Measuring the Social Return on Investment of Stage 3 Adaptations and Very Sheltered Housing in Scotland

Envoy Partnership is an advisor in evidence-based communications and strategic research. We specialise in measuring and demonstrating the value of social, economic and environmental impacts.

We are dedicated to providing organisations, stakeholders, investors and policy makers with the most holistic and robust evaluation tools with which to enhance their decision-making, performance management and operational practices.

We believe that optimal value can be achieved and sustained for now and the future, by integrating the right blend of economic, social and environmental benefits.

Contents

Acknowledgements

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Executive Summary

Envoy Partnership has conducted two separate and independent Social Return on Investment (SROI) analyses for Bield, Hanover, and Trust Housing Associations. One analysis is of Stage 3 Adaptations for older people living in Sheltered and Very Sheltered Housing in Scotland, and the second analysis is on Very Sheltered Housing itself. Our study finds that both services are key ways of significantly "shifting the balance of care"[i] away from care homes and hospitals. The study also demonstrates that both services have a fundamental role in "re-shaping care for older people" through reducing waste and reducing both short and long term costs, whilst improving the well-being and independence of older people.

Stage 3 adaptations are modifications to a property to reduce a disabling effect on the tenant, and "suit the changing needs of the existing tenant"[ii]. This study shows that adaptations to Sheltered or Very Sheltered Housing are aligned with the Scottish Government's focus on prevention[iii] and re-ablement[iv], which reduce the need for hospitalisation from falls or accidents, and reduce the need for additional nursing or social care. They also maintain and improve levels of independence, dignity, well-being, control, and autonomy in day-to-day self-management.

A considerable proportion of care needs can be avoided or significantly reduced if appropriate interventions (such as adaptations) are *timely*; it is *"always far better to prevent or postpone dependency than deal with the consequences*"[v], and for that matter, the cost to government services. By facilitating timely adaptations, housing providers play a major role in *"minimising delayed discharges and avoidable admissions to hospital",* while in addition *"reducing the burden on health and social care budgets*" (Scottish Government, 2009)[vi].

Very Sheltered Housing (also termed as "Extra Care Housing") provides enhanced staff cover and additional welfare checks compared to other forms of non-Care Home housing for older and disabled people. Developments consist of self-contained flats or houses for those who need regular support; these might have onsite communal meal services and 24-hour cover and assistance. Very Sheltered homes can enable frailer older tenants to maintain higher levels of independence, freedom, choice, dignity and social inclusion than would otherwise be the case. This can contribute to the vision of "*Independent Living – A Shared Vision*" (Scottish Government, 2010)[vii], whilst also contributing to the strategic aims of the "*Wider Planning for an Ageing Population"* report (Scottish Government, 2010) which both seek to enable older and disabled people to live with independence, freedom, control and dignity in their homes.

SROI is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It assigns values to social and environmental outcomes as well as to economic outcomes. It helps organisations make improved spending decisions[viii]. Its development in the UK has been pioneered by organisations such as the *new economics foundation* and the *SROI Network*, and has been funded by the UK Office for Civil Society and the Scottish Government (through the *SROI Project*).[ix] It is increasingly used to measure value-for-money and is recommended by the National Audit Office[x] as a recognised tool for social and economic analysis.

New primary research was carried out for this study, which involved working closely with tenants, families and resident managers:

- Qualitative research in May and June 2011, carried out at five developments (in Ayrshire, Glasgow, West Lothian and Edinburgh[xi]) run by the three housing associations in Scotland. 50 interviews were conducted with tenants, family members, and staff.
- 448 quantitative surveys in July 2011 of tenants in Sheltered or Very Sheltered properties that have had adaptations.
- A further 482 quantitative surveys in July 2011 of tenants living in Very Sheltered Housing.
- A survey in August 2011 of 25 residence managers, which analyse the impact of 333 adaptations.

The study also draws on an existing evidence base, including the Care Home Census for Scotland 2010, Information Services Division (ISD) Scotland, and the Adult Social Care Outcomes Toolkit (ASCOT)[xii].

Summary of the SROI of Stage 3 Adaptations in Sheltered and Very Sheltered Housing

The Adaptations study examined the impact of Stage 3 Adaptations on tenants, their families, and the Scottish Government. It finds that adaptations in these specific settings generate additional savings and value for the Scottish Government's health and social care budget, far in excess of the amount invested. This makes valuable contributions to shifting the balance of care away from care homes and hospitals through preventing accidents and reducing regular need for care. This study also demonstrates that adaptations bring about increased independence, confidence, health, and autonomy for tenants, in line with current government policy and aspirations for tenants and their families.

For an average cost of £2,800[xiii], each adaptation leads to[xiv]:

- A potential £7,500 saving through reduced need for publicly-funded care home provision
- A potential £1,100 saving through increased safety and reduced hospitalisation of tenants
- A potential £1,700 saving through reduced need for social care provision
- A potential £4,700 saving through reduced need for self-funded care home provision
- Substantial well-being benefits to tenants (such as independence, confidence, autonomy, and maintained relationships). Each adaptation leads to well-being benefits valued at £1,400

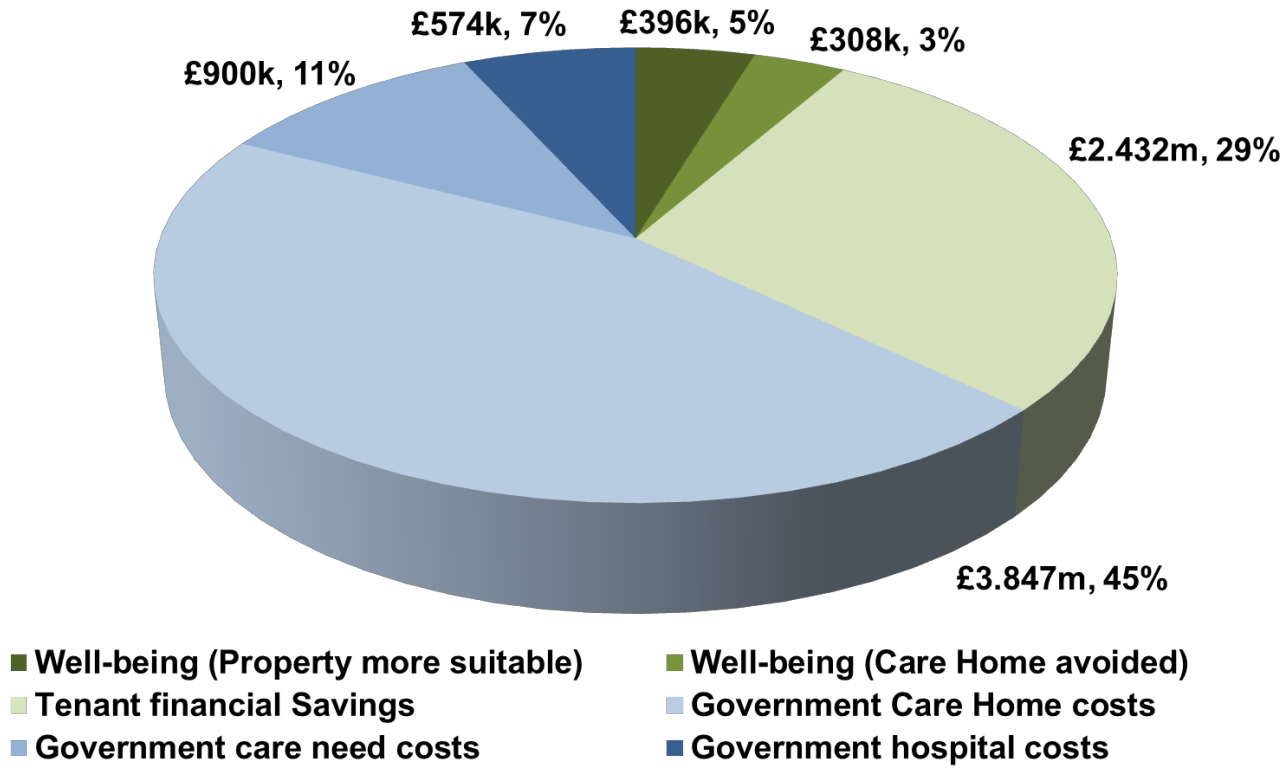
This SROI study demonstrates that on average, each adaptation saves the Scottish health and social care system over £10,000. This is equivalent in comparative terms to:

- Generating an additional 483 hours of home care, or
- An additional 19 weeks in a Care Home with nursing care, or
- Two orthopaedic operations.[xv]

In total, the evidence from the study demonstrates that £1.4 million invested in adaptations in these settings across the three housing associations *alone* creates approximately £5.3 million in cost savings to the Scottish Government, and a further £3.1 million in social and economic value for tenants.

This gives a total return on investment of £5.50 to £6.00 for every £1 invested, and the Scottish Government alone recoups £3.50 - £4.00 for every £1 it invests. Figure 1 below shows the breakdown of this value.

Figure 1: Total Attributable Value Created by 515 Stage 3 Adaptations in Sheltered and Very Sheltered Housing



Our analysis of the Scottish Government's projections indicates that current funding commitments are inadequate to meet current and future need. Considering the growing requirements that the ageing population will have on the health and social care system in the future, the evidence of this study demonstrates that ***it is essential to invest to save, enhance well-being, and reduce waste by increasing the grant fund for adaptations significantly***.

Summary of the SROI of Very Sheltered Housing

The second analysis of this study examines the impact of Very Sheltered Housing on tenants, their families, and the Scottish Government. A particular aim of Very Sheltered Housing is to help avoid or reduce the need for older people to move into care homes. The study finds that Very Sheltered Housing provision generates a number of well-being benefits for tenants that are superior to benefits offered by residential care homes, and in addition generates additional savings and value to the Scottish Government's health and social care budget.

From our analysis of Bield, Hanover, and Trust developments, nearly £18.3 million invested in their Very Sheltered Housing leads to the creation of over £33.7 million of net value. 95% of this is through savings in care home costs, while the remainder is through increased levels of well-being for tenants.

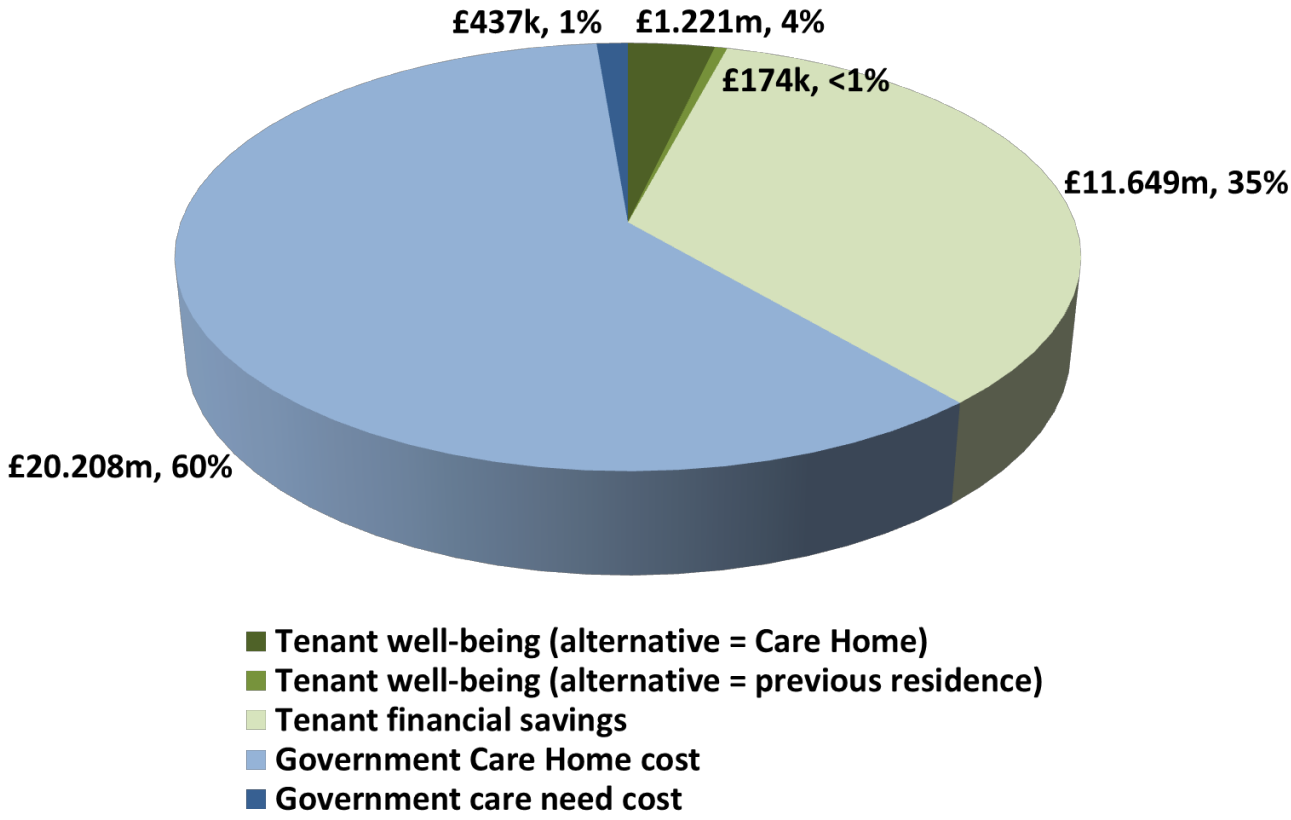
Existing research demonstrates that increased levels of independence, well-being, and social interaction are likely to lead to maintained or improved levels of cognitive functioning[xvi]. This can have a significant long-term impact on the health and even life expectancy[xvii] of tenants. It may also enable tenants to make a more significant social and economic contribution to their local community.

