



Understanding the social value of an Anchor Hanover tenancy

Researching and valuing the social outcomes of an Anchor Hanover supported tenancy

June 2020



About Anchor Hanover Group

Anchor Hanover is England's largest provider of housing and care to older people. Operating in more than 90% of local authorities in England, it serves more than 60,000 residents in 54,000 properties across almost 1,700 locations. That includes housing for rent at more than 1,000 locations, for home-owners at almost 400 and more than 100 extra-care developments. It also runs 114 care homes.

They also offer specialist dementia care and a free BeWise advice service to their residents.

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The report has been prepared, and the work underpinning it has been undertaken, in accordance with best practice standards for this type of research, and specifically in accordance with the GECES standards for the measurement of impact as published by the European Commission.

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EXECUTIVE SUMMARY

Social housing has the potential to transform a person's life; it is so much more than just a roof over someone's head. This report explains how that value arises, and evaluates it in three elements:

- The core value of a social tenancy for an older person, drawn from the model developed in "*The Value of a Social Tenancy*"
- The enhancement to that brought by Anchor Hanover's general support programmes
- The value brought by special provisions to meet particular needs of selected groups.

Core value of a social tenancy

Social housing offers individuals and families communities of support and stability, and provides a platform that enables people to enhance their lives. This delivers not just improvements in individual and community wellbeing and associated measurable savings in public service costs, but also real economic improvement in the workplace and in local area economic activity. Using the framework established in the value of a social tenancy research undertaken for the Hyde Group, we estimate that through the provision of a decent home at affordable rent the value of a social tenancy, for an older person who is not working and does not have young children, is at least £3,400 a year.

Enhanced services and value for older people

As people grow older their housing needs change. Supported housing responds to those needs by providing accommodation specifically designed to cater to them. Residents often move into supported housing in preparation for growing older or after experiencing a significant life change. Such changes might include retirement, the loss of a partner or the onset of a health issue. Unexpected loss, challenging situations and illness are part of our lives, but can cause significant stress. As a result, many residents either enter supported housing at a point in their lives when they are vulnerable to isolation, depression, anxiety and a loss of purpose, or are likely to experience those life changes while living in supported housing.

Anchor Hanover aims to address these needs and improve the wellbeing and quality of life for their residents by providing supported housing and a community of peers to help residents remain:

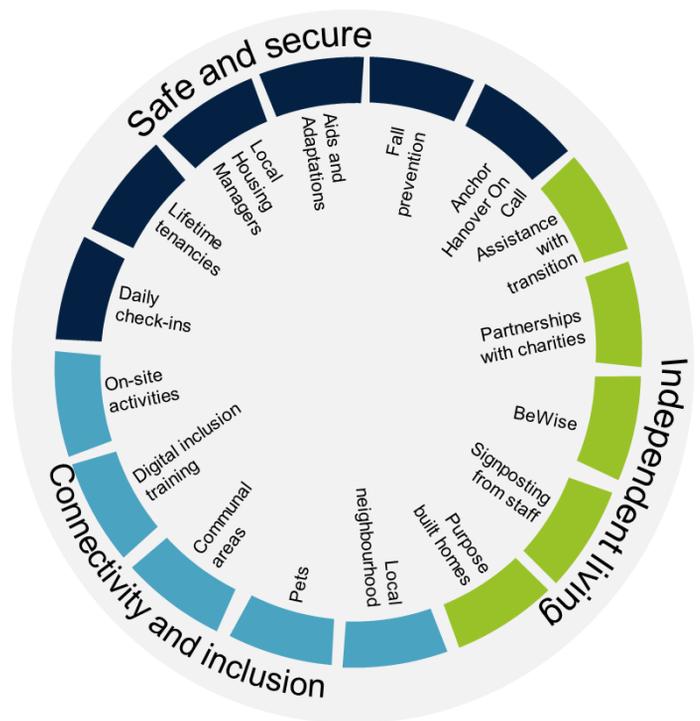
- Independent
- Connected and included
- Safe and secure

How, and to what extent, they achieve outcomes within these arenas is the subject of this report.



Anchor Hanover undertakes a range of services and activities, outlined in the wheel to the right, to achieve outcomes in these three arenas. They include such diverse elements as providing a local housing manager, safety pull cords, aids and adaptations and allowing pets.

The services and activities are the primary attraction for people entering a property, with over a fifth of residents moving in for increased security and peace of mind and one in six moving in to maintain independence in light of declining health.



We estimate that the social value of an Anchor Hanover supported housing tenancy is at least £2,800 per year. This is in addition to the £3,400 of social value delivered for an older person by a general needs social tenancy.

The value brought by specialised elements

Anchor Hanover also support people in managing their bills and accessing benefits that they are entitled to through their BeWise service. The average resident who benefits from Anchor Hanover’s BeWise service, gains an additional £6,000 per year, and in helping them, Anchor Hanover also help deliver the value intended by policymakers.

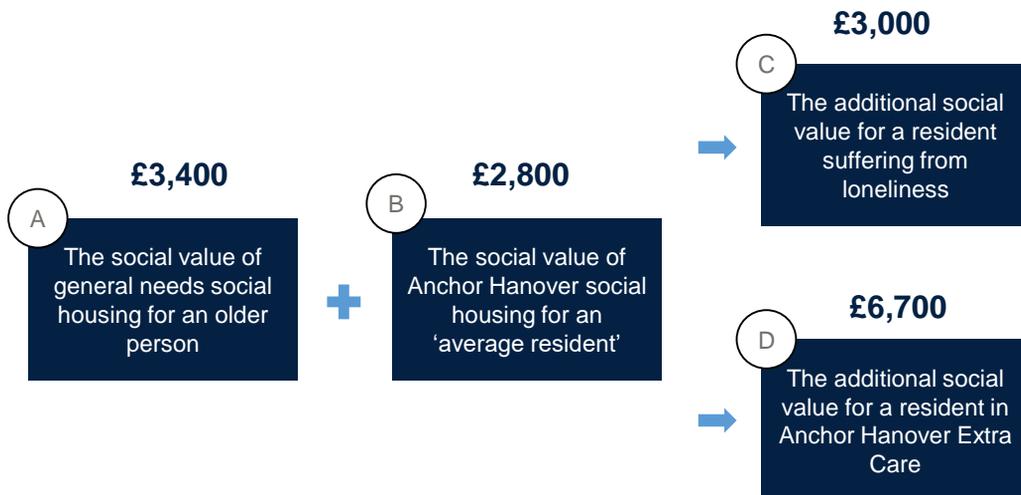
One of the many advantages of moving into an Anchor Hanover property is living with peers. One in six residents enter an Anchor Hanover property to be closer to family and to feel part of a community. In addition to having numerous sites across the UK to allow residents to choose the best location for their needs, many of Anchor Hanover’s activities focus on helping people maintain relationships as they age and stave off the onset of loneliness. These include providing communal spaces where group activities can take place, intergenerational activities, efforts to promote digital access and partnerships with local outreach organisations. Loneliness can have serious health consequences if left unaddressed, affecting physical wellbeing.

We estimate that the value of addressing loneliness for the NHS and other stakeholders to be at least **£3,000** per year per person. This estimate, however, does not include the additional, unquantified benefits that are associated with being part of a community.



Finally, the level of service provision in Anchor Hanover's Extra Care estates offer significant savings to both the local authority, in the form of reduced care costs, and the NHS, by tackling malnutrition and physical inactivity. In total, we estimate that Extra Care delivers savings of at least £6,700 per resident, per year.

Summary



Anchor Hanover's social offering comprises several components: £3,400 of social value as provided by general needs accommodation, that values the benefits of having a safe, sustainable and decent home, and £2,800 additional value that is delivered through supported housing for the average resident through helping them remain independent, safe and secure. A further £3,000 of costs are avoided for the NHS for each resident where Anchor Hanover's activities manage to address loneliness. Finally, for every resident in Extra Care, the local authority benefits by avoiding costs of up to £6,700. In addition the BeWise service supports customers financially, with the average BeWise customer benefiting by £6,000 through savings and accessing the benefits they are entitled to.

I. INTRODUCTION

1.1 Increasing need for social housing for older people

The UK is suffering from an acute shortage of decent homes at rental prices that low income earners can afford. This is true for all generations, including older people. Nearly two million people aged over 65 live in relative poverty, with half of them in severe poverty (with incomes of less than 50% median income).¹ As such, it should be no surprise that nearly one third of households in the social rented sector in the UK are headed by someone aged 65 or over.²

However, supply of housing in the social rented sector is limited, and as a result demand from older people for the private rental sector is increasing. Consequently, the fear of living without a stable home is very real: Shelter estimate that 48% of private renters 65 years and over believe the high cost of renting means that they won't be able to afford to retire.¹ Moreover, nearly a third of private rental sector homes do not meet the Decent Homes Standard, meaning they pose a serious threat to the health or safety of people living in or visiting a home.³

It is commonly accepted that poor quality, un-adapted, hazardous, poorly heated and poorly insulated accommodation can lead to older people suffering from reduced mobility, depression, chronic and acute illness, falls, social isolation, loneliness and depression. In fact, the costs of poor housing to the NHS is estimated to be £1.4 billion per annum; £513million of which is spent on first year treatment costs for over 55s living in the poorest quality of housing⁴.

