moment, this is you and this is your son.’ So, there was the outer circle that was me, and there were literally millimetres. She said, ‘He’s been your whole life. You’ve dedicated your whole life to him, so that is how you are.’ ... So, I literally, purposely, went on a conquest to join stuff, go to all these different groups, do all the things I’ve always wanted to do, and now I have made my circle. I have got an outside life.”

For this parent, as well as three others, taking less responsibility for their child’s care created space to pursue other interests. This hinged on building trust with Thera as a care provider, particularly through observing the relationships that have developed between the resident and their support team. Another parent described themselves as “so much more at ease, so much more relaxed. I’m not worrying about it at all.” As another parent similarly observed, having this distance from the day-to-day caring



“I was fairly determined that they would live as normal a life as possible. So, a small home, you know, personalised, was what I was aiming for. And, in practice, it’s turned out better than I’d hoped.”

– parent



responsibilities has, in turn, allowed them to spend more time with other family members as well as the resident:

“He’s always tended to come first because of his needs, and the other kids understood that, but they missed out a little bit because of that. I mean, I know they’re adults now, but last year we managed to get away for the first time in a long, long time, where they could join us on holiday, with my grandson as well. ... So, for us – well, for my husband and myself – we can have some time together, because we’re in our sixties now. That sounds very selfish, but, yes, for us to have time together as well, but knowing that our son was in the right place is the most important.”

4.2. The Fund has had important higher-level impacts, but cannot address systemic failure

In section 4.1, we analysed interviews with people living in Fund properties and their circles of support to identify impact on these residents and their families. But the potential impact of the Fund is not limited to this group. We also interviewed managerial staff and administrators at several organisations involved with the acquisition and management of these properties: Forward Housing, local Thera companies, and the housing association. We use these interviews to explore higher-level impacts below.

Access to the Fund’s capital has enabled Thera to provide better services to all clients

The Fund’s capital is important to Thera’s ability to fulfil its mission in three ways. Firstly, it enables housing to be delivered at scale:

“[Without the Fund] Thera/Forward Housing as a company would have had to raise, or try and use, some of its own monies to top up the difference between the mortgage and the actual cost. As we aren’t cash rich, in terms of capital, we are a revenue organisation; we wouldn’t have been able to deliver this quality or quantity of houses.

The beauty of [this] is that [they] cover the total scheme cost. They cover the acquisition, the legal fees, the works, the adaptations, and everything, so we’ve no capital contribution to find to top it up. It allows us to deliver bespoke housing solutions for the Thera company to provide support for people to live in the community that we wouldn’t have been able to do otherwise.” – Director, Forward Housing

The sentiment that Thera would have been unable to achieve what it has without the Fund was echoed by a project manager lead at Thera.

Secondly, it provides some certainty when taking on new clients. A project manager lead at Thera described a hypothetical scenario in which they took over the support for people whose existing housing was unsuitable and would want to make suitable housing a condition of taking over the contract. In normal circumstances, a local authority would be reluctant to agree to such a condition until replacement housing had been identified. With the Fund’s financing, Thera can credibly say they will

be able to find suitable housing within six months. “It means that people’s lives are transformed much faster.”

Finally, it enables Thera to pre-empt needs rather than responding to crises:

“...it has kind of led us to think, oh actually, maybe the three ladies that we support at this property, which is a house and has stairs, these ladies are approaching their sixties, their needs are changing. Actually, let’s act upon it now, sooner rather than later, so, we’re not reacting to a crisis. We’re actually forward planning, and giving us time to actually find something completely suitable and that can actually be, again, their last home, if you like.” – support worker, Thera



“He’s very much integrated into that community – and a community with all different people, from different aspects of life, rather than in residential care, where he was spending a lot of time with other people with learning disabilities. Now he is fully integrated into the community, if that makes sense.”