This study demonstrates the following:

- Levels of autonomy, well-being, and (in particular) independence are significantly higher than in care home alternatives. Perceptions of safety were much the same between the two settings.
- Levels of social well-being, including contact with friends, family, and belonging to the community were also higher than in care home alternatives.
- In total, an estimated £19,000 per year is saved in care home costs per Very Sheltered unit.

Figure 2 below shows the breakdown of this value.

Figure 2: Total Attributable Value Created by Very Sheltered Housing



Summary Recommendations

This study contributes significant evidence for the Scottish Government in terms of their current consultation on adaptations funding and their consideration of the wider policy issues around efficient and effective delivery of adaptations. The study also contributes evidence to discussions on the "shifting the balance of care" and "re-shaping care" programmes and the practicalities of achieving these objectives for older people and the disabled. The study quantifies the attributable social return on investment and cost savings created by Very Sheltered Housing, and Adaptations in Sheltered and Very Sheltered Housing, for the health and social care system in Scotland.

The study would suggest that these two services are key to ensuring adequate support and care of the old and disabled and as society moves forward this will become increasingly challenging. Without them there is a significant danger that the "shifting the balance of care" and "re-shaping care" programmes will be undermined, and more waste will be created for the Scottish Government.

A core aim of the study was to place the clients at the heart of the evidence, therefore feeding into the person-centred approach which forms the basis of much of current government policy. This study demonstrates that well-being

outcomes for tenants are superior overall to residential Care Homes. Furthermore, tenants' families also reported reduced family anxiety and higher well-being. In some cases, time savings and increased peace of mind have allowed them to perform better and longer in paid work.

Key recommendations of this study are that:

- The adaptations grant fund is increased to ensure that necessary adaptations are adequately funded.
- Housing providers are supported in administering timely adaptations, to optimise waste reduction and cost reduction in the care system.
- That the economic and well-being benefits of Very Sheltered Housing are more widely promoted to older people, their families, and wider stakeholders (including Commissioners) in the health sector and local authorities.
- That a key part of future specialist housing strategy be to grant fund the remodelling where appropriate of Sheltered and Very Sheltered Housing
- That Government consider the application of the savings, health and benefits in the longer term with regard to demographic changes likely to take place.
- That a social-value approach is applied more widely to build evidence of the overall quality of housing for older people and value to the Government.
- That ways of further integrating Sheltered and Very Sheltered Housing developments as assets within local communities are examined

Background

When in our lives do people *stop* aspiring to live well? When we are sixty or seventy years old? Eighty? Ninety, or over a hundred? It would be unlikely that any of us would stop aspiring to live well, to lose personal independence and control over our lives, or to have to move away from the communities, cultural interests, and social networks that have defined our lives.

However, older members of our communities in Scotland and the UK, who are no longer able or are too vulnerable to live in their own homes, face many risks to the quality of their lives. This is manifest as reduced independence, poorer mental health and well-being, depression and social isolation, and, in some specific cases, reduced life expectancy[xviii].

To an extent, Scottish health policy, housing providers, and care providers have sought to address this issue by promoting personalised care support, more fluid transitions to care, and offering integrated care home options to older people. These aim to re-enable a quality of life and care that meet the aspirations of independence, control, and dignity. This must however be balanced with the challenge of achieving long term-cost effectiveness for the Scottish Government's health and social care budgets. In the current period of austerity and financial downturn, it is even more crucial to invest economic resources in services that not only deliver consistent quality, but save money also.

The Scottish Government's objectives laid out in *Re-shaping care for Older People* (2010) emphasises the need to "*maximise benefits for older people while minimising the cost to the taxpayer*", and "*to promote an enabling approach*"[xix]. Preventative services and alternative accommodation have a role to play in maximising cost savings and reducing waste. This SROI study contributes evidence that adaptations in Sheltered and Very Sheltered Housing are an excellent way to achieve this aspiration.

The National Housing Federation highlighted the contribution of housing associations to health and social care cost savings[xx]. By facilitating timely home adaptation services, and "floating support and step-down services", housing providers have played a major role in *"minimising delayed discharges and avoidable admissions to hospital",* while also *"reducing the burden on health and social care budgets*" (Scottish Government, 2009)[xxi].

Evidence from recent research indicates that adaptations and equipment services offer the *greatest* potential for savings and value for money to the

long-term health and social care system, (Audit Commission, 2000). "*Equipment for older or disabled people came high on the list*" [xxii] while also offering a 'gateway' to independence.

The "Better Outcomes, Lower Cost" report from the UK Department for Work and Pensions (DWP) estimated the total cost to the health system of a fractured hip from a fall at home to be around £29,000 - and the annual cost of residential care of around £26,000. This is compared to an adaptation cost of a few hundred pounds for grab rails and hand rails or £6,000 for more major housing adaptations, that help to prevent falls and defer entry to nursing homes[xxiii].

Significantly, the DWP report also explores the evidence that ***much of the waste in regard to adaptations comes from under-funding***. This causes delays and diminishes the full value of care service provision, through increased future costs and untapped potential. If under-funding generates government budget waste, it would be logical to ensure funding is increased to the required level to minimise (such) waste. The DWP report also points to evidence that immediate benefits from adaptations are primarily improvements in mental health and well-being, not just in physical safety and mobility.

Cost comparisons are further explored in a significant paper from the Scottish Government's Community Analytical Services and Centre for Housing Policy at the University of York (Pleace, 2011). This demonstrates that: "*much work reports that the cost benefits arising from adaptations create offsets to health and social work services*" and "*significantly enhance independence and increase quality of life….adaptations can also deliver tangible benefits to relatives who are acting as full time carers*"[xxiv].

The Scottish Government's key policy priority is "shift the balance of care", to support people to remain in their homes for longer (as long as possible) instead of in care homes or hospital settings ("*Wider Planning for an Ageing Population*", 2010). To achieve this, there has been "joint working between health, housing and social care, using levers [such as equipment and adaptations]."

Recent adaptations literature focuses on either meeting the requirements of an ageing population, or estimating the cost benefit justification for further investment. However, there is limited research available that evidences how much additional value and well-being impact adaptations generate in different settings, and over for how long those benefits last. There is very little research available on the value for money - or the well-being and re-ablement impacts - of adaptations in "extra care" home settings (Sheltered or Very Sheltered Housing), when compared to the cost of long-term care.

This knowledge gap is significant for two reasons.

1. Timely adaptations might lengthen the time a tenant can remain in an environment that fulfils their aspirations of independence, quality of life, control, and self-management.
2. An adaptation in this setting might optimise the value that the resident receives from personalised care packages.

Crucially, both of these factors can contribute to a *reduction in waste* in care provision, as well as reduce the cost burden for hospitalisations and/or surgery. This SROI study contributes to this knowledge gap with new evidence.

Current shortage and future need

A brief analysis of Scottish Government's population statistics shows that the over 65 population is projected to rise by 21% between 2006 and 2016. The over 85 age group is projected to increase 38% by 2016, and by 144% in 2031 - almost two and a half times the number today[xxv].

The Scottish Government estimates that adaptations currently required are around 130,000 in Scotland across all categories; and that from 2013 to 2023 there will be a 20% increase (from 72,578 to 87,660) in pensioner households "*with someone with a life-limiting illness with a need for adaptations*"[xxvi]. This represents a total increase of 15,000 in ten years, at an average rate of 1,500 per year; which is over and above the 130,000 currently required (although some current and future adaptation need will be met by existing properties with adaptations).

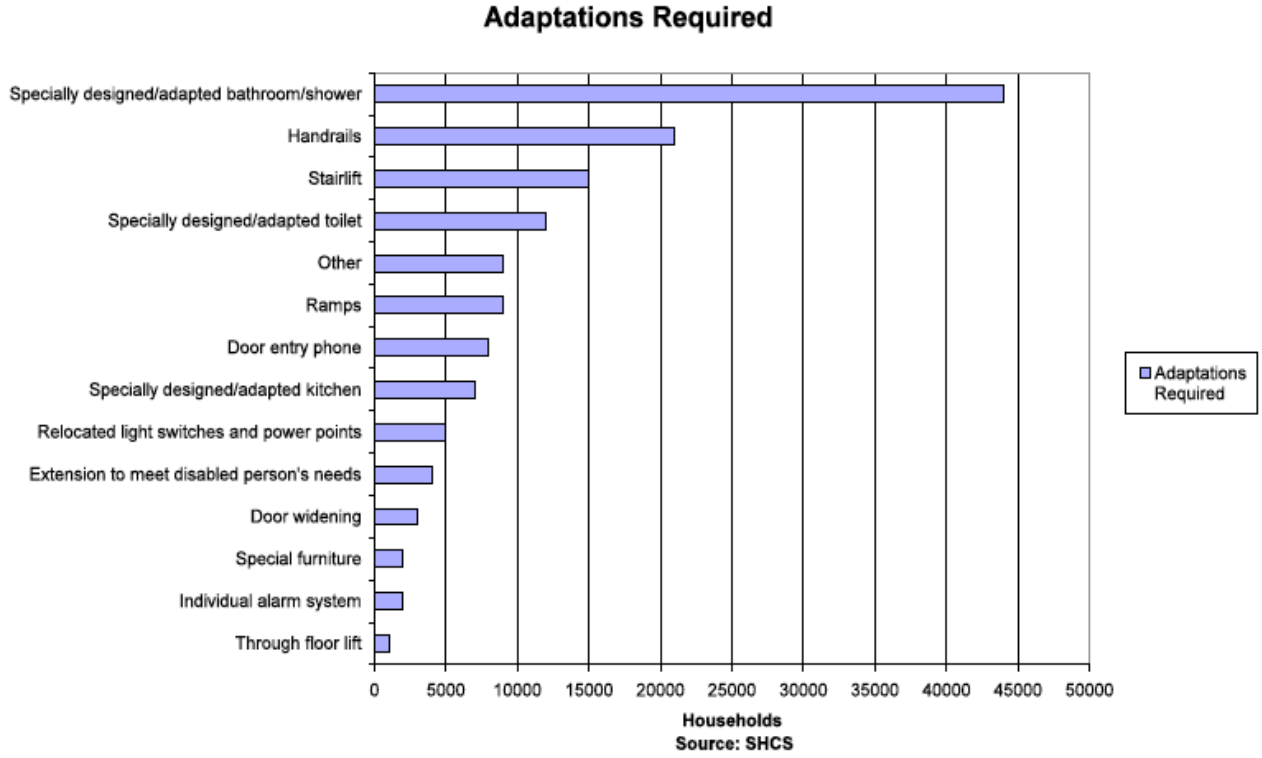
Given the statistics above, in 2010 only 3,600 Stage 3 adaptations for the elderly and disabled across all categories were completed, of which a high proportion would have been carried out for older people in Sheltered and Very Sheltered Housing. There is a proposed 20% spending reduction in 2011 for the Stage 3 adaptations grant fund (from £10 million to £8 million across all categories). This suggests that current investment is barely enough to address the existing needs of older people, let alone other beneficiary groups, and that the programme will be severely under-funded and unable to provide for the future growth in demand from an increasing (*and longer-living)* older population. It is more cost-effective to increase the number of adaptations well beyond their current levels given the substantial preventative impact, cost savings, and reduction in waste demonstrated by the existing research[xxvii].

Figure 3 below shows the Scottish Government's estimates of the national scale of required adaptation types. Shower and bathroom adaptations, hand or

grab rails, stair lifts, adapted toilets, and ramps account for over 70% of the adaptations required.

However, there is limited official data available on how adaptations are distributed by need or setting (e.g. for disabled children, Sheltered Housing or long term conditions). It is therefore difficult to measure accurately the ways in which adaptation settings contribute, or better contribute, to policy and care objectives (in the case where the person is unable or too vulnerable to live in their own home, but is need of an adaptation). This also means it is more challenging for policy makers to be transparent in their decision-making, and to analyse overall cost effectiveness.

Figure 3: Types of adaptation required (2008-2009)



According to the Scottish Government's "Review of Sheltered Housing in Scotland" (2008), 85% of the approximate total of 4,000 Very Sheltered or "extra care home" units available in Scotland are owned by housing associations, with a reducing proportion provided by local authorities. The general view (depending on the views of local authorities or housing associations) is that overall demand for Very Sheltered Housing and Extra Care Housing will increase rather than decrease over the next five to ten years.