General Needs social housing addresses many of these concerns by providing a decent home. Indeed, We know, from working with the Hyde Group, that social housing is not simply about building roofs and walls but creating safe and sustainable communities and can reduce the burden on the emergency services, healthcare and local authorities.

This paper recognises the value General Needs Social Housing brings for the older population and builds on the foundations of the work undertaken for the Hyde Group to assess the additional value supported housing, over and above those of general needs, by catering for the needs of older people.

“
Our extra years of life are a gift that we should all be able to enjoy and yet increasing numbers of us are at risk of missing out ”

The State of Ageing in 2019, Centre for Ageing better, 2019

1 Ministry for Housing, Communities and Local Government, (2019), English Housing Survey 2017-18.

2 Age UK (2019). Later life in the United Kingdom

3 Perry S, Williams P and Wilcox S (2015), 'UK Housing Review Briefing 2015' from the Chartered Institute of Housing.

4 Centre for Ageing Better (2020), 'Home and dry: the need for decent homes in later life'.

“

The right kind of housing can keep older people healthy, support them to live independently and reduce the need for home care or residential care and lead to savings in health and social care budgets ”

Housing for older people,
House of Commons,
2018

1.2 The changing housing needs associated with growing older

Like any other age group, older people are diverse and their housing needs and options are similarly varied, reflecting their age, tenure, geographical location, income, health and individual preferences. However, ageing inevitably comes with a decline in physical wellbeing. By the age of 65, for one in six of us, daily tasks such as washing and dressing can become a challenge. Amongst those aged 85 and over, this rises to one in three. Just over half of people aged 65-74 live with at least one long term health condition, increasing to nearly two thirds of those aged 85 and over.² Mental health is also impacted, by both physical decline and medical conditions: every three minutes a person in the UK is diagnosed with dementia. This deterioration in mental and physical health gives rise to a range of housing related issues - from home maintenance, adaptations and repairs, to access to financial advice, and to housing supply.³

Life changing events such as retirement, loss of a partner and ill health mean that getting older is often associated with diminished financial and physical independence, increased vulnerability and even with a loss of purpose. Despite this, the majority of people continue to live in mainstream housing as they grow older, rather than moving into specialist accommodation yet UK housing stock is by and large unsuitable for people to grow old in.

As people start to think about their later years and edge closer to retirement, the role stable and appropriate housing plays in their lives cannot be underestimated.

Understanding how supported housing supports older people as they enter later life is vital if we are to both appreciate and improve the quality of homes available. To that end, using Anchor Hanover data and based on the range of activities and services they offer, this report aims to shine a light on how supported housing presently benefits older people in this country.

Most of us want to live in our own homes for as long as possible. A decent and accessible home could mean the difference between continuing to wash and dress unaided and needing costly care. The fact that our housing is so unsuitable poses serious consequences as more of us live for longer. We need an urgent upgrade of our current housing and to give people timely advice and access to funding where needed to adapt and repair their homes. We need to put renewed investment and interest into improving our existing mainstream housing stock and support local authorities, planners and developers to deliver new homes that are future proofed and accessible to everyone.

The State of Ageing in 2019, Centre for Ageing Better, 2019

- 1 Centre for Aging Better, 2019. The State of Aging in 2019
- 2 Centre for Aging Better, 2019. The State for Aging in 2019
- 3 Age UK (2019). Briefing: Health and Care of Older People



1.3 Meeting the needs of an aging population through supported housing

As the largest not-for-profit provider of social and private housing for older people in England, Anchor Hanover is able to offer its residents lifetime tenancies and affordable rents in homes that are designed to meet their changing needs in later life and enhance their wellbeing and quality of life.

Their housing provision ranges from affordable rented housing to spacious leasehold apartments and luxury retirement villages. Within their housing and care portfolio, Anchor Hanover has a range of social housing that caters for older people, and offers local housing managers to provide services for tenants that need additional care or support but are still able to live independently. This type of housing with care is sometimes known as 'supported housing'. In addition, Anchor Hanover also offers 'Extra Care' accommodation, which provides for those residents whose needs require more intensive support by facilitating more effective and efficient social care. The precise level of support available and the charges for the services will vary depending on the location and the level of support required by tenants. However, Anchor Hanover supported housing estates are managed by experienced local housing managers who oversee the residences. They also offer a helping hand if residents require an urgent repair, are in an emergency, or have any questions about bill paying, security or personal support.

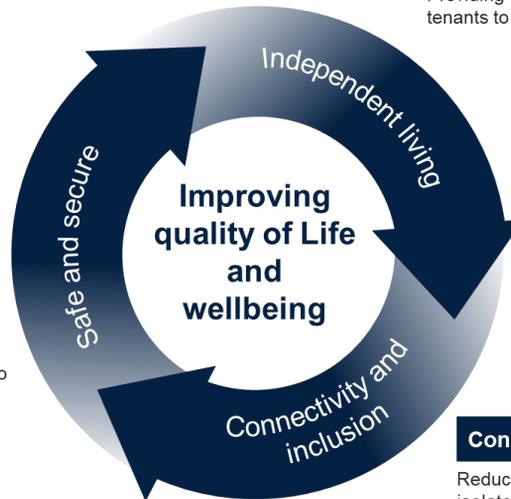
Through its range of activities and services, Anchor Hanover seeks to improve the quality of life and wellbeing for its residents, at all stages of their life by helping them stay:

- Independent
- Safe and secure
- Connected to the community.

1 Shelter Press Release (2019). World Homeless Day: Shelter warns of 'ticking timebomb' for older renters

Safe and secure

Making people feel safe in their own homes and less vulnerable to injury and falling victim to crime.



Independent living

Providing support and means of enabling tenants to live their lives as they choose.

Connectivity and inclusion

Reducing the risk of tenants becoming isolated by assisting their connectivity, including digital inclusion.

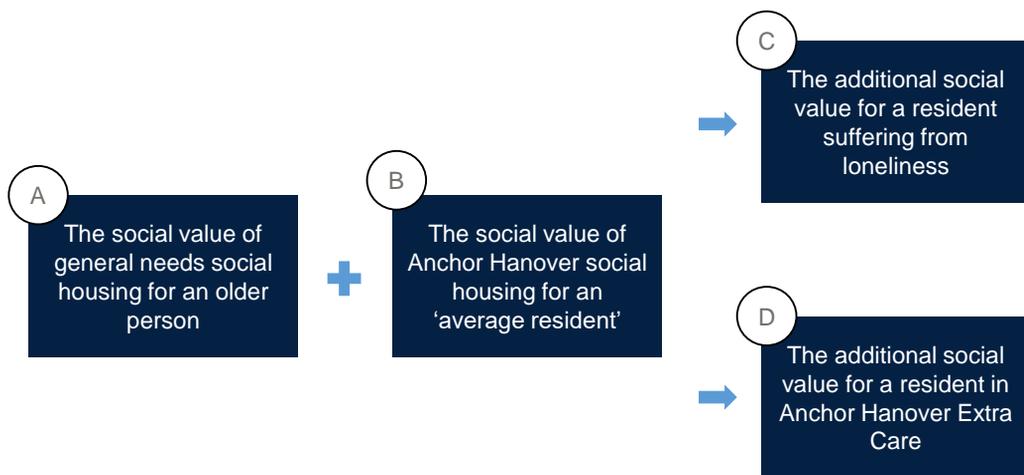
1.4 Determining the value of an Anchor Hanover social tenancy

On entering social housing a person's life can change, and Chapter 3 provides a brief overview of the value a stable, safe and decent home provides for social tenants. People can enter social housing at any age, but entering supported housing of the type provided by Anchor Hanover only becomes an option after the age of 55. Supported housing offers the stability, safety and standards of general needs social housing, but with additional benefits that help residents cope with significant life changes such as retirement, illness or the loss of a partner.

The diagram on the next page outlines our process for determining the social value of an Anchor Hanover tenancy.