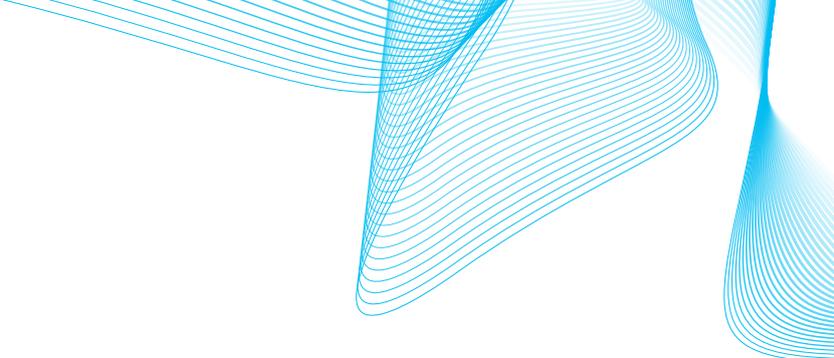
– supervisor

The Fund does not address systemic failure

Interviews with administrators pointed to funding within local authorities as a barrier to being able to secure housing, with the limiting factor being whether the amount of housing benefit a local authority would allow was enough to pay rent at a level that made acquiring the property financially viable. Representatives of Thera and the housing association reported that at times it was difficult to get housing officers to agree to a level of housing benefit that could provide an appropriate level of support. Thera staff at many levels told us this issue often manifested for people seeking single occupancy properties; the rent for a property via exempt housing benefit was more likely to meet requirements if two or more people would be sharing. Family members also believed that people were forced to share accommodation rather than live alone as a cost saving measure.

These data points are consistent with broader reports of crises for both adult social care and social housing. Between 2010 and 2017, adult social care funding has been cut by £4.6b.²⁰ At the same time, demand for housing for adults with learning disabilities has increased, as both they and their parents age. In 2012, 82% of local authorities reported that there was not enough housing for adults with learning disabilities in their areas,¹² and additional funding cuts and demand since that time do not suggest this problem has been resolved.

It is in this context that we interpret reports from people with learning disabilities and their families about previous housing experiences. Our respondents provided details of experiences related to a lack of access to good housing that were, quite frankly, shocking. While this research cannot quantify the proportion of people with learning disabilities who are in unsuitable housing, it is clear that the examples we have heard of are not rare or isolated incidents, but reflective of a systemic failure to in the delivery of housing for a vulnerable group.



A potential drawback of the model employed by the Fund, where potential residents are identified on the basis of being supported by a particular organisation, is that those who do have the opportunity to live in a Fund property are not necessarily those who stand to benefit the most or have the greatest need for improved accommodation. This is illustrated by comparison with the system local authorities use to allocate housing for households accepted as homeless. While working with a number of suppliers, including their own stocks, housing associations and private companies, all eligible households are categorised according to their level of need, and households at higher levels of need are given priority over those considered to have lower needs as properties become available.

In this environment, the Fund's input is decidedly positive, benefitting both people with learning disabilities and their families, and organisations like Thera. However, with an estimated population of 1.5m people with learning disabilities in the UK,²¹ individual programmes that increase the supply of good housing available by hundreds cannot solve the problem. As some parents acknowledged, the opportunity provided by the Fund is not available to everybody.



“It's always been about him because it has to be. I've got the best children in the world, in that way. I've never had any jealousy. ... But you know, in a way, you've got to give your other children some time without him as well, which is nice, and I can do that now.”

5. Final reflections

We have seen compelling evidence that the Fund is **enabling meaningful improvements to the health, wellbeing, relationships and independence of people with learning disabilities, as well as improvement in the lives of their families.** We have heard accounts that Thera is a qualitatively better support provider than many others operating in this space, and we have been told by Thera representatives that the organisation would be unable to do what it does without the Fund's financing. Further research is needed to establish the degree to which the impact we have seen can be planned for and replicated.

The Fund is having real impact on individual lives, but the approach addresses symptoms and does not – and should not be expected to – address systemic problems. Our work captured a range of perspectives of the housing system in general and made clear that some people have had very poor experiences. While far from universal, the frequency of negative experiences suggests that there are systemic failings in the way housing and support are delivered to adults with learning disabilities. Moreover, while housing has been identified as crucial for the quality of life of people with learning disabilities, it is not the only determinant. Our interviewees told us of a number of negative experiences that resulted from care deficiencies, in addition to those related to housing deficiencies. Against this background, a single funder working with a single support provider will inevitably be treating the symptoms of a broken system rather than the causes.