The review also explores a wide range of drivers of demand, such as location, quality, size of accommodation, warden provision, transition of tenure, accessibility, financial cost, proximity to family and community, changing aspirations, and frailty levels of older people. Much can also depend on offering

alternative choices and on the quality of care package provision. However, there is limited data to estimate future demand.

According to Scottish Government, 6% of the older population live in such specialist housing[xxviii]. Quality and location can vary, but many providers are implementing alternative and more flexible models to ensure that the service meets the need of the resident appropriately.

Whilst this study agrees that we should be cautious about common perceptions that Extra Care or Very Sheltered Housing is a panacea for the housing needs of all older people in Scotland, the substantial five to ten year growth projection of an ageing *and longer-living* population is a strong indication that supply, quality and capacity for Very Sheltered Housing will need to grow. Providers will need to balance this with the aspirations of older people, who are rightly having more say about remaining in their communities for as long as possible, living with independence and control, yet supported by personalised care packages that "do not feel like care that is intrusive"[xxix].

This study contributes new evidence around the cost effectiveness of Very Sheltered Housing, in addition to Adaptations in Sheltered and Very Sheltered homes. It provides a rigorous evidence-based reporting framework that demonstrates the value of the economic, social, and well-being impacts of the two services.

Methodology and Economic Modelling

Static reporting frameworks, no matter how sophisticated, often risk providing only narrow evidence on which to base decisions, rather than demonstrating the flows of value *between* different functions and outcomes, over the short and long term.

Conventional forms of economic performance measurement do not capture the wider social and economic value or cost savings generated by Stage 3 Adaptations and Very Sheltered Housing. Tools such as social audits measure only how well organisations are meeting their mission statements. They do not turn the experiences or views of users into a value that can be measured in economic terms.

SROI is unique in its ability to translate the measurement of social and environmental values into economic language. This is critical in today's market place, where there is a growing requirement to display funding activities that also demonstrate economic sustainability.

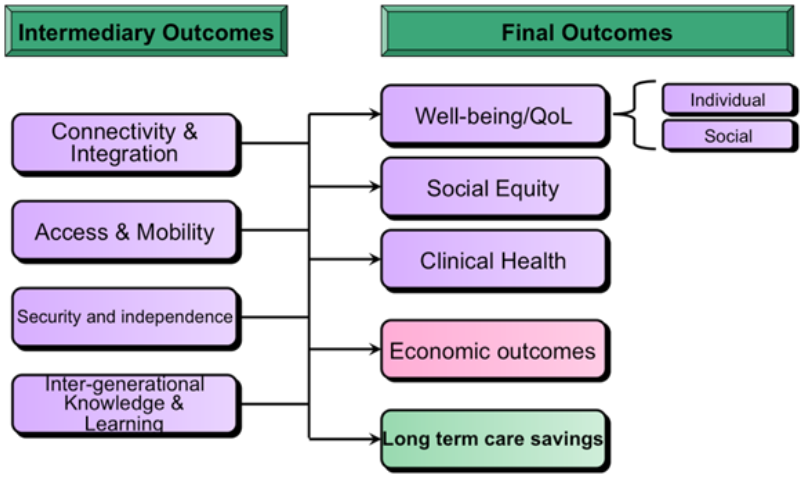
SROI is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It assigns values to social and environmental outcomes as well as economic outcomes, and helps organisations make improved spending decisions[xxx]. Its development in the UK has been driven by organisations such as the *new economics foundation* and the *SROI Network*, and has been funded by the UK Office for Civil Society and the Scottish Government (through the *SROI Project*).[xxxi] It is increasingly used to measure value-for-money and is recommended by the National Audit Office.[xxxii]

Its successful application to strategic decision-making across a wide range of funding and policy areas is evident among organisations in the UK and abroad, including various NHS Trusts, the NHS Institute for Innovation, national housing associations. It has also informed funding decisions for major development projects in heritage and town planning (including a £1.5billion development in Sydney, Australia).[xxxiii]

SROI evaluation focuses on the capture and measurement of stakeholder-informed ***outcomes* as well as outputs**. Central to any SROI evaluation is an understanding of the value of an outcome (e.g. improved well-being or improved independence in this case) to different beneficiaries. SROI can also capture the way that identified outputs contribute to the outcomes, and as such captures the logic that underpins the inherent process of change. Once this is

identified and tested, it is easier to identify appropriate indicators that demonstrate the magnitude of change. An example is given below in Figure 4, with an Input – Output model separately underpinning this:

Figure 4 Identifying Final Outcomes



This approach, which focuses solely on measuring final outcomes, means we can measure the end benefit and avoiding double-counting and over-attribution.

Steps followed in this SROI study draw from the UK Cabinet Office guide and Scottish Government's SROI Project, which are as follows[xxxiv]:

1. Establishing scope and identifying key stakeholders
2. Mapping outcomes
3. Evidencing outcomes & giving them a value
4. Establishing impact (including counterfactual or 'deadweight' analysis)
5. Calculating the SROI (including data sensitivity analysis, discounting)
6. Reporting, using and embedding

An SROI requires both qualitative research (stage 2 above), and primary and secondary quantitative research (stages 3 and 4).

New primary research was carried out for the study as follows:

- Qualitative research carried out at five residences in Ayrshire, Glasgow, West Lothian and Edinburgh, run by the three housing associations in Scotland. 50 interviews were conducted with tenants and family members, and additional interviews were conducted with staff.

- 448 quantitative surveys of tenants in Sheltered or Very Sheltered properties that had had adaptations.

- A further 482 quantitative surveys of tenants living in Very Sheltered Housing.

- A survey of 25 residence managers, which analyse the impact of 333 adaptations.

This SROI evaluation drew on a variety of existing data from the three housing associations, from the Scottish Government, and from other academic and research resources such as PSSRU (Personal Social Services Research Unit). In particular, the analysis utilised expenditure data, tenancy tenure length, and average adaptation costs and types.

In the case of adaptations, this analysis does not focus on the cost of future de-installing (this is a separate intervention in its own right and will have its own separate ROI), or the adaptation application processes. It is also likely that value will be created for future tenants of properties with adaptations, but this study has not been investigated this in detail. An analysis of the return on investment per *type* of adaptation is beyond the scope of this research also.

Well-being benchmarking in the SROI

As discussed above, the SROI evaluation drew on a variety of existing data from the three housing associations, the Scottish Government, and from other academic and research resources such as PSSRU (Personal Social Services Research Unit). The PSSRU has developed well-being measurement and data collection tools in a variety of care settings. Of particular note is ASCOT (the adult social care outcomes toolkit), which outlines a range of well-being (or social care related quality of life) domains; many of the well-being questions used in the primary research for this study were based on the ASCOT research and questions.

Central to understanding the well-being impact of different services to older people is the effective benchmarking of well-being scores. The 2010 PSSRU report *"Measuring the Outcomes of Care Homes"* measures the well-being of care home residents according to these ASCOT domains. It examines older adults and those with learning difficulties, and the scores for older adults were compared against the primary research carried out for this study among tenants.

The PSSRU study's Care Home survey uses the three-point Likert scale and the views of staff and interviewers were used when interviewees were too cognitively impaired to be interviewed. The primary research conducted for this study was calibrated to a ten-point scale to allow for more granularity, and the responses were all self-completed (with assistance from staff where necessary).

To estimate the likely level of well-being of tenants in properties with adaptations who would otherwise be in a care home - i.e. the counterfactual, the two scales were compared. In this study it was determined that "no needs" on the Likert scale is the equivalent of "10" on the 10-point scale, that "some needs" is the equivalent of "6"on the 10-point scale, and that "high needs" is the equivalent of "2.5" on the 10-point scale; these definitions were driven by the distribution of answers on the 10-point scale.

Valuing well-being outcomes

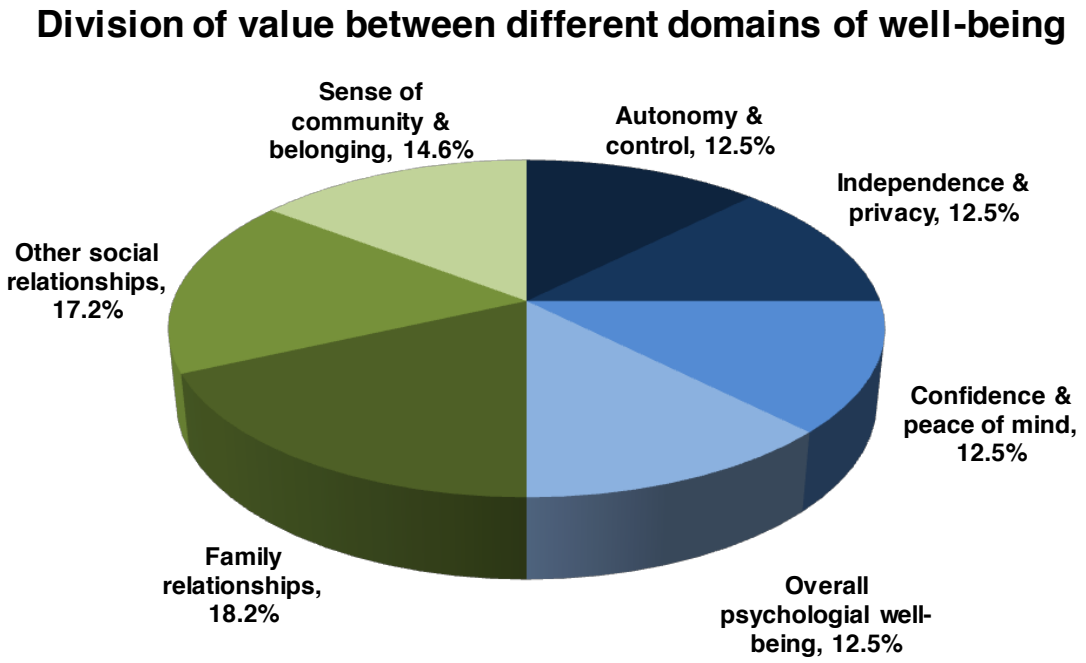
Benefits that result from reduced use of services (reduction in social care need, care home requirement, and hospitalisations) have been calculated using government cost data.[xxxv]

The well-being benefits to tenants have also been valued as part of the total SROI calculation. Well-being is harder to value than reduction in service use, but the *Centre for Mental Health* has attempted to put a cost on mental illness through the use of QALYs (Quality Adjusted Life Years).[xxxvi] Their report looks at the average loss of health status in QALYs from a level 3 mental health problem, i.e. severe problem, (0.352 QALYs) and values this by using the NICE (National Institute for Health and Clinical Excellence) cost effectiveness threshold of £30,000 per QALY. Equating well-being with mental health therefore allows a valuation of *overall* well-being of 0.352 x £30,000 = £10,560 per year. The result is divided between different domains of well-being as shown in Figure 5 below[xxxvii].

Two further considerations are also factored in the study. Firstly, in the adaptations SROI, many of the benefits arise directly from the adaptation, but

others come about because the adaptation allows the tenant to maximise the benefit of their Sheltered or Very Sheltered care package. To reflect this, a conservative *attribution rate* of 50% has been defined in the calculation so only half of the value created has been directly attributed to the investment in adaptations. Secondly, in both studies the benefits accrued *in the future* have been discounted by 3.5% for each year, according to government guidance from HM Treasury.[xxxviii]

Figure 5: Valuing well-being outcomes



Further notes on the methodology

Appendix 1 - outlines the seven principles that underpin SROI analysis
Appendix 2 - contains the discussion guide used in the new qualitative research with tenants and families
Appendix 3 - contains the survey questionnaire for tenants of properties with adaptations
Appendix 4 - contains the survey questionnaire for tenants of Very Sheltered Housing
Appendix 5 - contains the survey questionnaire for managers of developments where adaptations have been undertaken

Stage 3 Adaptations in Scotland – an SROI analysis

Adaptations to people's homes are intended to make homes more suitable for the resident, allowing them to remain in their home for longer than might otherwise be the case. They take many forms, but the main types of adaptations are designed to make showers more accessible and minimise the risk of falls, and the provision of features to make homes more accessible such as hand rails, stair lifts and ramps. They have a strong preventative focus and are important because they can reduce hospitalisations from falls or accidents, and reduce the need for additional nursing or social care. They also maintain and improve levels of independence, dignity, well-being, control, and autonomy in day-to-day self-management. This study focuses on the impact they have on the well-being of tenants, the extent to which they allow tenants to remain in their homes for as long as possible, and the impact of this on government expenditure

Adaptations can also be made to *private* properties, which might allow a resident to remain in their own private property and consequently not have to enter Sheltered or Very Sheltered Housing. Such adaptations are not analysed in this study, although policy and funding decisions around adaptations for older people will clearly need to consider this point also.

The average cost of adaptations in the Sheltered and Very Sheltered Housing examined in this study is £2,800, and can range from under £1,000 to over £30,000 in some very specific, specialised cases.