In Chapter 3, we utilise existing research that articulates the social value of a general needs social tenancy for an older person (A, in the diagram below). In Chapter 4, we build on that research by taking time to understand the additional value that supported housing for older people offers (B in the diagram below). We then look at two specific areas in which additional support is brought by Anchor Hanover: keeping people engaged in their community into their later life and staving off loneliness (C, and Chapter 5) and the value that Extra Care delivers over and above supported housing (D, and Chapter 6). The scenarios (depicted below) are designed for distinct cohorts within the Anchor Hanover's resident profile. As such, the values associated with each cohort in the final chapter of this paper should be treated as distinct and not cumulative. Alternative deeper dives were also considered, but the selected scenarios best reflected the strategic focus of Anchor Hanover's management team, and areas of particular interest to them.

In the final chapter of the report, we will seek to quantify the monetary value to the state, where possible, associated with achieving the target outcomes. We also explain how this is calculated.



The diagram above serves as a recurring visual guide, as the subsequent chapters of the report delve into the detail. Chapter 4 presents the additional social value generated from Anchor Hanover's offer and draws out the BeWise service separately.

MARTHA'S STORY



Martha had a leg amputated and was no longer able to work when she was in her early 60s and living in a local authority provided home. Her home was therefore deemed unsuitable to her new situation and needs but the local authority did not have adequate accommodation available. As a result Martha was moved to a respite care home for a long period of time. This was also not suitable to her needs and had a detrimental effect on her wellbeing.

The period in respite care was a cause of significant financial stress – because her Universal Credit paperwork was sent to her previous address, she was unable to respond to it, and her payments were halted.

Then she was granted a flat with Anchor Hanover, which was far more suited to her, with full accessibility for her wheelchair and crutches.

When she reached retirement age, Anchor Hanover colleagues were able to help Martha apply for her full state pension, in addition to her welfare benefits. Combined, Martha now receives around £1,300 per month. She is now financially secure and can rest assured knowing she was a lifetime tenancy with Anchor Hanover.

As a result of moving into an Anchor Hanover flat, Martha has rediscovered her independence, and the ability to get out of her home. She now feels safe and secure in her home. Her mental health has become more stable. She has also taken on the role of Treasurer for the site's resident's social club, regularly collecting donations from residents and organising how the funds are spent.

Outcomes:

Safe and secure – Martha's fear, anxiety and risk of loneliness has significantly reduced. This applies to fear of leaving her home too. She can comfortably move around her home, no longer hindered by accessibility issues experienced in her previous flat.

Independent Living – she has received a significant improvement to her monthly income, with the assistance of Anchor Hanover.

Connectivity and inclusion – Martha is a valued and active member of the community with a role to carry out.

2. METHODOLOGY

2.1 Overview

This study was commissioned by Anchor Hanover and undertaken over the period October 2019-January 2020. The purpose was to understand the value brought by a social tenancy in supported accommodation, with particular regard to Anchor Hanover tenants.

Over the course of the evaluation we worked with Anchor Hanover to explore ways in which its supported accommodation improves quality of life for its residents. The stages of the process included:

- 1. Understand the cohort, their needs and target outcomes:** we met and interviewed colleagues at Anchor Hanover to discuss the needs of their residents, the activities undertaken by the organisation to address these needs, and the outcomes Anchor Hanover sought to achieve. From this we derived a theory of change for the organisation.
- 2. Review activities and outcomes:** based on the understanding of theory of change derived from the first stage, we reviewed the activities in light of the outcomes that Anchor Hanover are seeking to achieve and compiled a proposed list of organisational impacts.
- 3. Building on the research commissioned by the Hyde Group “The Value of a Social Tenancy”, the **outcomes for residents were evaluated and quantified**, where possible, using the Sonnet Advisory & Impact model for social wellbeing (**The Five Pillars of Wellbeing**), which looks at financial wellbeing, mental and physical wellbeing, relational wellbeing and purposefulness. The research methodology used for the study and for the valuation model followed a structured process, and was informed by a combination of desk research (the literature review), Action Research workshops, semi-structured interviews and an online resident survey of 285 Anchor Hanover residents with a response rate of 77%.**

We used all these methods concurrently, cross checking the outputs of individual research activities with other findings to:

- Triangulate findings where possible
- Consider findings from more than one perspective where possible
- Seek alternative views to test emerging hypotheses during the course of our research.

The data sources used have been RAG rated, and sensitivity tested the results, in line with by the Hyde Group “The Value of a Social Tenancy”.¹

¹ The full report and the methodology is available from www.hyde-housing.co.uk/value-to-society and the data underpinning the model is available on request.

We also took into account improvement in people's lives that occurred due to deadweight and attribution assumptions so as to not overstate the level of impact achieved. These are:

- **Deadweight:** this is the improvement that would have occurred for residents in the absence of an intervention by a supported housing provider.
- **Alternative attribution:** this is a reflection of the extent to which identified improvements are in part due to the work of other organisations, agencies and people in the life of the beneficiary group.

In arriving at the deadweight assumptions, we note that many of Anchor Hanover's outcomes arise due to the high likelihood that customers would not be able to change circumstances of their own volition (e.g. residents in supported housing schemes are very unlikely to become more mobile or able without external intervention). Deadweight assumptions within the model have been made in line with the outcomes and data available.

Alternative attribution is factored into the model in a number of ways, as appropriate and dependent on the outcome being modelled and data available. This includes the use of counterfactual analysis and research specific to both the supported housing sector and those relating to the general older population.

2.2 Impact Framework

To assess the value supported accommodation and Anchor Hanover's offer for older residents, it is helpful to consider the impact Anchor Hanover's actions have on the wellbeing of individuals. The Five Pillars of Wellbeing provides a helpful framework to structure the evaluation. It is the framework used to assess the value of a social tenancy for our 2018 report for the Hyde Group.¹ The framework is drawn and adapted from original work by Webb Trust and Carnegie UK Trust. The five pillars, illustrated below, are financial wellbeing, physical wellbeing, mental wellbeing, relational wellbeing and purpose.



The pillars provide a lens through which we can understand an individual's life story and a framework to consider holistically the needs and outcomes an individual is experiencing. The individual's outcomes can then be used to look at outcomes for the community and society as a whole.

¹ The full report and the methodology is available from www.hyde-housing.co.uk/value-to-society and the data underpinning the model is available on request.

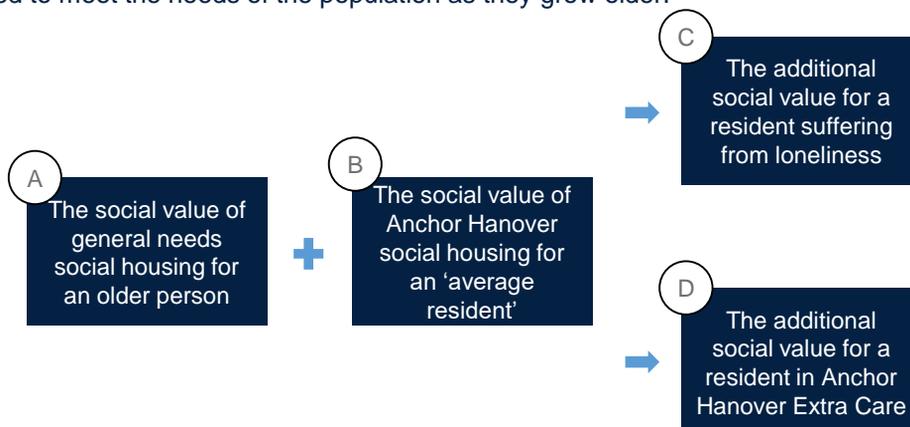
2.3 Modelling methodology

To assess the quantifiable social value of a supported tenancy, we must consider life without supported housing. This report assumes that if residents were not in supported housing, they would be in general needs social housing. As such, supported housing offers the social value of a general needs tenancy plus additional value associated with the supported housing offer.

We have segmented the overall value of a supported tenancy into a series of steps. Firstly, we look at the model developed with the Hyde Group and used in *The Value of a Social Tenancy* to determine the value of social housing. We then look at the activities Anchor Hanover undertake, over and above the provision of social housing, to determine the added value for a typical Anchor Hanover tenant. Our next steps take a deeper dive into two specific scenarios - the effect of addressing loneliness, and the additional value for a resident in Extra Care. The overall picture of impact is built up in stages, as depicted in the diagram below, looking at:

- A. The benefits of social housing for an older person, using the methodology and modelling practices adopted in our report for the Hyde Group, for our 2018 report *The Value of a Social Tenancy*.
- B. The benefits of supported housing over and above a general needs social tenancy.
- C. The benefits associated with remaining connected with a community associated with reducing loneliness and isolation.
- D. The benefits of being in Extra Care when a resident's needs justify the intervention, over and above supported housing provision. Note that we do not consider the value associated with delaying entry into residential care as it was not considered a viable alternative to an Anchor Hanover placement, due to a shortage of residential care places and lengthy waiting lists.