Although the Fund cannot change the system in which it operates, we are optimistic about the potential for positive effects beyond the families and organisations directly impacted. **The model demonstrates that it is possible to provide high quality housing that meets the needs of people with learning disabilities, within current funding constraints.** There is an urgent need to identify the features of the model which enable this success in the current funding environment, creating learnings that could be applied elsewhere.

Our work has highlighted the importance of good housing to many aspects of quality of life. In the midst of the Covid-19 crisis, this is likely to be even more strongly the case, as people are forced to spend much more time in their homes. The pandemic has also emphasised that adults with learning disabilities are highly vulnerable, with the emergency response including a paring back of the obligations of local authorities to provide social care. These unique circumstances underscore the value of innovative models of financing and provision, such as that provided by the Fund, within a fragile ecosystem.

Glossary

Challenging behaviour – behaviour that is harmful to the person and others around them, and stops them achieving goals. Examples of challenging behaviour are tantrums, hitting or kicking, throwing things, and self harm.²²

Circle of support – a group of people who jointly make decisions with, and, if necessary, for, adults with learning disabilities. Such groups are typically comprised of parents, health care professionals, and support workers.

Forward Housing – A charity within the Thera group, which focuses exclusively on ensuring people supported by Thera have suitable housing

Residential care – a support and accommodation model in which someone (in this context, an adult with learning disabilities) lives in a home in which support and accommodation are part of a single package. Typically this form of accommodation gives the resident a licence to occupy, which offers little security, and because the support is part of a package, there is little flexibility or scope for the resident to make choices about their own support.

Supported living – a support and accommodation model in which the care and support elements are distinct. The support is bespoke to the needs of the resident(s). Accommodation can be rented or purchased, but the resident has security of tenure and thus autonomy over their space.

Appendix

Research methods

This report assesses the impact of the Fund using the perspectives of people affected, as well as a survey about housing in the sector. Based on these data, we feel confident in saying that the Fund has effected positive change in people's lives. However, it is important to note that there are some challenges we faced in data collection, and these challenges must be borne in mind in interpreting the results.

The first challenge is that we had no access to baseline information. Best practice would be to measure the outcomes of interest with tenants and their families before and after moving into Fund properties. Instead, we could rely only on people's recollections of their lives prior, which introduces the possibility of bias due to people having different perspectives now than they would have at the time.

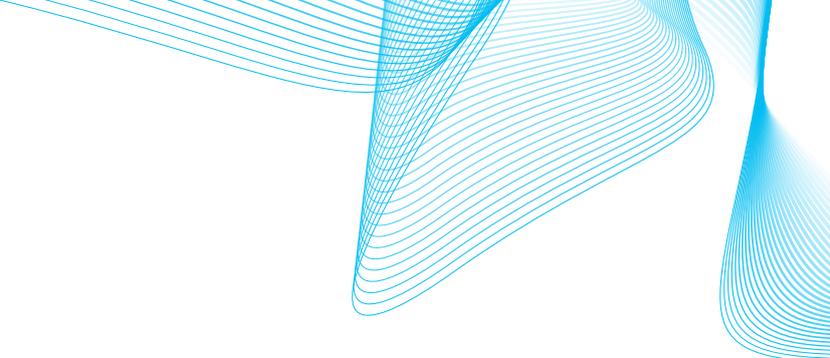
The second challenge is that we were reliant on Thera for access to our data sources. The assistance of Thera in connecting us with our three data sources was invaluable, and this work could not have been completed without this assistance. However, it is important to acknowledge that there are possible biases arising from Thera's role as gatekeeper. Gatekeepers can create bias by ensuring researchers connect with people who will present a narrative that reflects positively on the gatekeeper. Bias can also arise if research subjects believe it will be beneficial to portray the gatekeeper positively because of their reliance on the gatekeeper. In addition to biases arising from gatekeeper effects, our reliance on Thera also means we do not have random or representative samples. In other words, our findings cannot be assumed to reflect the experiences of all adults with learning disabilities or all people supported by Thera. Our approach means we are able to provide detailed insights into people's experiences, but the trade-off is a loss of generalisability.