Qualitative and quantitative research conducted for the study with tenants, their family members and managerial and support staff at the developments identified a range of benefits that arise from adaptations. These benefits (or outcomes) are outlined in Table 1 and Table 2 below.

- In the first instance, adaptations make a tenant's property more suitable, allowing tenants to be more independent and to feel safer and more confident. They can also reduce tenants' care needs, and through the prevention of accidents, their medical needs also.

- In the second instance, adaptations allow tenants to remain in their home for longer than would otherwise have been the case. This substantially reduces the cost burden as more expensive care is avoided. Also the tenant also remains more independent, confident, and maintains stronger relationships with friends and family than would be otherwise.

Table 1: Outcomes for tenants (adaptations)

Areas Assessed	Outcomes for tenants
Physical health	Safety & avoidance of accidents
Personal well-being	Privacy
	Independence
	Confidence
	Autonomy & control
	Peace of mind & sense of safety
	Psychological well-being
Social well-being	Family relationships
	Social relationships with others
	Sense of community & belonging
Financial	Reduction in (self-funded) Care Home need

Table 2: Outcomes for families and the government (adaptations)

Outcomes for families	Outcomes for the government
Reduced anxiety	Reduction in need for social care; ability to direct resources to other people in need[xxxix]
Reduced emotional stress	Reduction in (state funded) Care Home need
Cost savings (through reduction in need to travel)	Reduction in hospitalisations and bed blocking due to accidents

Two surveys were conducted to assist in evidencing the extent to which these outcomes were achieved.

1. The first was a survey of tenants in Sheltered or Very Sheltered properties where adaptations had taken place

2. The second was a survey of residence managers that asked about properties where such adaptations had taken place in these settings

These surveys are shown in Appendices 3 and 5.

Length of tenancy

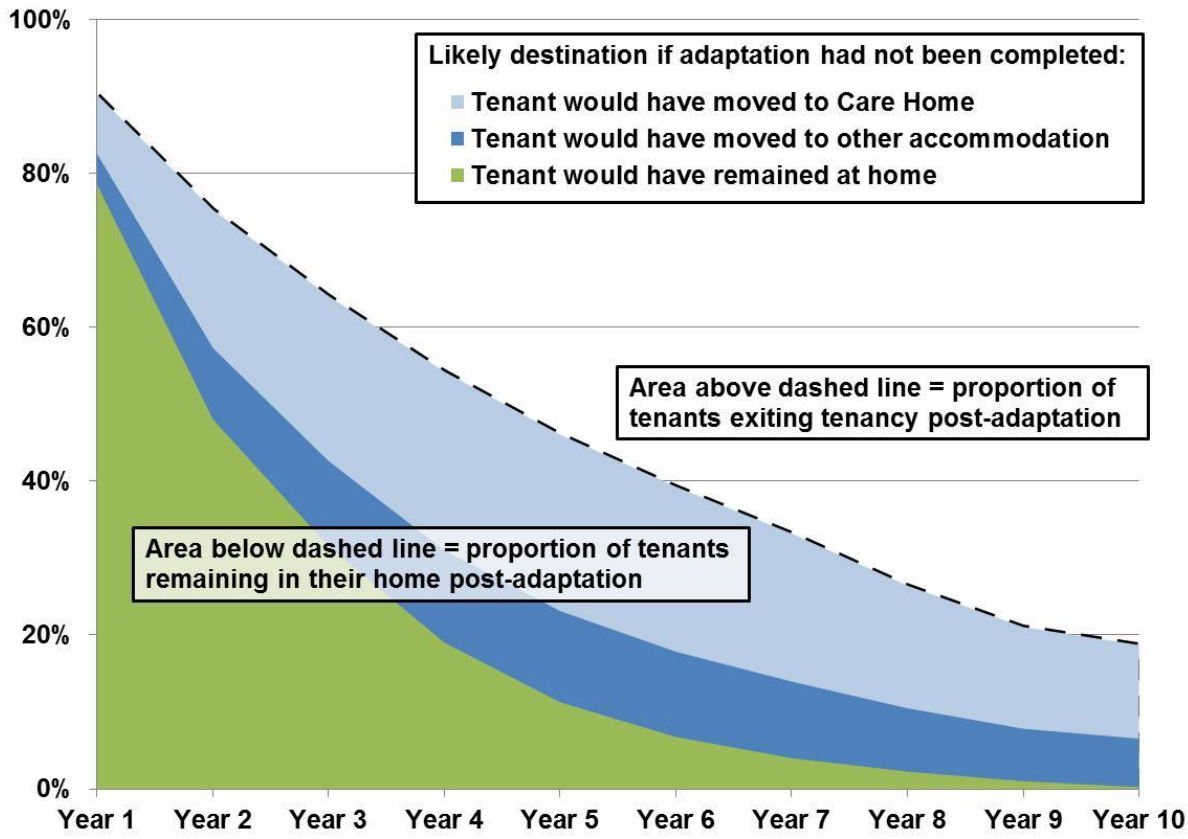
Data from the housing associations shows that on average, tenants in this specific setting remain in their properties for at least five years *after the adaptation is complete*.

Tenant data from the housing association shows an average length of tenancy in Sheltered / Very Sheltered Housing of 5.2 years, up to 7.9 years when an adaptation is provided. This indicates that, on average, adaptations in these settings enable tenants to remain in their homes for an extra 2.7 years, when compared to tenants in the *same* setting *without* adaptations.

While this is not a perfect control group (tenants of properties without adaptations will not be exactly the same as tenants of properties with adaptations) it is the best available and demonstrates a substantial increase in tenancy length.

Figure 6 below shows the proportion of tenants remaining in their homes post adaptation and the *likely* proportion of tenants remaining in their homes were it not for the adaptation.

Figure 6: Length of tenancy in Sheltered and Very Sheltered Housing post-adaptation



The study finds that in the first instance, the immediate benefits through making a tenant's property more suitable include:

- An overall reduction in the need for care of 88 hours a year per adaptation while the tenant remains in their home. The net benefit is £1,700 per adaptation
- A one-third reduction in hospitalisations for tenants (particularly a reduction in falls), worth £1,100 in potential cost savings per tenant per year
- Significantly increased confidence, privacy, and independence for tenants
- Peace of mind for tenants' families, reducing levels of anxiety and attendant emotional stress[xl]

Reduction in care need

The survey conducted among tenants asked them about the extent to which adaptations had impacted the amount of care they required. Data from the residence managers' survey was used to calibrate these findings and estimate the amount of care the adaptations 'saved'. The surveys showed that adaptations reduced the care need for 47% of tenants, and the average reduction was 1.7 hours per week. This equates to an average saving of £1,700 per tenant while they remain in their Sheltered or Very Sheltered tenancy.[xli]

Reduction in hospitalisations

As was the case with *reduction in care need,* information on hospitalisations for tenants was taken from the residence managers' survey. It suggests a reduction of 2.4 hospitalisations per year per adaptation while the tenant remains in their home. A very conservative estimate of the potential cost saving of £5,000 per hospitalisation has been drawn from information provided by the Scottish Government and ISD (Information Services Division). This is estimate excludes a number of potential costs:

"The Scottish Government does not publish official data on the costs of unplanned admissions to hospitals. However, one estimate of the possible amount of such costs can be obtained by using admissions to an orthopaedic ward as a typical example of the type of unplanned admission that may be avoided by an adaptation (e.g. due to avoiding slips or falls). Unpublished ISD

data suggests that the average length of stay following an emergency admission following a fall for people aged 50 and over is around 7 days, and multiplying this by the average cost per day for a stay in an orthopaedic ward gives an indicative cost of around £5,000. Note that this excludes additional costs such as conveying the person to hospital in an ambulance and possibly returning them home, treatment in an A&E Department, GP and intermediate care team support, and social work support (e.g. re-ablement team) or subsequent home care hours in the medium or longer term."[xlii]

Increased confidence, privacy and independence for tenants

In the tenants' survey, 84% said that the adaptation made them feel much more or a little more confident, 76% said it made them feel much more or a little more independent, and 64% said it reduced their care need substantially or a little. To avoid danger of over claiming, the study uses the net difference between a) those answering much more confident / independent and substantially reduced care need, b) those answering much less confident / independent and substantially increased their care need. The result is a 29% increase in confidence, 23% increase in independence, and 18% increase in privacy arising from reduced care need.

The study finds that in the second instance, because an adaptation enables the tenant to remain in their home for significantly longer, both tenants and the government benefit over a ten year period, as follows:

- Greater levels of autonomy, independence, well-being, and quality relationships (referenced as *well-being benefits* below) for those tenants that would have had to move into a Care Home (or equivalent provision) were it not for the adaptation. (See Figure 7)
- Care home costs are reduced by £12,200 per adaptation, over 60% of which would have been paid by the Scottish Government, rather than the tenant

Tenant well-being benefits

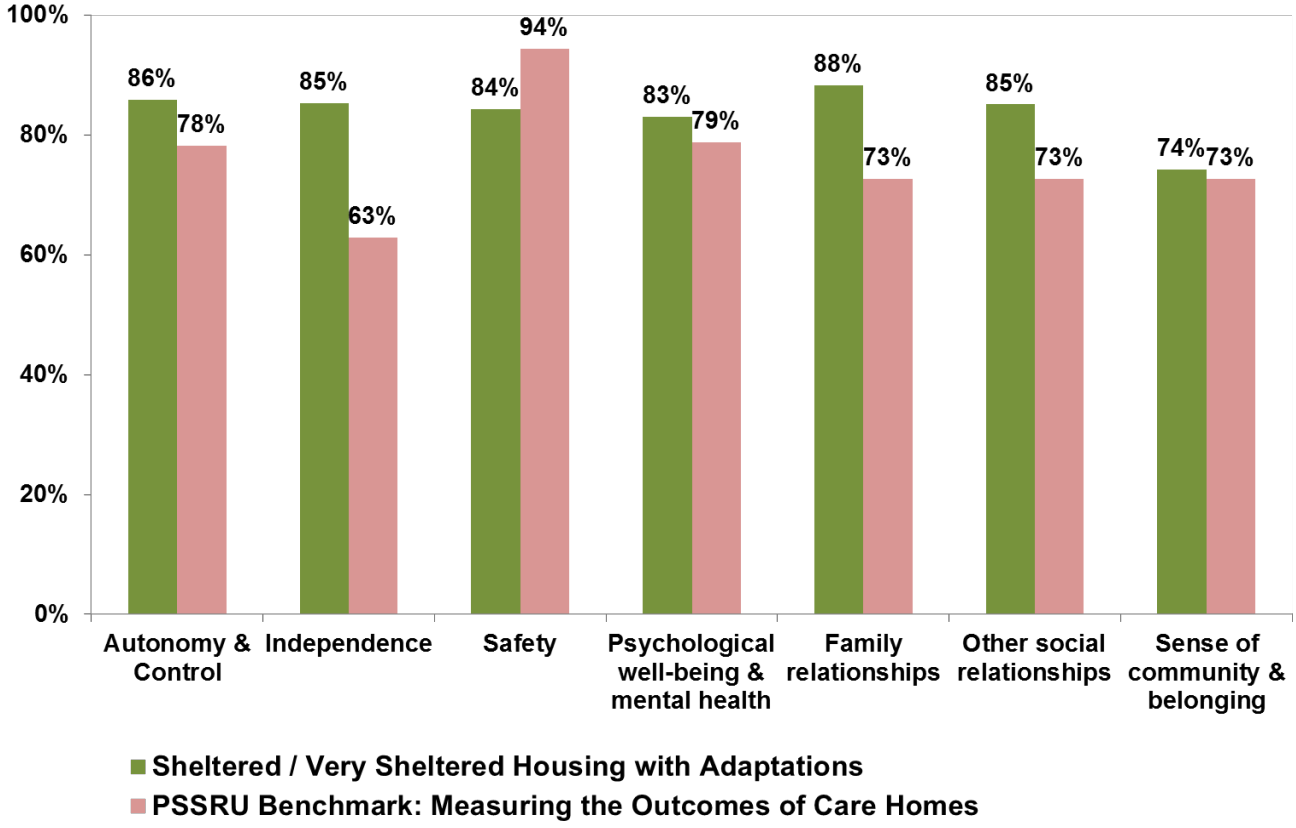
The tenants' survey was used to calculate the change in well-being of tenants who would otherwise have to enter a Care Home if the adaptation had not been carried out. The survey asked about tenants' sense of autonomy,

independence, safety, overall well-being, quality and importance of relationships with families and with others, and sense of community and belonging. Most of the questions were drawn from ASCOT (Adult Social Care Outcomes Toolkit)[xliii], although some were also drawn from the National Accounts of Well-being[xliv].

The survey results were then benchmarked against a PSSRU study on Care Homes to calculate the likely well-being benefits to tenants of remaining in their home (in Sheltered or Very Sheltered Housing) rather than entering Care Home provision. Please see the Methodology section for details of the benchmarking calculation.