The following chapters look at each of these in turn, gradually building up a picture of the value generated by offering accommodation and support, both general and tailored, that is designed to meet the needs of the population as they grow older.



PAM'S STORY

Pam had lived in the same area for the majority of her life, including living there in social housing. She decided to move into an Anchor Hanover residence so that she had an accessible home in preparation for her later years.

For Pam, being in a familiar location was essential so that she still had access to the people and amenities she knew. She was able to move into an Anchor Hanover flat nearby and therefore maintain all of her friendships with the help of the transport links on-site.

She has also gained a new community of friends at Anchor Hanover and she has become an active member of its community. Pam regularly tends to the community gardens along with her friends and makes sure to attend the various events put on by the local housing manager and Anchor Hanover colleagues.

Pam's new flat is suited to her limited mobility and as a result she is no longer fearful of falling over and injuring herself as she was in her previous home.

Additionally, through the BeWise service, Pam has been able to access an increased benefits allowance, as she previously did not know she was eligible for Attendance Allowance. The service also assisted Pam to successfully apply for the Warm Home Discount government scheme, saving her money on her energy bill in the winter months.

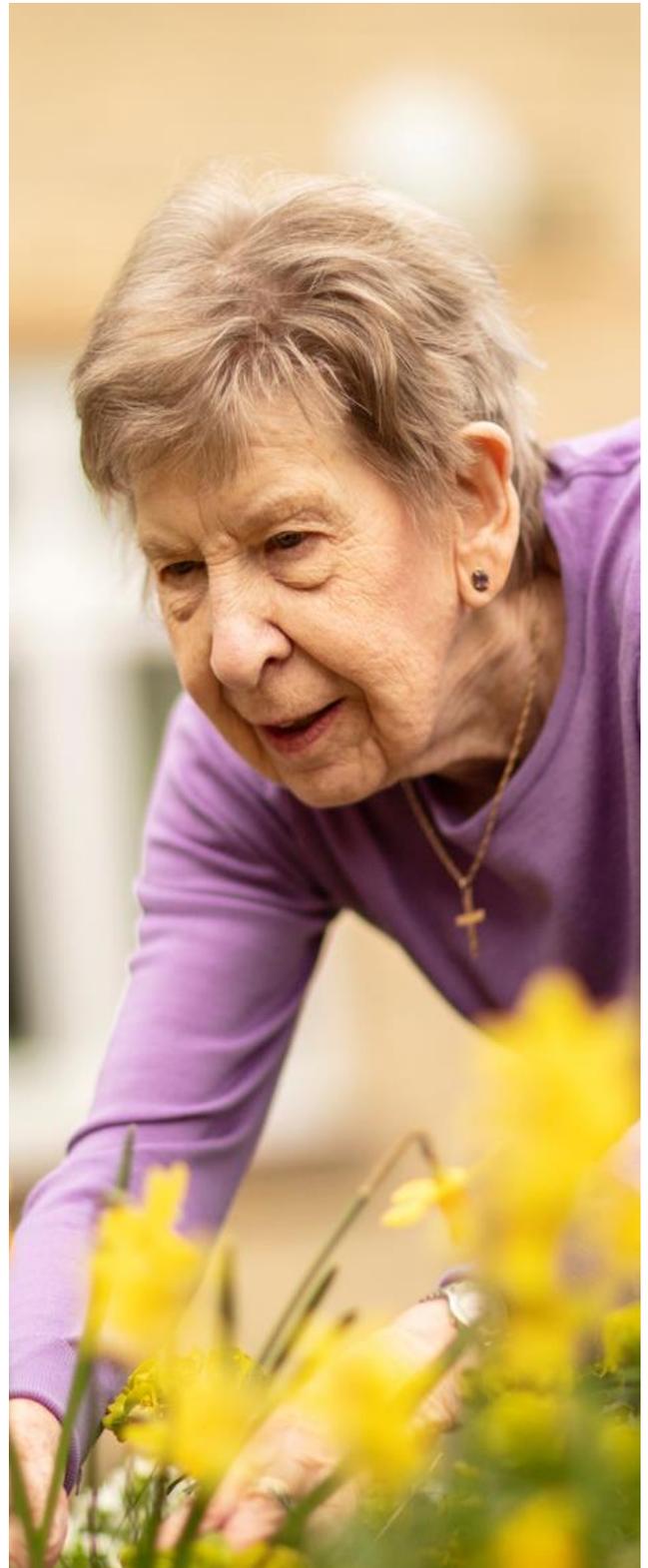
Outcomes:

Safe and Secure - Pam is no longer fearful of falling and injuring herself in her home.

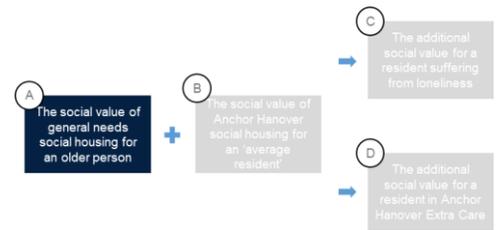
Independent living – Pam has increased her income through the Attendance Allowance and saved on her energy bills.

Connectivity and inclusion – she has been able to maintain her pre-existing relationships and gained new friends.

This illustration is a blended case study, based on discussions and interviews with Anchor Hanover local housing managers. It has been anonymised and there is no implication that the photograph is the resident in question.



3. THE VALUE OF A SOCIAL TENANCY: BUILDING ON EXISTING RESEARCH



3.1 The Value of a Social Tenancy

In 2018, the Hyde Group published *The Value of a Social Tenancy*.¹ The purpose of the research was to demonstrate that social housing offers so much more than just a roof over someone's head. This was done by evaluating the outcomes experienced by people and communities, resulting from the activities of a social tenancy with the Hyde Group. The report articulates the role social housing plays in creating safe and sustainable communities, and the consequent impact in reducing the burden on emergency services, healthcare and local authorities. The research demonstrates how social housing saves money and impacts positively on the economy. It is an evidenced but story-based approach that lets any measurement and financial valuation emerge as a reflection of the deeply nuanced stories of changed lives, and what enables that change to happen.

To measure the value of a social tenancy, we used the same model that underpinned the Hyde Group's publication *The Value of a Social Tenancy*. The model works by understanding the lives of social housing tenants if they were not living in social housing and comparing this scenario with the lives of those living in social housing. We then looked at the wider effects that the differences in people's lives had on other stakeholders, and therefore the 'value' to those stakeholders. This gave us the minimum 'core' value a social tenancy brings. This could be, for example, improving mental and physical health and hence placing reduced reliance on public services.

¹ The full report and the methodology is available from www.hyde-housing.co.uk/value-to-society and the data underpinning the model is available on request.

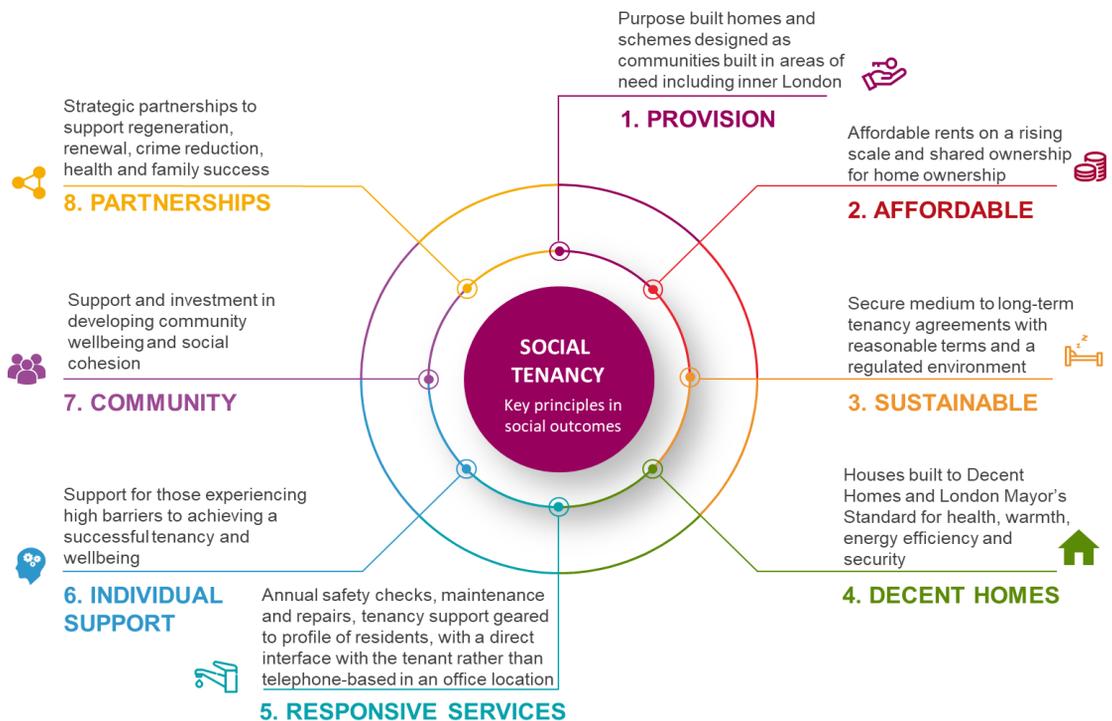
3.2 The value brought by social housing

Providing social housing comprises three main elements:

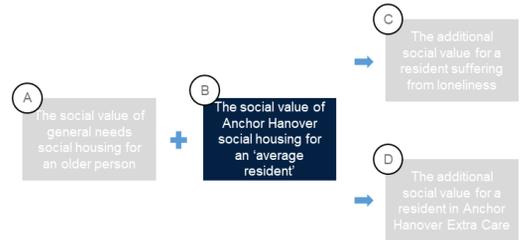
- Affordable homes;
- Landlord services; and
- Additional services as needed.