Samples

For this report, we tried to understand how the housing provided by the Fund has affected people's lives. To achieve this, we were interested in gaining the perspective of several groups of people:

1. People supported by Thera who are living in Fund properties and their wider circles of support. This group is able to provide a picture of how the homes the Fund has provided compare to other homes they have lived in previously.
2. People not in Fund properties, both those supported by Thera and those supported by other organisations. This group provides a picture of housing available in the sector, and again allows us to consider how the housing facilitated by the Fund compares.
3. Administrators in Thera, Forward Housing, and Aspire, as well as some mid-level staff within Thera whose roles include the management of the package of support Thera provides. These people are able to provide insight into how their jobs, and the missions of their organisation is affected by the housing supplied by the Fund.

In practice, it is not straightforward to speak directly to people supported by Thera. Many members of this group do not have capacity to consent to participate in research, while others have difficulties in communicating verbally. This means that



much of our work relies on parents, siblings, support workers, and others offering their views on how an individual has been impacted by the housing provided by the Fund. These perspectives are valuable, but it is not necessarily the case that these perspectives would align with those of the resident themselves.

We sought to mitigate this issue as far as is practicable by taking a sequential approach in engaging with the first group of individuals mentioned above. In accordance with best practice in studying populations with a learning disability, this meant conducting a first pass of visits and interviews with residents prior to interviewing their circles of support. Through interviews with circles of support, we were then able to verify and further contextualise these initial discussions with our core research subjects.

Surveys

Thera mailed paper surveys to family members of people they support who had already agreed to receive the survey. Paper surveys included a URL for those who preferred to take the survey online. The URL was also shared among Thera's network of carer groups, with the hope of generating a pool of survey responses including a more diverse set of experiences than would be possible based on only a single support organisation. Most people had a month between receipt of survey invitation and closure of the survey.

All valid survey responses – both online and in hard copy – were sent a £15 gift card. The gift card was intended both as a token of appreciation for the time taken to complete the survey, and to encourage participation.

A total of 37 valid survey responses were received, 23 online and 14 in hard copy. Seventeen respondents had a relative supported by Thera, while 20 had a relative supported by another organisation. Of survey respondents who answered questions about their relationship to an individual with a learning disability, 17 were parents and eight were siblings. There were one or two aunts, cousins, friends, and other relationships. Age of the individual with learning disability was spread, with between 15% and 25% in each age bracket 18-25 years, 26-35 years, 36-45 years, and 46-55 years and smaller shares in the older age brackets.

Interviews

Depth interviews were conducted with 38 people in relation to 21 individuals living in properties either purchased and/or modified through the Fund. Two of these interviews were later excluded due to concerns about the resident's capacity to consent, which delivered a sample of 36 interviewees and 20 interview subjects.

Interviews were conducted between July–November 2019. Residents had mostly moved into the property between 2016-18.

An initial pass of visits were conducted with eight residents, who had been selected by Thera based on a judgement of their capacity to consent taken by members of their support team. The purpose of these informal visits was to build rapport with residents in order to help lessen any anxiety about being interviewed as well as for researchers to judge the resident's capacity to consent. Four out of the eight individuals were considered borderline. 2-3 weeks after these initial visits, we

returned to conduct formal interviews with all eight residents. Two interviews were subsequently excluded from the analysis due to concerns about capacity to consent.

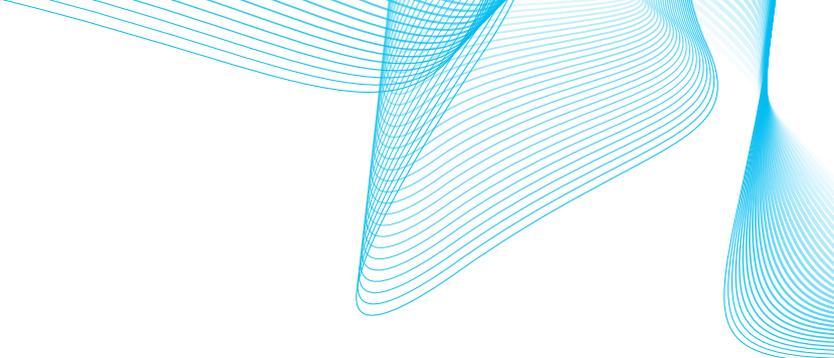
In the second wave of interviews, semi-structured interviews were undertaken with circles of support. This included 30 individuals connected to seven of the residents interviewed and the circles of support for 14 other residents who would have been unable to consent to taking part. The sample of interviews with circles of support includes:

- ♦ 14 parents
- ♦ 8 supervisors
- ♦ 5 siblings
- ♦ 3 support workers

Alongside these interviews, seven unstructured key informant interviews were also undertaken with staff from Thera, Forward Housing, Empower and Ansar.

TABLE 1: KEY DEMOGRAPHICS OF RESIDENTS INCLUDED IN THE STUDY

	No. residents
Living arrangement	
Shared	13
Sole occupant	7
Gender	
Female	5
Male	14
Other	1
Age of resident	
18-25	4
26-35	4
36-45	5
46-55	2
56-65	3
Not stated	2
Region in which home is located	
East of England	1
East Midlands	7
North West	4
South East	1
South West	7



Coding framework

Interview data was analysed in NVivo using a mixture of thematic and narrative analytical methods, following a grounded theory approach. The coding framework was developed iteratively through the following process:

- ♦ Analysis of two interviews each by two coders to produce a skeleton coding framework and template for capturing impact narratives
- ♦ Review and iteration after 10 transcripts were fully coded, with mix of interviewee types
- ♦ Grouping of nodes at 15 transcripts and removal of non-productive nodes
- ♦ Full node review after all transcripts coded, including final iteration of groupings and QC by main coder

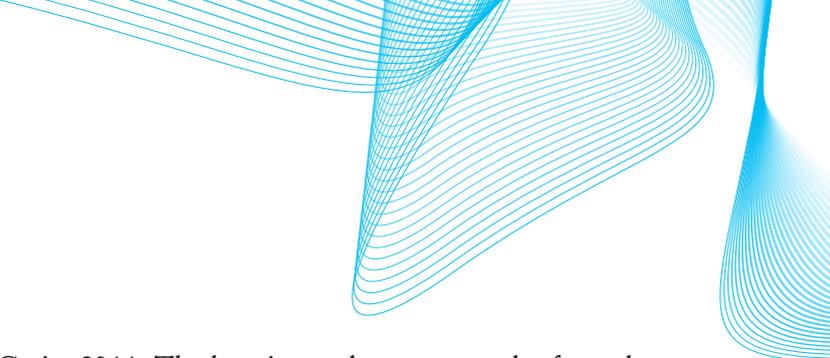
The final coding framework captured the following elements:

- ♦ Description of the subject's condition and current level of care
- ♦ Experiences of housing prior to Thera (capturing both salient events as well as associated housing arrangement)
- ♦ Modifications made to the current home
- ♦ Salient characteristics of the home and whether they are delivered by the current home
- ♦ Details about the resident's lifestyle and interests
- ♦ Impact narratives, including inputs, outcomes and impacts at three discrete stages: pre-Thera, transition, since living in current home
- ♦ Reflections on the system now (including scope of observation, eg at government level, local authority, supported living, Thera)

All transcripts were anonymised prior to analysis, including the removal of names, locations or identifiable organisations besides Cheyne, Thera and their associated bodies. Demographic data relating to the interviewee (eg relationship to the subject) and the interview subject (as described in demographic table above) were also loaded into NVivo as cases to enable subgroup analysis within the software package. Impact narratives were, however, manually imported into Excel for analysis to enable mapping of relationships between different narrative elements.