Figure 7 below shows the comparison with levels of autonomy, independence, safety, well-being, and quality relationships in Care Homes. It is worth noting that perceived safety is actually higher in Care Homes.

Figure 7: Well-being comparison: Sheltered & Very Sheltered Housing with Adaptations, and Care Homes



Care Home Costs

The Scottish Government's most recent data indicates that the annual cost of stay in a care home is £32,893 when it is self-funded, and £26,475 when paid

for by a local authority[xlv]. In the study, the potential saving from avoidance of Care Home is calculated as the difference between the cost of Care Home provision, and the cost of the tenant's current care package (on average £6,900 per year)[xlvi], and extra Scottish Government funded social care that the tenant receives. Current pilot studies being undertaken by the housing associations suggest that an average 3.8 hours per week of such care is provided, and for the purposes of this study the hourly cost of care is taken as £21.40[xlvii], which suggests an annual cost of £3,800. This results in an average saving of £22,200 for self-funded Care Home costs, and £15,800 for Scottish Government funded Care Home costs.

As a result, the study finds that every £1 invested in Stage 3 adaptations in Sheltered and Very Sheltered Housing creates:

- Benefits to tenants of £1.50 to £2.00 (through improved well-being and reduction in self-funded Care Home cost)
- Savings in Care Home costs to the Scottish Government of £2.50 to £3.00
- Savings in medical and social care costs to the Scottish Government of around £1.00

- **A total *Social Return* of between £5.50 and £6.00 for every £1 invested**

Once adaptations are in place they are likely to be a permanent fixture. In many cases therefore adaptations will provide further value to future tenants, although estimating this is beyond the scope of this study.

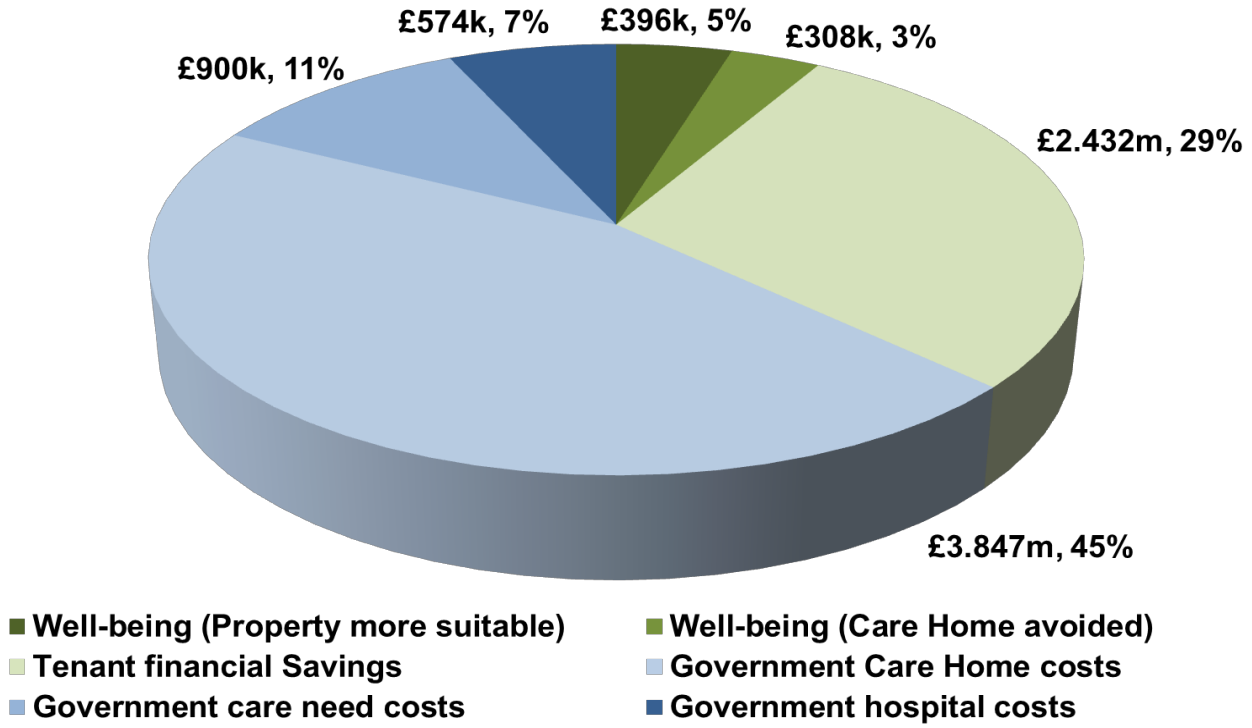
The study shows a total investment of £1.4 million leads to a total return of £8.5 million based on the analysis of adaptations in Bield, Hanover and Trust's Sheltered and Very Sheltered Housing. ***The total value created is actually greater than this***, but only 50% of the value is estimated to be attributable to the adaptations.[xlviii] Figure 8 below shows the breakdown of value between different outcomes.

The study demonstrates that the *return on investment* is very high for Stage 3 adaptations in these settings. This is because a one-off, relatively low cost investment in an adaptation produces substantial cost savings to the health and social care system, and leads to well-being benefits that last a number of years.

An average adaptation saves the Scottish Government the equivalent of 19 weeks of Care Home provision with nursing care, but only costs the equivalent of 5 weeks.[xlix]

This is before benefits to tenants are factored in. This is an excellent example of the Scottish Government's current "Re-shaping care for older people" agenda, which seeks to "*maximise benefits for older people while minimising the cost to the taxpayer*", and "*to promote an enabling approach*"[l]

Figure 8: Total Attributable Value Created by 515 Stage 3 Adaptations in Sheltered and Very Sheltered Housing



National implications

According to Scottish Government, just under 3,600 adaptations were carried out in 2010 in Scotland across all categories, a proportion of which were for older people in Sheltered or Very Sheltered Housing. There is no available official data on this proportion, but Bield, Hanover and Trust between them carry out over 500 adaptations per year in these settings. If one third of all adaptations (1,200 adaptations, or around £2.65 million of the £8 million grant fund) were carried out for older people in these settings, the evidence in this study suggests **this could lead to between £9 and £10 million in total cost savings per year to the social and health care systems**.

Very Sheltered Housing – an SROI analysis

Very Sheltered Housing consists of self-contained flats or houses for frail older people that need regular care and support. It allows tenants greater independence and autonomy than they are likely to get in a Care Home. This study is focused on outcomes and benefits from Bield, Hanover and Trust developments. Although the provision and quality of Very Sheltered Housing varies between all providers, (for example in size and design of the properties) the average cost to live there is around £11,000 per property per year.

Qualitative and quantitative research conducted for this study with tenants, their family members, and management and support staff at the developments identified a range of benefits that arise from Very Sheltered Housing. These benefits (or outcomes) are outlined in Table 3 and Table 4 below.

- In most cases, the consensus was that tenants would need Care Home provision were it not for Very Sheltered Housing. In a few cases tenants might have been able to remain in their previous home with support.

- Most felt that Very Sheltered Housing enabled greater levels of independence, autonomy, and well-being than other alternatives, and allowed greater access to friends and family.

- Furthermore, the support provided by Very Sheltered Housing reduced stress and anxiety among family members (who felt reassured that their family member was well looked after).

Table 3: Outcomes for tenants from Very Sheltered Housing

Areas Assessed	Outcomes for tenants
Personal well-being	Privacy
	Independence
	Confidence
	Autonomy & control
	Peace of mind & sense of safety
	Psychological well-being
Social well-being	Improved family relationships
	Social relationships with others
	Greater sense of community & belonging
Financial	Reduction in (self-funded) Care Home need

Table 4: Outcomes for families and the government from Very Sheltered Housing

Outcomes for families	Outcomes for the government
Reduced anxiety	Reduction in need for social care
Reduced emotional stress	Reduction in (state funded) Care Home need
Time & cost savings (e.g. through reduction in need to be "on call", or to travel to residence more often)	Ability to direct resources to other people in need

A survey of tenants was conducted to evidence the extent to which outcomes were achieved. This survey can be found in Appendix 4. The residence managers' survey conducted for the adaptations SROI was also drawn on to help calibrate findings on reduction in care need. This can be found in Appendix 5.

The study finds that the benefits of Very Sheltered Housing are:

- A reduction in the need for Care Home provision worth £19,000 per tenant. The Scottish Government would likely have paid for approximately 63% of this
- Greater levels of confidence, independence, autonomy, and relationships with friends and family than would be the case in alternative residential settings
- An overall reduction in the need for care of 63 hours a year for those who would otherwise have been in their previous home, with a cost saving of approximately £1,300
- Peace of mind for tenants' families, which reduces levels of anxiety and reduced emotional stress[li]
- Very Sheltered Housing can assist agencies meet the needs of the client groups – and this helps to stretch staff resources and budgets further

Care Home Provision

As previously explained, the Scottish Government's most recent data indicates that the annual cost of stay in a care home is estimated at £32,893 when it is self-funded, and £26,475 when paid for by a local authority.[lii] However, this potential saving needs to be reduced for this study by £3,800 to take account of extra social care provided to tenants while they are in Very Sheltered Housing – a cost which would no longer be necessary once they enter a Care Home. Current pilot studies being undertaken by the housing associations suggest that the amount of care provided is on average 3.8 hours per week, and for the purposes of this study the hourly cost of care is taken as £21.40.[liii]

Estimating the proportion of Very Sheltered Housing tenants who would be in care homes if Very Sheltered Housing provision were not available is difficult. The proportion of people entering Care Homes would depend on a number of factors such as public investment in extra Care Home provision, changing entry criteria and critical issues in relation to risk.

Capgemini research into the UK - *Supporting People Programme* - uses a working assumption that 65% of recipients of the programme's services would need residential care without Very Sheltered Housing.[liv] Recipients include, among others, young people at risk and homeless people, as well as older people. It is therefore reasonable to assume that the proportion of older people in Very Sheltered Housing that would otherwise need residential care is substantially higher. This study uses the assumption that 80% of Very

Sheltered Housing tenants would need Care Home provision if Very Sheltered Housing was not available to meet their needs.

Tenant well-being benefits

Well-being benefits for tenants were calculated in two parts. The change in well-being of tenants who were most likely to have remained in their previous accommodation in the absence of Very Sheltered Housing was calculated as follows:

In a survey of Very Sheltered Housing tenants, 83% said that living in Very Sheltered Housing made them feel much more or a little more confident, 75% said it made them feel much more or a little more independent, and 52% said it reduced their care need substantially or a little.

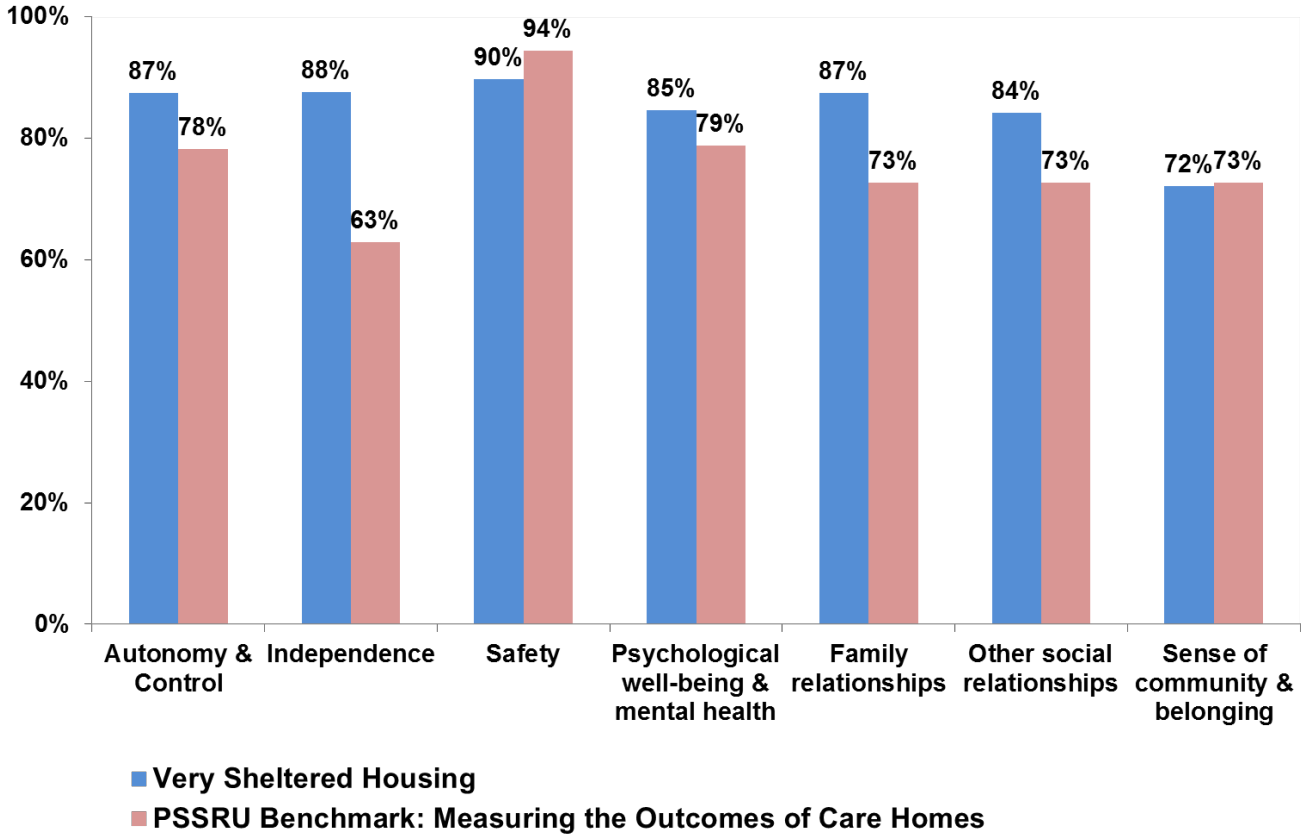
To avoid danger of over claiming, the study uses the net difference between a) those answering much more confident / independent and substantially reduced care need, and b) those answering much less confident / independent and substantially increased their care need. The result is a 28% increase in confidence, 23% increase in independence, and 3% increase in privacy arising from reduced care need. The survey is contained in Appendix 4.