Through providing these three elements, which are interdependent, residents' lives, life chances and wellbeing can all improve.

The diagram below outlines the eight key elements that were shown by the research to bring value in the case of a general social housing provider. By addressing the barriers to stable and affordable housing, and by helping residents to 'help themselves', the residents were more able and better equipped to take control in other areas of their lives.



4. IMPROVING WELLBEING: LIFE IN SUPPORTED HOUSING



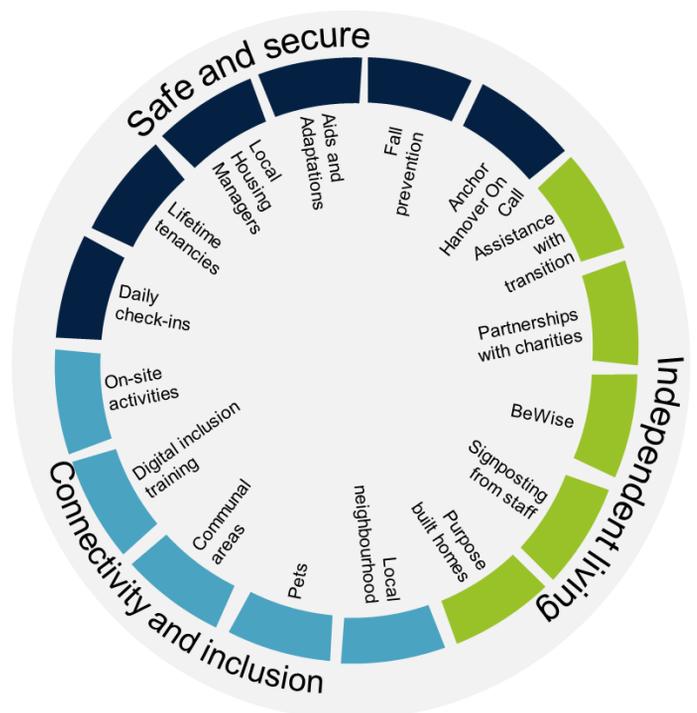
To this general case can be added the benefits of Anchor Hanover’s supported housing offering which includes not just affordable rents, and life time tenancies (a tailored version of the sustainable tenancies in the general case), but also a local housing manager, an adapted home and choice for the resident as to the level of resident support and engagement provided.

Residents often move into supported housing in preparation for growing older or after experiencing a significant life change. Such changes might include retirement, the loss of a partner or the onset of a health issue. Unexpected loss, challenging situations and illness are part of our lives, but can cause significant stress. As a result many residents either enter supported housing at a point in their lives when they are vulnerable to isolation, depression, anxiety and a loss of purpose, or are likely to experience those life changes while living in an Anchor Hanover property.

Anchor Hanover aims to address these needs and improve the wellbeing and quality of life for their residents by providing supported housing and a community of peers to help residents remain:

- Independent
- Connected and included
- Safe and secure

To that end, Anchor Hanover undertakes and facilitates a number of activities that drive the delivery of these outcomes, as illustrated in the wheel (right). Activities and their intended outcomes should be viewed holistically, as many activities seek to deliver more than one outcome. In this section we highlight many of the activities and facilities offered by Anchor Hanover, to demonstrate how supported housing can make a difference for the wellbeing of residents, and seek to value the benefit they deliver.



Aids & Adaptations

40% of residents enter Anchor Hanover properties in light of frail health and accessibility issues¹. The flats in Anchor Hanover’s social supported housing portfolio are specifically designed for older people to allow them to live independently.

¹ Anchor Hanover internal resident data

The portfolio predominantly comprises single units, within a block of between 30-60 self contained flats with safety features such as accessible showers and pull cords (24 hour emergency alarm) as standard.

Although Anchor Hanover properties are purpose-built for their target demographic, many residents need additional alterations to ensure their safety within their home. Anchor Hanover fully funds any minor adaptations up to £1,000. These might include grab rails, shower seats and small ramps. Major adaptations, such as the installation of stair lifts and wet rooms, costing over £1,000, are typically funded by the local authority via a Disabled Facilities Grant. Anchor Hanover offers a 40% contribution to the cost of this adaptation to either the local authority or the resident directly, if they do not qualify for the grant.

Requests for these adaptations typically come from residents themselves or occupational therapists who have completed an assessment of their needs. Implementation of requested adaptations takes on average 28 days, but Anchor Hanover is working to reduce this to five days. In addition to the property adaptations, Anchor Hanover is trialling strength and balance training for residents to improve their core strength, making them further resistant to falls, in particular those that might have occurred outside of the home.

The aids, adaptations and strength and balance training are all just part of the way Anchor Hanover's services and activities help to reduce the risk of falls and keep people safe in their homes. Approximately 1 in 3 adults over the age of 65 are likely to experience a fall each year.¹ While not every fall results in a hospital visit, others can lead to hip fractures and eventually replacements. The total annual cost of fragility fractures alone has been estimated at £4.4 billion which includes £1.1 billion for social care and £2 billion from hip fractures. Further costs would include A&E attendances, ambulance call outs and possibly follow-on social care.² What these figures do not capture is the pain suffered, the emotional distress and fear of losing independence. For example, a review cited by Public Health England found that 20% of hip fracture patients entered long-term care in the first year after fracture.

The NHS confederation estimates that an effective fall prevention strategy, such as the procedures outlined above which targets **physical wellbeing, mental wellbeing and Independent living**, has the potential to reduce the rate of falls by up to 30%.³

10 Today: In 2019, Anchor Hanover launched 10 Today, an innovative programme that aims to increase physical activity through short 10 minute exercise routines that can be done almost anywhere and at any time, and are broadcast free on the radio and online. 10 Today has been designed by older people, for older people, with their habits, preferences and attitudes front of mind. Terry Keen, 72, an Anchor Hanover resident and trained fitness instructor, helped design the different workouts alongside industry experts. 10 Today is a collaboration between partners including Anchor Hanover and think tank Demos and is backed by National Lottery funding through Sport England.

1 National Institute for Health and Care Excellence. (2013). Falls: Assessment and prevention of falls in older people.

2 Public Health England (2020), Falls: Applying all our Health, 31 January 2020.

3 Clifford, J. and Theobald, C. (2013), Gloucester City Homes: Social Impact evaluation of selected activities using Social Return on Investment



Remaining financially independent

Anchor Hanover offer a free and confidential advisory service to all tenants, known as BeWise, which is designed to help residents maintain and improve their **financial wellbeing** and **live independently**. The service is split between MoneyWise, which provides advice about benefits and entitlements, and EnergyWise which provides advice to residents around their entitlements and options with regards to their energy bills. The service is relatively new, though take up is increasing. In 2018/19 MoneyWise helped 237 people and EnergyWise helped 147 people. The average resident who benefited from using BeWise saw an increase in annual income of nearly **£6,000** from additional benefits of allowances (such as the Attendance Allowance and pension) and the reduction in energy bills.⁴



Local housing manager

One of the key drivers of value in Anchor Hanover's supported housing offer is a local housing manager. They are available to offer advice to residents, manage communal areas and arrange maintenance and repairs. They offer a friendly face and a point of contact. Residents can opt for a daily check in call from the local housing manager, for example to remind them to take their medication, and have the opportunity to drop in and speak to them during working hours. Although not officially in their job description, our workshops with local housing managers found that they do their best to offer a personalised service. Small gestures such as birthday cards for those without families and organising film nights for residents, as discussed in workshops, can make a significant difference to individual wellbeing and can not easily be quantified. Nearly half of surveyed residents stated that the presence of a local housing manager was highly valuable, and three quarters of residents felt that they benefited from the presence of a local housing manager.