References

1. Hatton, 2017. Living arrangements of adults with learning disabilities across the UK. *Tizard Learning Disability Review* 22(1). Available at <https://www.emerald.com/insight/content/doi/10.1108/TLDR-11-2016-0040/full/html>
2. Intended to include arrangements where the individual has security of tenure and exclude residential care homes. See ASCOF Handbook of Definitions, available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf.
3. Measures from the Adult Social Care Outcomes Framework, England, 2018-19. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/upcoming>
4. Golden Lane Housing Social Impact Report, 2017. Available at https://www.glh.org.uk/wp-content/uploads/2017/07/GLH_SocialImpactReport_Year3.pdf
5. ADASS, 2019. ADASS budget survey 2019. Available at https://www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf
6. Harflett, Pitts, Greig, and Brown. Housing Choices Discussion Paper 1: What is the evidence for the cost or cost-effectiveness of housing and support options for people with care or support needs? NDTI, 2017. Available at https://www.ndti.org.uk/uploads/files/Housing_Choices_Discussion_Paper_1.pdf
7. For example, Emmerson and Hatton, 1996. Deinstitutionalization in the UK and Ireland: Outcomes for service users. *Journal of Intellectual and Developmental Disability* 21(1):17-37, available at https://www.tandfonline.com/doi/abs/10.1080/13668259600033021?casa_token=tkM02TZ5JwAAAAA:5M-5F9wEyvsePoRiYH7WDsOZWj2MSEhTyUdsVAVeRYXMidDrzoLhn5aJjsn-wkaxHtBL8_GOU8FJEkzw; Chowdhury and Benson, 2011. Deinstitutionalization and quality of life of individuals with intellectual disability: A review of the international literature. *Journal of Policy and Practice in Intellectual Disabilities* 8(4):256-265.
8. Mansell & Beadle-Brown, 2009. Dispersed or clustered housing for adults with learning disabilities: A systematic review. *Journal of Intellectual and Developmental Disability* 34(4):313-323.
9. Bigby, Bould, & Beadle-Brown, 2017. Conundrums of supported living: The experiences of people with learning disability. *Journal of Intellectual and Developmental Disability* 42(4):309-319.
10. Power & Gaete-Reyes, 2019. Neoliberal abandonment in disability housing provision: A look at England and Chile. *Housing Studies* 34(5):741-760.
11. Greig, 2016. Clock turned back on rights for people with a learning disability. *The Guardian*. Available at <https://www.theguardian.com/social-care-network/2016/oct/14/rights-learning-disability-residential-care>
12. Mencap, 2012. Housing for people with a learning disability. Available at https://www.mencap.org.uk/sites/default/files/2016-08/2012.108-Housing-report_V7.pdf

- 
13. Shaw, Cartwright, & Craig, 2011. The housing and support needs of people with a learning disability into older age. *Journal of Intellectual Disability Research* 55(9):895-903.
 14. Gilbert, Lankshear, Petersen, 2008. Older family-carers' views on the future accommodation needs of relatives who have an intellectual disability. *International Journal of Social Welfare* 17(1):54-64.
 15. The Good Economy, 2019. Civitas Social Housing PLC annual impact report. Available at https://thegoodeconomy.co.uk/resources/reports/Civitas_Annual_Impact_Report_2019s.pdf
 16. Other options: very unimportant; somewhat unimportant; neither important nor unimportant; somewhat important
 17. Full list: stability and security of tenure; personal safety; compatibility with other residents; happiness; location and environment; homeliness; trust in care provider; quality of property; tailored to individual needs; good communication about any issues; quality and continuity of care.
 18. Full list: location; size; cost; physical layout; ease of adaptation; amenities; compatibility with other residents; personal recommendation; something else
 19. Our informant from the housing association did not wish to be identifiable, so we are not naming the housing association in this report
 20. Housing LIN and HB Villages, 2017. Specialised supported housing & extra care: A briefing paper 2017. Available at <https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/HBVillages%20-%20BriefingPaper%20-%20202MB.pdf>
 21. Mencap calculation based on prevalence in England from Public Health England data and UK population data from ONS. Further information available at <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability>
 22. Mencap. See <https://www.mencap.org.uk/learning-disability-explained/conditions-linked-learning-disability/challenging-behaviour> for further information.



The Policy Institute

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise.

We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

Connect with us

 [@policyatkings](https://twitter.com/policyatkings)  kcl.ac.uk/policy-institute