The same survey was used to calculate the change in well-being of tenants who would otherwise have to enter a Care Home. The survey asked about tenants' sense of autonomy, independence, safety, overall well-being, quality and importance of relationships with families and with others, and their sense of and importance of community and belonging. Most of the questions were drawn from ASCOT (Adult Social Care Outcomes Toolkit)[lv], although some were also drawn from the National Accounts of Well-being[lvi].

The survey results were then benchmarked against a PSSRU study on Care Homes to calculate the likely well-being benefits to tenants of remaining in Very Sheltered Housing rather than entering Care Home provision. See the Methodology section for details of the benchmarking calculation.

Figure 9 shows the comparison with levels of autonomy, independence, safety, well-being and quality relationships in Care Homes. It is worth noting that perceived safety is actually higher in Care Homes and this might be partly accounted for by looking at the reduced sense of independence and autonomy.

Figure 9: Well-being comparison: Very Sheltered Housing & Care Homes



Reduction in Care Need

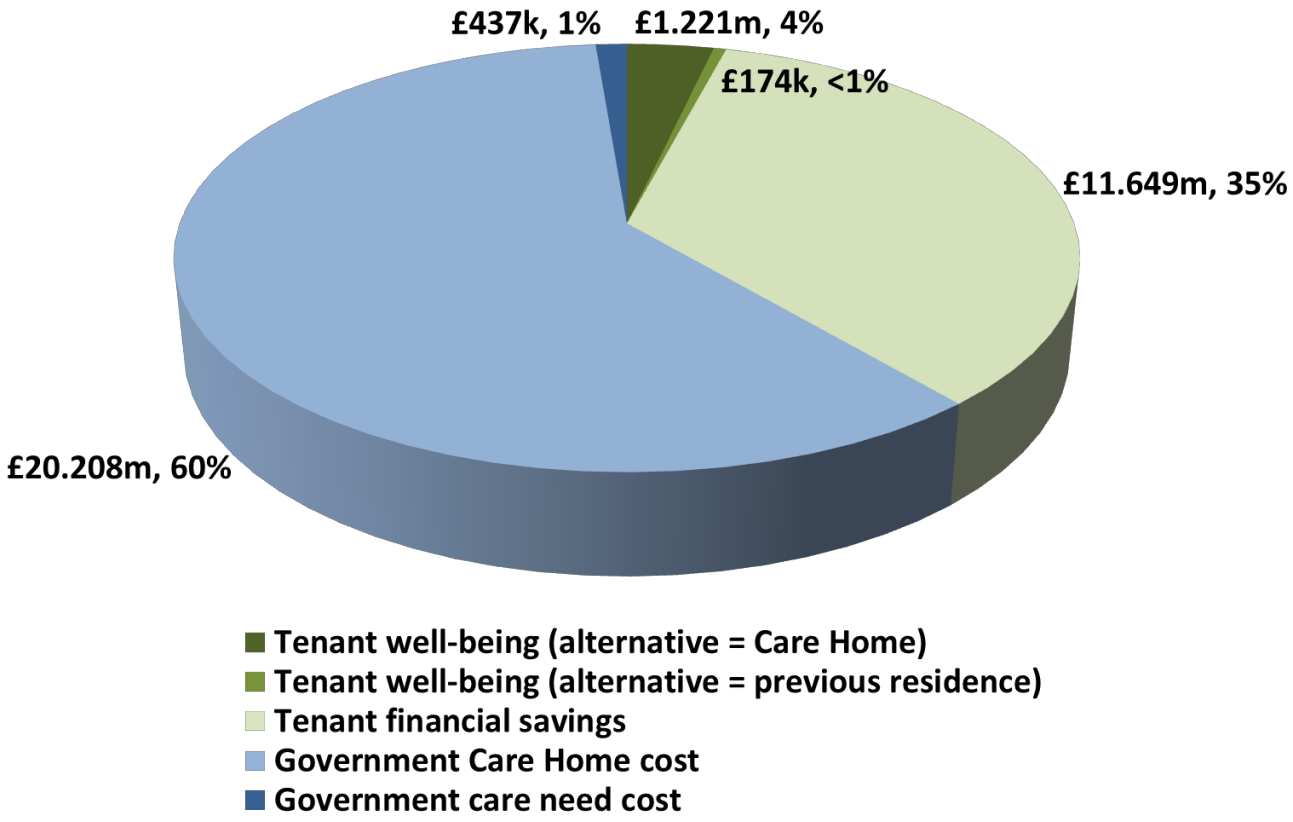
The survey conducted among Very Sheltered Housing tenants asked about the extent to which Very Sheltered Housing impacted the amount of care they required. Data from the residence managers' survey was used to calibrate the findings and estimate the amount of care saved. The tenants' survey showed that Very Sheltered Housing reduced the care need for 52% of tenants, and the average reduction was 1.2 hours per week. This equates to an average annual saving of £1,350 per tenant.[lvii]

As a result, the study finds that every £1 invested in Very Sheltered Housing creates:

- Benefits to tenants of £0.50 to £1.00 (through improved well-being and reduction in self-funded Care Home cost)
- Savings in Care Home costs to the government of £1.00 to £1.50
- A total *Social Return* of between £1.50 and £2.00

This study shows that the combined investment of £18.3 million in Very Sheltered Housing provided by Bield, Hanover, and Trust, leads to a total return of £33.7 million. Figure 10 below shows the breakdown of value between different outcomes.

Figure 10: Total Value Created per year in Very Sheltered Housing (2010)



Conclusions

An ageing population means that the cost of care for older people will continue to increase. This requires innovative cost saving solutions and alternatives for the long-term. A considerable proportion of care needs can be avoided or significantly reduced if appropriate interventions (such as adaptations) are *timely*; it is *"always far better to prevent or postpone dependency than deal with the consequences"*[lviii].

There has been a lack of evidence about the effectiveness of adaptations as a cost saving and preventative solution in different settings. In the study, adaptations in these *specific* settings (Sheltered and Very Sheltered Housing) generate additional savings and value for the Scottish Government's health and social care budget, which is far in excess of the amount invested.

This study finds that *it is essential to invest to save, enhance well-being, and reduce waste by increasing the grant fund for adaptations* significantly. At a national level, the evidence in the study suggests that if just a third of the current budget was invested in these settings, it could lead to between £9 and £10 million in total Government cost savings.

This study also demonstrates that adaptations deliver greater independence, confidence, health, and autonomy for tenants. For an average cost of £2,800 **each adaptation leads to**:

- A potential £7,500 saving through reduced need for publicly-funded care home provision
- A potential £1,100 saving through increased safety and reduced hospitalisation of tenants
- A potential £1,700 saving through reduced need for social care provision
- A potential £4,700 saving through reduced need for self-funded care home provision
- Substantial well-being benefits to tenants (such as independence, confidence, autonomy, and relationships). Each adaptation leads to well-being benefits that are valued at £1,400

This study demonstrates that on average, each adaptation in these settings saves the Scottish health and social care system over £10,000. This is equivalent to an additional 483 hours of home care, or an additional 19 weeks in a Care Home with nursing care, or two orthopaedic operations.[lix]

In total, whilst this study uses conservative cost estimates, the evidence demonstrates that £1.4 million invested annually in adaptations across the three housing associations *alone* creates approximately £5.3 million in cost savings to the Scottish Government per year; and £3.1 million in social and economic value for tenants. This gives a total return on investment of £5.50 to £6.00 for every £1 invested, and the Scottish Government recoups £3.50 - £4.00 for every £1 it invests.

In Very Sheltered Housing the available evidence indicates that most tenants would need Care Home provision were it not for Very Sheltered Housing, although in a few cases tenants might have been able to remain in their previous homes. Most tenants, families and development staff that participated in the research felt that Very Sheltered Housing allowed for greater levels of independence, autonomy, and well-being than other alternatives, and enabled greater access to friends and family. Furthermore, the support provided by Very Sheltered Housing reduced stress and anxiety among family members (who were reassured that the tenant was well looked after).

The study finds that the benefits of Very Sheltered Housing are:

- A reduction in the need for Care Home provision worth £19,000 per year. Approximately 63% of this would likely have been paid for by the Scottish Government
- Greater levels of confidence, independence, autonomy and relationships with friends and family than would be the case in alternative residential settings
- An overall reduction in the need for care of 63 hours a year for those who would otherwise have been in their previous home, with a cost saving of approximately £1,300
- Peace of mind for tenants' families, reducing levels of anxiety and reduced emotional stress[lx]

£18.3 million invested in Very Sheltered Housing from Bield, Hanover and Trust leads to the creation of over £33.7 million of value per year, mostly through savings in care home costs, and the remainder through increased levels of well-being for tenants. ***Both services*** **are excellent examples of the Scottish Government's focus on prevention[lxi] and re-ablement[lxii], and are services which provide key ways of "Shifting the Balance of Care" and "Re-shaping Care for Older People"**; they reduce the need for hospitalisation from falls or accidents, and reduce the need for additional nursing or social care. They also maintain and improve levels of independence, dignity, well-being, control, and autonomy in day-to-day self-management.

Recommendations

The Scottish Government's objectives laid out in *Re-shaping Care for Older People* (2010) emphasises the need to "*maximise benefits for older people while minimising the cost to the taxpayer*", and "*to promote an enabling approach*"[lxiii]. This study contributes evidence that both Very Sheltered Housing and Adaptations are excellent ways to achieve this. Importantly, this study demonstrates by how much the two services help the Scottish Government in their programme to "*Shift the Balance of Care*" (2010) away from care homes and hospitals; and demonstrates how successful the services are at delivering value for money, whilst enabling older people to live independently in their own homes for as long as possible.

The evidence in this study demonstrates that there is significant *return on investment* for Stage 3 adaptations in housing managed by Bield, Hanover, and Trust housing associations. A one-off relatively low-cost investment produces substantial cost savings and reduced waste to the health and social care system, and adaptations in these settings unlock further value from the quality of the tenants' care packages. Furthermore, the study demonstrates that adaptations enhance the well-being and independence of tenants, both directly and indirectly (by preventing the need to move to alternative accommodation).

Scotland's ageing population will have a substantial impact on the health and social care budget today and in future. The evidence of this study and previous research from DWP and the Audit Commission demonstrates that it is essential to invest to save, enhance well-being, and reduce waste by increasing the grant fund for adaptations significantly. Considering the Scottish Government's estimates and projections for adaptations need, at a national scale the current adaptations grant fund of £8 million appears not to meet current or future need for adaptations.

For adaptations, this study recommends:

- That the grant fund is increased to ensure that necessary adaptations are adequately funded

- That housing providers are supported in administering timely adaptations for tenants, to enhance their contribution to *"reducing the burden on health and social care budgets*" (Scottish Government, 2009)

- That the Scottish Government, health and social care providers, and housing organisations utilise this evidence to inform strategy towards adaptations

- That the application and installation process is re-designed to be more timely and user-friendly for older people and other beneficiaries

- That further research is carried out into the social return on investment of adaptations for other needs and settings

Adaptations rely on appropriate accommodation being available in the first place. Very Sheltered Housing requires year-on-year investment and is more expensive, but it is a necessary pre-requisite if adaptations are to make more of a difference to people's lives.

Very Sheltered Housing usually provides tenants with further social care that presents an additional cost. However, the evidence of this study is that Very Sheltered Housing actually *saves* substantial sums of money when compared with alternative forms of provision (particularly Care Homes), while at the same time delivering better outcomes for tenants. Existing research on future demand for Very Sheltered Housing is limited. However, an ageing population suggests that demand is likely to go up rather than down.