¹ Due to the relatively small take up of BeWise, the benefits accrued have not been incorporated into the average social value associated with a supported housing tenancy.

Local housing managers also help disseminate information about local crime, arrange for speakers to come from the local police station and fire station, and help residents stay alert and vigilant. They often **signpost** residents to local charities such as Age UK for support where appropriate, relevant events and local services such as cleaners and hairdressers. They also encourage residents to form and participate in a residents association, which can contribute to **relational wellbeing and purposefulness** by helping them remain connected in the community. They can also be a point of contact for relatives when residents struggle to make contact, offering peace of mind for families and relieving pressure on family carers. The effect of this relief, however, has not been modelled in this report.

Due to the provision of the support provided by both the local housing manager and the aids and adaptations team, residents in social housing tend to stay in hospital (after being admitted) for considerably less time than their peers in the general population. Over the course of a year, a 75 year old living in supported housing admitted into hospital stays an average of seven days. This compares to a 75 year old in the general population requiring a stay of 17¹ days, after being admitted into hospital. The cost to the NHS per day spent in hospital is £337,² meaning an average 10 day reduction in length of hospital stay for residents in supported housing yields significant costs avoided and efficiency benefits for the health service. There are also additional costs associated with an older individual leaving hospital without support, due to increased probabilities of requiring readmission as a result of improper follow-on care. The average cost of this, across both planned and unplanned admissions, is £435³.

The stark difference in the length of hospital stay for residents of supported housing and those of a similar cohort in the general population is due to the level of support supported housing is able to offer the patient at home. The local housing managers and the aids and adaptations supported housing offers ultimately help expedite hospital discharges and offer a safe home to return to, which in turn helps residents stay **physically well and independent**.

1 Demos. (2017). The social value of supported housing (quoting Housing Care: A Better Life: Private sheltered housing and independent living for older people) (2015 figure of £300 increased by ONS inflation rates)

2 New Economy Manchester Unit Cost Database v.2.0, updated April 2019. Average of £515 (cost of planned admission) and £355 (cost of unplanned admission).

Safety and security measures

Feeling safe, stable and secure in your own home is central to our mental wellbeing. Houses are more than physical structures that provide shelter: they are homes and where we spend most of our time, particularly as we move into our later years. One in five Anchor Hanover residents cite security and peace of mind as the reason for entering supported housing.¹ Anchor Hanover housing has a number of features to help people feel safe, including fall prevention as addressed above, but also by providing certainty over tenure and reducing the risk of issues such as fire and crime.

Research by Shelter reveals that a quarter (25%) of private renters age 65 and over worry about becoming homeless, and 48% of 55-64 year olds believe the high cost of renting means that they will not be able to afford to retire.² Anchor Hanover's offer of a lifetime tenancy means that the **mental wellbeing** of social tenancy residents can be put at ease, safe in the knowledge that they will have the **security** of tenure – they can live in a suitable home for as long as they need it, at affordable prices.

In addition, each Anchor Hanover property has a number of features that contribute to resident **mental and physical wellbeing** by ensuring residents feel **safe and secure** in their own homes. Each property is a priority building for the fire brigade in the event of a fire. Individuals with accessibility issues also have a personal risk evacuation plan, ensuring each resident receives adequate support to leave the building in the event of a fire. Local housing managers also have master keys to each housing unit, providing emergency access if needed. Our workshops with frontline colleagues revealed how in many cases, the presence of local housing managers provides the most effective fire prevention strategy. Many of them had singlehandedly prevented a fire by spotting an unattended stove or toaster. At an average cost of £53,498³ per residential fire, this colleagues provision alone creates considerable savings for the fire service over and above the evident wellbeing benefits for the residents themselves.

Each estate also has links with the local police community support officer (PCSO). The local police provide presentations on local crimes and scams so that residents can be vigilant and take steps to reduce their risks of being victims of crime both online and in person. The local housing manager can often be a point of contact and co-ordination, sign posting residents to local crime awareness events, or providing safeguarding and prevention information.

1 Anchor Hanover internal resident data

2 Shelter Press Release, (2019). World Homeless Day: Shelter warns of 'ticking timebomb' for older renters

3 New Economy Manchester Unit Cost Database v.2.0, updated April 2019.

Anchor Hanover on call

Each property is fitted with a pull cord alarm system connected to Anchor Hanover on call, an internal emergency customer contact service. This typically acts as the first point of call for any resident in need and can effectively intercept calls that would have otherwise gone to emergency services without due cause. On average, in a year each resident makes the following unnecessary calls:

- 6 calls to ambulance services
- 0.3 calls to the fire brigade
- 6 calls to the police

Of these calls, some would have resulted in attendances, resulting in needless costs for the state. Our valuation model includes cost savings from both the avoided costs of taking the calls and the more significant costs avoided of attending an incident.

Activities and programmes

Anchor Hanover have sought to improve **connectivity and inclusion** through the provision of communal areas and social opportunities within estates. Not every residence has a communal common room in which to congregate, but where they are in place residents are free to use them and host events there. Events and activities within resident blocks are typically organised by residents themselves or local outreach organisations such as Age UK. These activities include coffee mornings, arts and crafts and gardening clubs.

In addition, Anchor Hanover run an internal grant scheme so residents can apply for funding for activities. The legacy Hanover fund called Greenshoots offered up to £500 for social events, £2,000 for estate improvement projects and up to £5,000 for starting up a social enterprise. The largest of these grant categories have been used to set up a shop run by residents at an Extra Care estate and to run a community café to create a safe meeting space for those affected by dementia.

Such opportunities can go some way to providing **mental** and **relational wellbeing**, and provide **purpose**.

Digital and Technology

With the rapid changes in technology, older people often feel left behind and out of touch with digital services. Digital **inclusion** activities create an opportunity for both increasing **independence** and maintaining **connectivity**. With services increasingly moving online and paperless, the need for computer literacy to self-manage day to day bills and accounts increases. Furthermore, for residents with friends and family abroad, learning the use of video conferencing can be life changing.

Anchor Hanover has run trials to improve digital access on estates and provide Wi-Fi in many communal areas. They have run trials with Accenture Studios to pilot the use of Amazon devices with some success. In our workshops we heard accounts of a resident over 80 years old reconnecting with her family in Canada over Amazon Echo and a resident who was blinded after an acid attack being able to maintain her independence with the help of Amazon Alexa.

There is additional scope for technology to improve services going forward. Apps to prompt a patient taking medication or remind them to lock their windows could create significant benefits for both residents and colleagues. There are additional telecare devices that could also provide these benefits such as wrist pendants to detect falls, GPS tracking and door sensors for dementia patients. Oysta is a new device that provides GPS tracking as well as calls to family and emergency services. There has been some uptake of new technology but pricing is often prohibitive for residents.

Summary

Our research leads us to believe that the activities mentioned above are the key (but not sole) drivers of value and delivery mechanisms that enable Anchor Hanover to facilitate greater wellbeing for their residents by helping them live independently, remain connected in the community and feel safe and secure. The final chapter of this report seeks to quantify some of social value offered by Anchor Hanover, over and above those obtained within general needs social housing, and quantify what these life outcomes translate to for key stakeholders.

SPOTLIGHT ON WELLBEING: HACKNEY PILOT

In recognising wellbeing's importance to residents' everyday lives, Anchor Hanover is piloting a new programme in Hackney, one of their most highly concentrated areas of operation. They have appointed a Wellbeing Development Manager who is responsible for organising and running wellbeing initiatives for the residents in the borough, as well as liaising with local charities running programmes and events that might be of interest. A team of Wellbeing Co-ordinators has been assembled to assist the Wellbeing Development Manager and to be the "frontline" of this initiative. The new Wellbeing team has been successful in securing grant funding for the following three projects:

- a joint City & Hackney CCG and Hackney Council research project looking at primary prevention of falls to help Anchor Hanover improve the physical wellbeing of their residents;
- a Connect Hackney grant to increase the number of activities offered on Anchor Hanover estates to help them deliver independent living, community and inclusion;
- a partnership with film makers and artists, WhittyGordon Projects, to run intergenerational workshops with 8-15 year olds and to create short films to track the progress of the various wellbeing initiatives on the estates. The aim is to provide a sense of community, purpose and general wellbeing for both residents and participants.

The progress of the wellbeing programme in Hackney is being closely monitored and will be used to develop an organisational wellbeing programme to be rolled out to the entire of Anchor Hanover portfolio.



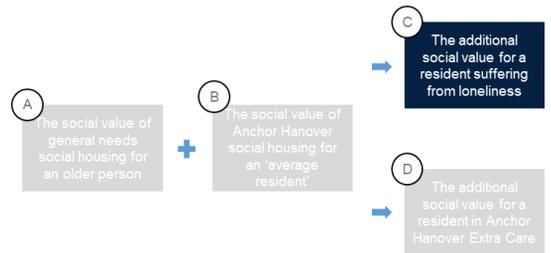
A real example of a wellbeing initiative facilitated by the Wellbeing team in Hackney is the intergenerational friendship partnership between the Limetree Court Extra Care Estate and the nearby Little Gems Nursery. A carefully selected group of 10 children were chosen to visit Limetree Court, based on their behaviour and personalities.

These sessions soon became something to look forward to, after regular encouragement from the Wellbeing Co-ordinators. Being an Extra Care estate, there were a number of residents living with dementia and the Wellbeing colleagues said there were noticeable effects on these individuals in particular. One lady was said to have "come alive again" when the children came to visit. She was usually a solitary character, but with the children she would laugh, play and even be up dancing with them.

One consistent piece of feedback from residents, as to why they enjoy the company of the children so much, is that children of that age have no preconceived perceptions of older people and hold no judgement. This means that the two parties are able to form genuine relationships based on their interactions alone.

As well as being important to residents, the children also benefit from the programme. It helps them develop communication and language skills, particularly when interacting with people from a different age group. Spending time with older people and adapting to their needs and conditions also helps the children to develop empathy, which can be applied to all their interactions.

5. REMAINING CONNECTED: THE VALUE OF ADDRESSING LONELINESS



Loneliness is a subjective feeling relating to having a less than desired amount of social contact. It is distinct from social isolation which can be objectively measured by assessing the frequency of social contact, but not the quality of it. 24% of over 50s in England feel lonely some of the time and 7% feel lonely often.¹ This figure is predicted to rise unless significant efforts are made to address loneliness. Those aged over 50 are more likely to feel lonely if they are widowed, lack someone to confide in, are in poor health and unable to do the things they want to, feel they do not belong in their neighbourhood or live alone.¹

Loneliness can have serious health consequences if left unaddressed, affecting physical wellbeing. The condition can increase the risk of dementia by 90%,² heart disease by 29%³ and stroke by 32%.³ Furthermore, if an individual is isolated or lonely, symptoms of other long term conditions such as diabetes are likely to go unnoticed, potentially resulting in crises and major surgery that would have been avoided if treated and managed earlier.

Combatting loneliness, therefore, can result in significant savings for the NHS. For example, the cost of treating a patient with dementia costs over £20,000 per year,⁴ and the cost of caring for a patient with stroke is over £48,000 per year.⁴ In addition to these costs associated with serious health conditions, lonely people are significantly more likely to use medical services for non-medical reasons. They are twice more likely to visit their GP and one and a half times more likely to go to A&E to engage in some kind of human contact and social interaction.² A person suffering from loneliness is also three and a half times more likely to suffer from depression,² which can be treated at a cost of £943 per year⁴.

One in six Anchor Hanover residents cite companionship or being closer to loved ones as a reason for moving into an Anchor Hanover property⁵. Remaining connected and included in the community is a central pillar to relational and mental wellbeing and often linked to sense of purpose. Anchor Hanover's residential offering aims to address loneliness through a variety of endeavours, including:

- Providing communal spaces where group activities can take place, and more broadly provide a safe place to meet;
- Efforts to promote digital access to encourage safe and frequent communication with long distance friends and relatives;
- Partnerships with local outreach organisations such as age UK to promote engagement and support;

1 Age UK. (2018). All the Lonely People: Loneliness in Later Life.

2 Social Finance. (2015). Investing to Tackle Loneliness: A Discussion Paper

3 Valtorta, N. et al. (2015). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systemic review and meta-analysis of longitudinal observational studies

4 New Economy Manchester Unit Cost Database v.2.0, updated April 2019.

5 Anchor Hanover internal resident data

- The presence of an on-site Local Housing Manager who provides a friendly point of daily contact; and
- Allowing pets, which often provide a source of companionship.¹

We seek to quantify the combined impact of these activities in Chapter 7, taking into account the data detailed above.

¹ 49% of older people (equivalent to over 5 million individuals) say the television or pets are their main form of company - Age UK. (2019). Later Life in the United Kingdom 2019

MICHAEL'S STORY

Living with Anchor Hanover has provided stability for Michael, enabling him to overcome his depression and begin to socialise with people again, in an unforced and natural way and on his own terms.

Michael has suffered from depression for a long time, leading him to isolate himself. He struggled to form and maintain relationships and begun building barriers to limit interaction with other and reject any offers of friendship and help.

His local housing manager, and the Anchor Hanover team, reached out to Michael and were able to organise for a befriender to start visiting him. The befriender was a volunteer from a local charity that colleagues had connections with. They visited for short periods that suited Michael and he began to enjoy the limited interaction that was not a major encroachment on what he wanted to do.

Over time, colleagues also learned that Michael liked to read and were able to arrange for him to visit the local library. As well as feeding his desire to read and find new books, trips to the library had considerable secondary outcomes. The library trips gave Michael a reason to get up and leave his flat for a short period of time and it also increases the chances of limited social interaction with people (e.g. the librarian) outside of his usual interactions with Anchor Hanover.

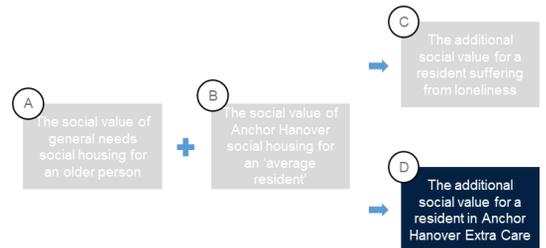
Outcomes:

Connectivity and inclusion – going to the library gives Michael a reason to get up, get dressed and leave his flat and to socialise with other people outside of his home setting. He also socialises with the volunteer befriender. This should improve his dealings with Anchor Hanover colleagues and gradually his fellow residents as he becomes more confident and realises the benefits of socialising.

This illustration is a blended case study, based on discussions and interviews with Anchor Hanover local housing managers. It has been anonymised and there is no implication that the photograph is the resident in question.



6. REMAINING INDEPENDENT: ADDRESSING CARE NEEDS IN LATER LIFE



Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self contained homes and a legal right to occupy the property, just as other residents do. In addition to the communal facilities often found in supported housing, these residences have 24/7 staff presence, a catering service providing daily meals and communal areas.

The provision of a daily hot meal has nutritional and thus **physical** and **mental wellbeing** benefits. The meals are tailored to individual health and dietary needs, effectively combatting malnutrition, which affects 10% of over 65s.¹ The cost of treating malnutrition is substantial, at almost £6,000 per person to cover the necessary healthcare and social care costs.²

Meals are served in the communal dining facilities, which also help foster regular social interaction, and **community and inclusion** by ensuring that residents leave their accommodation at least once a day, thereby improving **relational wellbeing**. In addition to a dining room, the estates have a common room where group activities can take place. Testimonial evidence from our conversations with Extra Care housing managers indicated 85% of residents take part in an organised activity.

To help keep residents active and well, Anchor Hanover launched '10 Today', a ten minute exercise routine broadcast via radio, podcast and YouTube that residents could do in their homes or in communal areas in estates. The programme has proved popular in many Extra Care facilities boosting physical wellbeing and combatting physical inactivity amongst residents. Physical inactivity can cost the state up to £450 per year due to increased risks of diabetes, stroke and coronary heart disease.³

Some estates have been trialling intergenerational projects. Our interviews with Extra Care housing managers discussed the success of an intergenerational programme with a local special needs primary school. The programme proved beneficial to both sets of participants, particularly for those (children and adults) who had previously experienced difficulty and discomfort with communication and being in groups.

- 1 European Nutrition for Health Alliance. (2006). Malnutrition among Older People in the Community: Policy Recommendations for Change.
- 2 National Institute for Health and Care Excellence. (2013). Falls: Assessment and prevention of falls in older people. (Incremental cost of treating a patient with malnutrition at £5,253 in 2015. Adjusted for inflation.)
- 3 Social Finance. (2015). Investing to Tackle Loneliness: A Discussion Paper. Cost of physical inactivity stated at £6,000 over 15 years in 2015. Adjusted to a per annum figure and for inflation.

For a local authority, an Anchor Hanover Extra Care facility delivers significant care savings. As a result of the lunch service, residents do not need an additional hour of care at lunchtime, that they would have otherwise required for assistance with meal preparation. Over a year this would cost close to £6,000 per resident. In addition, the fact that all residents require care and live side by side, creates additional efficiency savings for the local authority compared to residents living in the community, because carers spend less time travelling between people's homes.¹

The total social value of this service provision is detailed in the following chapter, where we breakdown the figures into individual elements. We do not consider the costs of delayed entry into care homes and hospices, due to both the difficulty in estimating the likelihood and cost, but also because of the distorting nature or the savings generated.