For Very Sheltered Housing, this study recommends:

- That the Scottish Government, health and social care providers, and housing organisations utilise this evidence to inform their strategy for Very Sheltered Housing within the "Shifting the Balance of Care" context

- That a key part of this strategy be to grant fund the remodelling where appropriate of Sheltered Housing

- That new supply of Very Sheltered Housing be considered

- That the evidence of economic and well-being benefits of Very Sheltered Housing are more widely promoted to older people and their families, and other agencies (including commissioners)

- That a social-value approach is applied more widely to build evidence of the overall quality of specialist housing for older people and the flexibility of alternative services being developed and implemented

- That ways of further integrating Sheltered and Very Sheltered Housing developments as assets within local communities are examined

- That further research is undertaken into Very Sheltered Housing for specific groups where demand is likely to increase in the future (e.g. those with specific health conditions; members of the BME community)

Appendices

Appendix 1 outlines the seven principles that underpin SROI analysis
Appendix 2 contains the discussion guide used in the new qualitative research with tenants and families
Appendix 3 contains the survey questionnaire for tenants of properties with adaptations
Appendix 4 contains the survey questionnaire for tenants of Very Sheltered Housing
Appendix 5 contains the survey questionnaire for managers of developments where adaptations have been undertaken

Appendix 1: Principles of Social Return on Investment

1. Involve stakeholders:

Inform what gets measured and how this is measured and valued by involving stakeholders.
Stakeholders are those people or organisations that experience change as a result of the activity and they will be best placed to describe the change. This principle means that stakeholders need to be identified and then involved in consultation throughout the analysis, in order that the value, and the way that it is measured, is informed by those affected by or who affect the activity.

2. Understand what changes:

Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
Value is created for or by different stakeholders as a result of different types of change; changes that the stakeholders intend and do not intend, as well as changes that are positive and negative. This principle requires the theory of how these changes are created to be stated and supported by evidence. These changes are the outcomes of the activity, made possible by the contributions of stakeholders, and often thought of as social, economic or environmental outcomes. It is these outcomes that should be measured in order to provide evidence that the change has taken place.

3. Value the things that matter:

Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised.
Financial proxies should be used in order to recognise the value of these outcomes and to give a voice to those excluded from markets but who are affected by activities. This will influence the existing balance of power between different stakeholders.

4. Only include what is material:

Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.

This principle requires an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcomes. Deciding what is material requires reference to the organisation's own policies, its peers, societal norms, and short-term financial impacts. External assurance becomes important in order to give those using the account comfort that material issues have been included.

5. Do not over-claim:

Only claim the value that organisations are responsible for creating.
This principle requires reference to trends and benchmarks to help assess the change caused by the activity, as opposed to other factors, and to take account of what would have happened anyway. It also requires consideration of the contribution of other people or organisations to the reported outcomes in order to match the contributions to the outcomes.

6. Be transparent:

Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders.
This principle requires that each decision relating to stakeholders, outcomes, indicators and benchmarks; the sources and methods of information collection; the difference scenarios considered and the communication of the results to stakeholders, should be explained and documented. This will include an account of how those responsible for the activity will change the activity as a result of the analysis. The analysis will be more credible when the reasons for the decisions are transparent.

7. Verify the result:

Ensure appropriate independent assurance.
Although an SROI analysis provides the opportunity for a more complete understanding of the value being created by an activity, it inevitably involves subjectivity. Appropriate independent assurance is required to help stakeholders assess whether or not the decisions made by those responsible for the analysis were reasonable.

Appendix 2: Qualitative research Discussion Guides

A. Adapted Housing: Discussion guide with Tenants

1. For how long has your home been adapted?

   Less than 12 months ☐ 1-2 years ☐ 2-4 years ☐
   4-6 years ☐ 6 years + ☐

2. Why did your home need to be adapted?

3. Briefly describe the adaptation that has taken place.

4. Was it important to you that your home was adapted? (please tick box of your choice)

   Low importance ☐ Medium importance ☐ High importance ☐

   Please give the main reasons for your answer

5. What difference has the adaption made to your life? I.e. what changes have you seen? (E.g. lifestyle, behaviour, attitude, health).

6. What does it mean to you to have had your home adapted?

7. In your opinion, would you have been able to continue living in their home without adaptation?

   Yes ☐ No ☐

8. If no, where would you have been living? How would you have felt about it?

9. What, if any, changes have you seen in your relationship with friends and family members since your home was adapted?

10. If there has been any change, to what extent do you think this is due to the adaptation of their home?

    Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

    Please give the main reasons for your answer

11. What other support might you or your family member need from us in the future?

B. Adapted Housing: Discussion guide with families or friends of tenants

1. For how long has your family member's home been adapted?

   Less than 12 months ☐ 1-2 years ☐ 2-4 years ☐
   4-6 years ☐ 6 years + ☐

2. Why did your family member's home require adaptation?

3. Briefly describe the adaptation that has taken place.

4. What, if any, changes have you seen in your family member since the adaptation? Probe on: behaviour, attitude, ability, health, well-being, lifestyle

5. If there has been any change, to what extent do you think this is due to the adaptation?

   Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

   Please give the main reasons for your answer

6. In your opinion, what does it mean to your family member to have had their home adapted?

7. In your opinion, would your family member have been able to continue living in their home without adaptation?

   Yes ☐ No ☐

8. If no, where would they have been living? How would they have felt about it?

Questions about you and your family

1. i) What, if any, *immediate to short term* difference have you seen in your life and your family life since your family member's home has been adapted?
   ii) Have there been any *medium to longer term* differences?

2. If a difference has been made, to what extent do you think this is due to the adaptation?

   Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

3. If your family member had not had their home adapted, what impact do you think this would have had on you and your family life?

4. For how long do you think your family member will continue living in their adapted home?

   Less than 12 months ☐ 1-2 years ☐ 2-4 years ☐
   4-6 years ☐ 6 years + ☐

   Please give the main reasons for your answer below:

5. What other support might you or your family member need from us in the future?

C. Sheltered Housing: Discussion guide with Tenants

1. For how long have you been in sheltered housing?

   Less than 12 months ☐ 1-2 years ☐ 2-4 years ☐
   4-6 years ☐ 6 years + ☐

2. Why did you move into sheltered housing?

3. What, if anything, do you like about sheltered housing?

4. What, if anything, do you dislike about sheltered housing?

5. What difference has living in sheltered housing made to your life? I.e. what changes have you seen? (E.g. lifestyle, behaviour, attitude, health).

6. What does it mean to you to be living in sheltered housing? I.e. why is it important (or not)?

7. In your opinion, where and in what conditions would you be living in if sheltered housing had not been an option?

8. What do you think the impact of (answer to question 7) would have been?

9. What, if any, changes have you seen in your relationship with friends and family members since you have been living in sheltered housing?

10. If there has been any change, to what extent do you think this is due to the sheltered housing

    Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

    Please give the main reasons for your answer

11. What other support might you or your family member need from us in the future?

D. Sheltered/Very Sheltered Housing: Discussion guide with families or friends of tenants

Questions about your family member

1. How long has your family member been in sheltered housing?

   Less than 12 months ☐ 1-2 years ☐ 2-4 years ☐
   4-6 years ☐ 6 years + ☐

2. Why does your family's member require sheltered housing?

3. In your opinion, what does your family member like about sheltered housing?

4. In your opinion, what does your family member dislike about sheltered housing?

5. What, if any, changes have you seen in your family member since entering Very Sheltered Housing? Probe on: behaviour, attitude, ability, health, well-being, lifestyle

6. If there has been any change, to what extent do you think this is due to them moving to sheltered housing?

   Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

   Please give the main reasons for your answer

7. In your opinion, where and in what conditions would your family member be living if sheltered housing had not been an option?

8. What do you think the impact of (answer to question 7) would have been on them?

Questions about you and your family

1. i) What, if any, immediate to short-term differences have you seen in your life and your family life since your family member has been in sheltered housing?
   ii) Have there been any medium to longer-term differences?

2. If there has been a difference, to what extent do you think this is due to them living in sheltered housing?

   Not at all ☐ Not very much ☐ A fair amount ☐ A great deal ☐

3. If your family member had not gone into sheltered housing, what impact do you think this would have had on you and your family life?

4. What other support might you or your family member need from us in the future?

Appendix 3: Tenant Questionnaire (Adaptations)

We are conducting a short survey on behalf of **XXXXX** to understand the impact of adaptations on tenants. This has been organised because **XXXXX** would like tenants to share their experiences over time, and help others to benefit from adaptations in future. We would be grateful if you could answer the following questions as fully as possible. The survey is anonymous, and all answers will be held in confidence. Thank you.

An adaptation is a change to help you or your partner within your home. This can include for example a handrail, shower or stair lift which the Housing Association has installed to help someone in their home.

1. Please describe the adaptation that has been made to your home

2. When was the adaptation made to your property?

It was made **before** I moved into the property ☐
It was made **after** I moved into the property ☐

3. For approximately how long have you lived in your current property?

Less than three months ☐
Three to six months ☐
Six months to a year ☐
One to two years ☐
Two to three years ☐
Three to five years ☐
Five to ten years ☐
More than ten years ☐
Don't know ☐

4. Approximately how long ago was the adaptation completed?

Less than three months ago ☐
Three to six months ago ☐
Six months to a year ago ☐
One to two years ago ☐
Two to three years ago ☐
Three to five years ago ☐
Five to ten years ago ☐
More than ten years ago ☐
Don't know ☐

5. Has the adaptation made any difference to the amount of support you need from staff or other carers?

Yes. It has **substantially reduced the amount of support** I need ☐
Yes. It has **reduced the amount of support I need a little** ☐
No, it has **made no difference** to the amount of support I need ☐
It has **increased the amount of support I need a little** ☐
It has **substantially increased the amount of support** I need ☐
Don't know ☐

6. Has the adaptation made any difference to how confident you feel?

It has made me feel **much more confident** ☐
It has made me feel **a little more confident** ☐
It has **made no difference** to how confident I feel ☐
It has made me feel a **little less confident** ☐
It has made me feel **much less confident** ☐
Don't know ☐

7. Has the adaptation made any difference to how independent you feel?

Yes. I feel much **more independent**	
Yes. I feel **a little more independent**	
No, it has **made no difference** to how independent I feel	
I now feel **a little less independent**	
I now feel **a lot less independent.**	
Don't know	

8. How much control do you have over your daily life? *By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want.*

I have no control over my daily life ← → **I have as much control over my daily life as I want**

1	2	3	4	5	6	7	8	9	10

9. How safe do you feel? *By feeling safe we mean how safe you feel both inside and outside your property. This includes fear of falling or other physical harm.*

I don't feel safe at all ← → **I feel completely safe**

1	2	3	4	5	6	7	8	9	10

10. Thinking about your family, how much contact do you have with family members?

I have little contact and feel isolated ← → **I have as much contact as I want**

1	2	3	4	5	6	7	8	9	10

11. How important to you is contact with your family?

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

12. Thinking about other people you like *(other than family),* how much contact do you have with other people you like?

I have little contact and feel isolated ← → **I have as much contact as I want**

1	2	3	4	5	6	7	8	9	10

13. How important to you is contact with other people you like

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

14. To what extent do you spend your time as you want to? *When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, paid or voluntary work and spending time with others.*

I don't do anything I value or enjoy with my time ← → **I'm able to spend my time as I want**

1	2	3	4	5	6	7	8	9	10

15. How much do you feel part of your local community and close to the people in your local area?

I don't feel part of the local community ← → **I feel part of the local community**

1	2	3	4	5	6	7	8	9	10

16. How important to you is feeling part of your local community and close to people in your local area?

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

17. Overall, how satisfied are you with your life nowadays?

I'm not at all satisfied with my life nowadays ← → **I'm very satisfied with my life nowadays**

1	2	3	4	5	6	7	8	9	10

18. Are you currently living with a partner? ☐

19. Finally, it would be helpful if you could tell us your age. ☐

Appendix 4: Tenant Questionnaire (Very Sheltered Housing)

We are conducting a short survey on behalf of **XXXXX** to understand the impact of Very Sheltered Housing on tenants. This has been organised because **XXXXX** would like tenants to share their experiences over time, and help others to benefit from this type of housing in future. We would be grateful if you could answer the following questions as fully as possible. The survey is anonymous, and all answers will be held in confidence. Thank you.

Housing Associations' Definition of Very Sheltered Housing.

1. For approximately how long have you lived in your current property?

- Less than three months ☐
- Three to six months ☐
- Six months to a year ☐
- One to two years ☐
- Two to three years ☐
- Three to five years ☐
- Five to ten years ☐
- More than ten years ☐
- Don't know ☐

2. Has living in Very Sheltered Housing made any difference to the amount of support you need from staff or other carers?

- Yes. It has **substantially reduced the amount of support** I need ☐
- Yes. It has **reduced the amount of support I need a little** ☐
- No, it has **made no difference** to the amount of support I need ☐
- It has **increased the amount of support I need a little** ☐
- It has **substantially increased the amount of support** I need ☐
- Don't know ☐

3. Has living in Very Sheltered Housing made any difference to how confident you feel?

- It has made me feel **much more confident** ☐
- It has made me feel **a little more confident** ☐
- It has **made no difference** to how confident I feel ☐
- It has made me feel a **little less confident** ☐
- It has made me feel **much less confident** ☐
- Don't know ☐

4. Has Very Sheltered Housing made any difference to how independent you feel?

- Yes. I feel much **more independent** ☐
- Yes. I feel **a little more independent** ☐
- No, it has **made no difference** to how independent I feel ☐
- I now feel **a little less independent** ☐
- I now feel **a lot less independent.** ☐
- Don't know ☐

5. How much control do you have over your daily life? *By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want.*

I have no control over my daily life ← → **I have as much control over my daily life as I want**

1	2	3	4	5	6	7	8	9	10

6. How safe do you feel? *By feeling safe we mean how safe you feel both inside and outside your property. This includes fear of falling or other physical harm.*

I don't feel safe at all ← → **I feel completely safe**

1	2	3	4	5	6	7	8	9	10

7. How frequently do you get opportunities to try new things, take part in activities, or rediscover old interests?

I get opportunities very rarely ← → **I get opportunities very frequently**

1	2	3	4	5	6	7	8	9	10

8. Thinking about your family, how much contact do you have with family members?

I have little contact and feel isolated ← → **I have as much contact as I want**

1	2	3	4	5	6	7	8	9	10

9. How important to you is contact with your family?

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

10. Thinking about other people you like *(other than family),* how much contact do you have with other people you like?

I have little contact and feel isolated ← → **I have as much contact as I want**

1	2	3	4	5	6	7	8	9	10

11. How important to you is contact with other people you like

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

12. To what extent do you spend your time as you want to? *When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, paid or voluntary work and spending time with others.*

I don't do anything I value or enjoy with my time ← → **I'm able to spend my time as I want**

1	2	3	4	5	6	7	8	9	10

13. How much do you feel part of your local community and close to the people in your local area?

I don't feel part of the local community ← → **I feel part of the local community**

1	2	3	4	5	6	7	8	9	10

14. How important to you is feeling part of your local community and close to people in your local area?

It is not very important to me ← → **It is very important to me**

1	2	3	4	5	6	7	8	9	10

15. Overall, how satisfied are you with your life nowadays?

I'm not at all satisfied with my life nowadays ← → **I'm very satisfied with my life nowadays**

1	2	3	4	5	6	7	8	9	10

16. Are you currently living with a partner? ☐

17. Finally, it would be helpful if you could tell us your age. ☐

Appendix 5: Residence Managers' Survey (Developments with Adaptations): *Not to Scale*

Tenant's reference	Type of adaptation	Date of adaptation, or length of time since adaptation	Current care provided for tenant	Estimate of tenant's likely care provision if adaptation HAD NOT taken place. If GP, nurse or OT assessments are available to help you make this judgement, please reference these assessments.		Tenant's independence and ability to do the tasks they enjoy (Please use a 10 point scale, where 1 is no independence, and 10 is complete independence). This is not exact, it is just based on your own knowledge.		Frequency of admission to hospital (High, medium or low). This is not exact, it is just based on your own knowledge.	
				Tenant is likely to have received extra care while in their current accommodation. Please indicate estimated number of hours extra care	Tenant is likely to have moved into alternative accommodation. Please indicate nature of accommodation and when tenant is likely to have had to move	Before the adaptation	After the adaptation	Before the adaptation	After the adaptation

Endnotes

[i] Source: Scottish Government (2010) *Wider Planning for an Ageing Population*

[ii] Performance Department, Strategy, Performance & Regulation, *Procedures for HAG Funding of Stage Three Adaptations*

[iii] NHS Quality Improvement Scotland (2010) *Up and About - Pathways for the prevention and management of falls and fragility fractures" Stage 1: Supporting health improvement and self management to reduce the risk of falls and fragility fractures.*

[iv] Department of Health (2010) *A Vision for Adult Social Care*

[v] *Ibid.*

[vi] Scottish Government (2009) *The Effectiveness of Equipment and Adaptations*

[vii] Scottish Government (2010) *Wider Planning for an Ageing Population*

[viii] For more information see the SROI guide, published by the UK Cabinet Office, and available here: http://www.thesroinetwork.org/publications/doc_download/51-sroi-guide-2009-for-printing-out

[ix] http://www.socialimpactscotland.org.uk/about-/sroi-project-.aspx

[x] See: www.nao.org.uk/sectors/civil_society/successful_commissioning/successful_commissioning/general_principles/value_for_money/vfm_and_tsos.aspx

[xi] The developments where qualitative research with tenants and families was carried out were Morris Court, Dalry, Ayrshire, (Hanover), Sunnyside court, Edinburgh (Hanover), Stewart Court, West Calder, West Lothian (Bield), Brae Court, Linlithgow, West Lothian (Bield), and Shawholm Crescent, Pollokshaws, Glasgow (Trust).

[xii] Special thanks must go to Ann-Marie Towers at PSSRU, University of Kent, for advice on benchmarking findings

[xiii] £2,800 is the average cost of adaptations undertaken by Bield, Hanover and Trust and analysed in this study

[xivxiv] See pages 20 – 27 for more detail of how these values are calculated

[xv] Home care is costed at £21.40 per hour, Care Home with nursing care is costed at £540 per week, and orthopaedic operations for older people are costed at £5,000 each. See footnotes xii, xiv and xliii for more details

[xvi] For example, New Economics Foundation, (2009) *National Accounts of Well-being*

[xvii] Government Office for Science, (2008) *Foresight Report: Mental Capital and Well-being*

[xviii] Robertson C, Warrington J, Eagles JM. *Relocation mortality in dementia: The effects of a new hospital.* International Journal of Geriatric Psychiatry 1993;8:521-525

[xix] Scottish Government and NHS Scotland (2010) *Re-shaping Care for Older People*

[xx] National Housing Federation (2010) *Health and Housing: worlds apart?*

[xxi] Scottish Government (2009) *The Effectiveness of Equipment and Adaptations*

[xxii] Audit Commission (2000) *Fully Equipped*

[xxiii] Heywood, F. & Turner, L., (2007) *Better Outcomes, Lower Cost*, Department for Work and Pension: Office for Disability Issues

[xxiv] Pleace, N. (2011) *The Costs and Benefits of Preventative Support Services for Older People*, Centre for Housing Policy, University of York

[xxv] ISD Scotland statistics 2010

xxvi Scottish Government (2010) *The Impact of Population Ageing on Housing in Scotland*

[xxvii] Heywood, F. & Turner, L., (2007) *Better Outcomes, Lower Cost*, Department for Work and Pension: Office for Disability Issues

[xxviii] Scottish Government (2010) *Wider Planning for an Ageing Population*

[xxix] A direct quote from a resident manager from one of the case study developments.

[xxx] For more information see the SROI guide, published by the UK Cabinet Office, and available here: http://www.thesroinetwork.org/publications/doc_download/51-sroi-guide-2009-for-printing-out

[xxxi] http://www.socialimpactscotland.org.uk/about-/sroi-project-.aspx

[xxxii] See: www.nao.org.uk/sectors/civil_society/successful_commissioning/successful_commissioning/general_principles/value_for_money/vfm_and_tsos.aspx

[xxxiii] Barangaroo Development Authority Sydney Australia (www.barangaroo.com)

[xxxiv] For more details see www.thesroinetwork.org/sroi-analysis/the-sroi-guide

[xxxv] Throughout the study *unit costs* have been used (i.e. the cost of providing one unit of a service), rather than *marginal costs* (the actual cost saving that arises through a reduction in service usage of one unit). Data for marginal costs is rarely available, and in any case the *unit cost* better represents the *value* to the government of reduced service use. However this does mean that values reflect the freeing up of government resources as well as actual cashable savings.

[xxxvi] Centre for Mental Health, *The economic and social costs of mental illness*, June 2003, updated October 2010

[xxxvii] Overall well-being is divided evenly into *Personal* and *social* well-being, which is the approach taken in the *National Accounts of Well-being.* Personal well-being is further sub-divided evenly into the different domains, but the division of social well-being is weighted according to responses from the tenants' survey about the importance of the different domains.

[xxxviii] See: London: TSO, *GREEN BOOK: Appraisal and Evaluation in Central Government*, Updated July 2011, page 26: *"The discount rate is used to convert all costs and benefits to 'present values', so that they can be compared. The recommended discount rate is 3.5%. Calculating the present value of the differences between the streams of costs and benefits provides the net present value (NPV) of an option. The NPV is the primary criterion for deciding whether government action can be justified."* www.hm-treasury.gov.uk/d/green_book_complete.pdf

[xxxix] This also reduces pressure in meeting these needs and unlocks the potential of care packages

[xl] Families as well as tenants were interviewed as part of the qualitative research, and the survey of tenants asked about family relationships. However, a quantitative survey of family members has not been undertaken, and the positive impact on families identified in the qualitative research has not been quantified and valued in the SROI model.

[xli] Hourly cost taken as £21.40. (One hour per week of local authority-organised home care. PSSRU: Unit Costs of Health & Social Care 2010, Page 129).

[xlii] Many thanks to Bruce Teubes (Housing and Regeneration Economics, Communities Analytical Services , The Scottish Government) for sourcing and providing this information

[xliii] Published by PSSRU www.pssru.ac.uk/ascot/

[xliv] new economics foundation, www.nationalaccountsofwellbeing.org

[xlv] ISD Scotland's Care Home Census 2010 gives the following costs for provision: Publicly funded long stay residents without nursing care: £465 per week (£24,263 per year), Publicly funded long stay residents with nursing care: £540 per week (£28,176 per year), Self-funding residents without nursing care: £582 per week (£30,367 per year), Self-funding residents with nursing care: £657 per week (£34,281 per year). The Free Personal and Nursing Care statistics published August 2011 show that over the last 5 years around 30 to 31 per cent of long-stay care home residents were self-funders. (See table 1 in www.scotland.gov.uk/Publications/2011/08/30153211/0). The Care Homes Census provides a good estimate of the number of residents who receive nursing care (59% in 2010). The Free Personal and Nursing Care publication shows that 63% of self-funders receive nursing care. It is perhaps not surprising that more self-funders require nursing care than publicly funded residents; this demonstrates that self-funders tend to have higher levels of need before entering a care home. Using these statistics this study uses the following breakdown between the different provision types: public without nursing care: 30%, public with nursing care:

39%, private without nursing care: 11%, private with nursing care: 20%. It should also be noted that care home residents do contribute towards their provision even if they qualify here as publically funded; they contribute all of their pension and other income (less the Personal Expenses Allowance). Breaking down this division is beyond the scope of this study.

[xlvi] There are however significant variations; the figure is substantially less for Sheltered Housing and substantially more for Very Sheltered Housing.

[xlvii] One hour per week of local authority-organised home care. PSSRU: Unit Costs of Health & Social Care 2010, Page 129

[xlviii] Many of the benefits of adaptations arise directly from the adaptation, but others come about because the adaptation allows the tenant to maximise the benefit of their Sheltered or Very Sheltered care package. To reflect this, a conservative attribution rate of 50% has been defined in the calculation, so only half of the value created has been directly attributed to the investment in adaptions.

[xlix] Care Home Census 2010 gives the following costs for provision: Publicly funded long stay residents with nursing care: £540 per week (£28,176 per year)

[l] Scottish Government (2010), "Re-shaping care for older people"

[li] Families as well as tenants were interviewed as part of the qualitative research, and the survey of tenants asked about family relationships. However, a quantitative survey of family members has not been undertaken, and the positive impact on families identified in the qualitative research has not been quantified and valued in the SROI model.

[lii] See note "xiv"

[liii] One hour per week of local authority-organised home care. PSSRU: Unit Costs of Health & Social Care 2010, Page 129

[liv] Department for Communities and Local Government: *Research into the financial benefits of the Supporting People programme*, London, January 2008
http://www.communities.gov.uk/documents/housing/pdf/spprogramme.pdf

[lv] Published by PSSRU www.pssru.ac.uk/ascot/

[lvi] new economics foundation, www.nationalaccountsofwellbeing.org

[lvii] Hourly cost taken as £21.40. (One hour per week of local authority-organised home care. PSSRU: Unit Costs of Health & Social Care 2010, Page 129).

[lviii] Department of Health (2010) *A Vision for Adult Social Care*

[lix] Home care is costed at £21.40 per hour, Care Home with nursing care is costed at £540 per week, and orthopaedic operations for older people are costed at £5,000 each. See footnotes xii, xiv and xliii for more details

[lx] Families as well as tenants were interviewed as part of the qualitative research, and the survey of tenants asked about family relationships. However, a quantitative survey of family members has not been undertaken, and the positive impact on families identified in the qualitative research has not been quantified and valued in the SROI model.

[lxi] NHS Quality Improvement Scotland (2010) *Up and About - Pathways for the prevention and management of falls and fragility fractures" Stage 1: Supporting health improvement and self management to reduce the risk of falls and fragility fractures.*

[lxii] Department of Health (2010) *A Vision for Adult Social Care*

[lxiii] Scottish Government and NHS Scotland (2010) *Re-shaping Care for Older People*