¹ Internal Anchor Hanover data based on local authority commissioning costs for care.

CAROL'S STORY

In her late 80s and suffering from arthritis and breathing difficulties, Carol's council home had become unsuitable for her needs. As a result she gradually began to stop going out, becoming isolated from society as a result was heavily reliant on her family for daily assistance.

Since moving from her local authority provided home into an Anchor Hanover flat, Carol's circumstances have improved drastically.

Encouraged by the local housing manager and with a community on her doorstep, Carol now has a large group of friends within the community at Anchor Hanover and has taken on the unofficial role of head of the social committee. As part of this she helps to organise day trips for her fellow residents, making sure that everyone is included. Carol also runs her site's regular film club, ensuring attendance and sourcing the next feature for the club to watch.

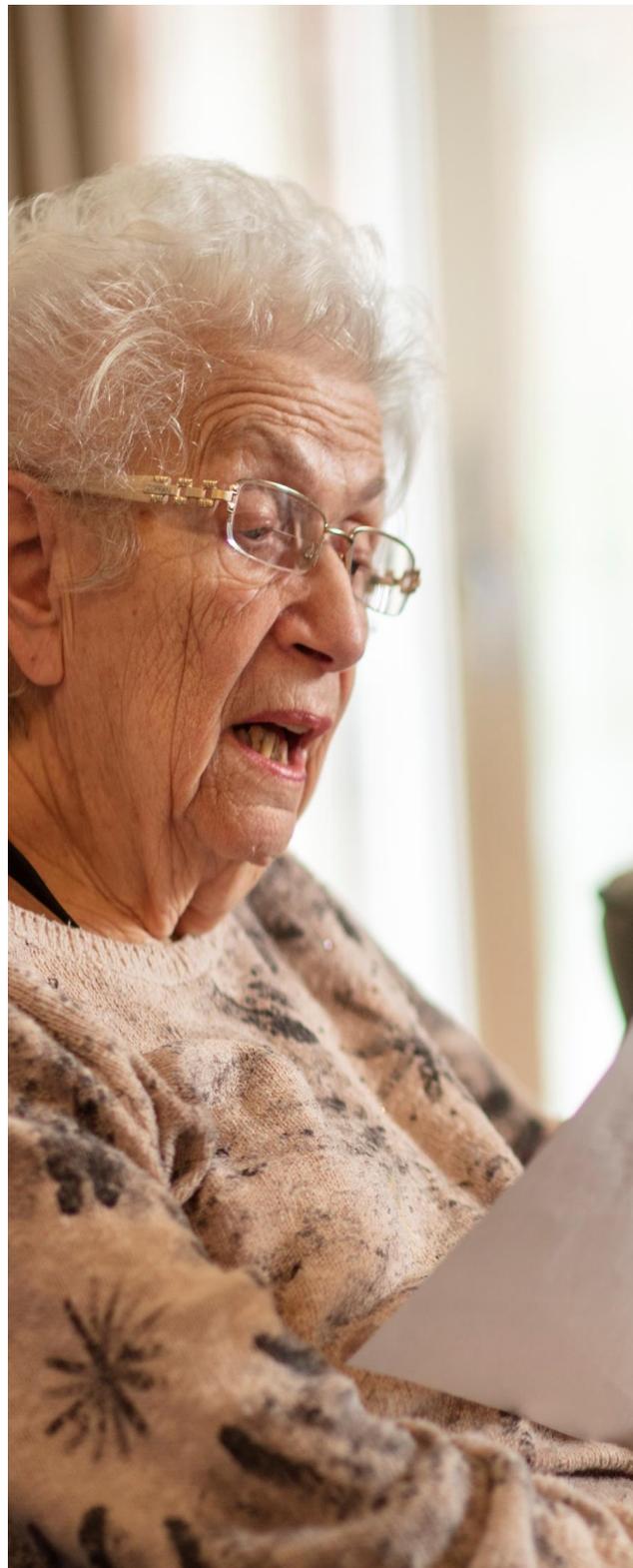
Additionally, Carol also sits on the residency's social funding committee. The social committee raises money through various activities such as bake sales, and uses the funds to improve the Anchor Hanover community or donates to a cause chosen by the committee. Recent funds have been used to purchase plants and gardening equipment for the site's community areas and also donated to a local charity.

Outcomes:

Independent living – Carol has a role and responsibilities to fulfil in her community, delivering structure to her life.

Connectivity and inclusion – she is no longer reliant upon family members and now has an extensive social network.

This illustration is a blended case study, based on discussions and interviews with Anchor Hanover local housing managers. It has been anonymised and there is no implication that the photograph is the resident in question.

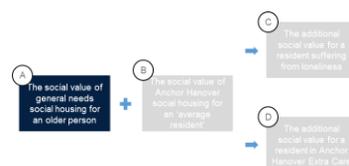


7. VALUING THE OUTCOMES

A. The value of a social tenancy in general needs housing

£3,400 per resident, per year

Drawing upon our work with the Hyde Group, which considered how life trajectories differ for people with and without social housing, the direct social value of a social tenancy has been calculated as £11,731 per year.



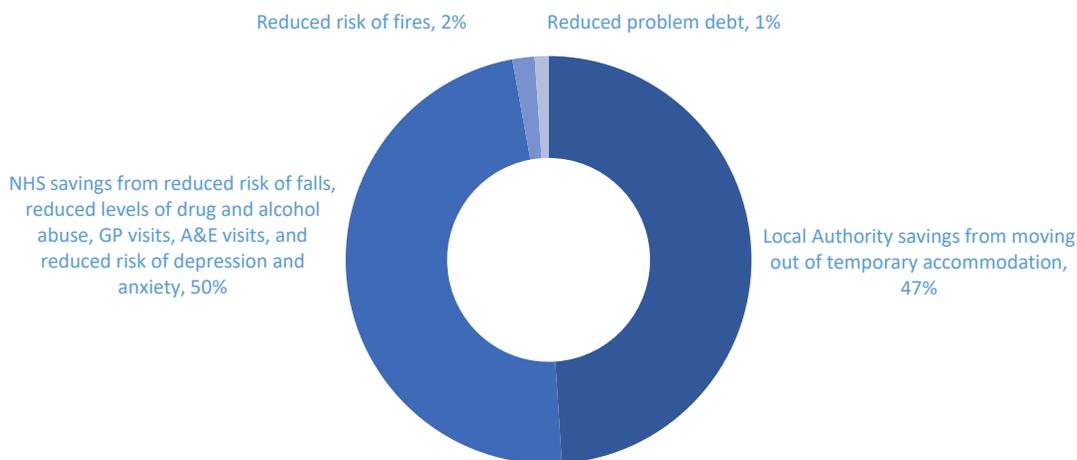
This figure is an average, and as such captures the benefits social housing offers residents, who comprise: older people, working age adults and families with children.

We adjusted the model to capture the benefits only applicable to older people, whom we assumed to be not in work and not to have young children. As a result, any benefits associated with moving into work, improved health for working age adults and children and increased productivity at work have all been taken out of the model.

The resulting value associated with a social tenancy for an older person is estimated to be at least **£3,400 per resident, per year**. This value reflects the residents’ gain in wellbeing, and is summarised under the headings of the Five Pillars of Wellbeing below.

	Impact of social housing for the wellbeing of residents	How we measure the benefits
Financial wellbeing	Social housing tenants are less likely to have problem debt, due to affordability of rent, no agency fees and charges; because of a less punitive approach to arrears and access to landlord services, such as benefits checks and debt counselling.	Household income, lower problem debt, and savings from moving people from temporary accommodation into a stable home.
Physical wellbeing	Physical wellbeing improves (or at least does not further deteriorate) as a result of stable and secure homes that are well-maintained and energy-efficient, with good quality indoor and outdoor space. Residents’ financial situations also improve, enabling them to buy better food and heat their homes.	A reduction in behaviours impacting on health such as smoking and alcohol dependence, and a reduction in poor health outcomes associated with a poor quality housing.
Mental wellbeing	Stable, secure and affordable housing improves the mental wellbeing of residents significantly and reduces the burden on healthcare and the police.	Treatment for depression, anxiety and stress.
Relational wellbeing	A stable and uncrowded home environment reduces stresses and strains on family and personal relationships and can provide a starting point for the formation of new ones.	Qualified through resident stories.
Purpose	Affordable, stable and secure housing, supportive relationships, plus tenancy support, provide opportunities to develop a sense of purpose. People are more likely to volunteer or care for others, contributing to community wellbeing and reducing demand for support services.	Qualified through resident stories.

The £3,400 per resident, per year is made up of the following components:



B. The added value of a supported tenancy in Anchor Hanover

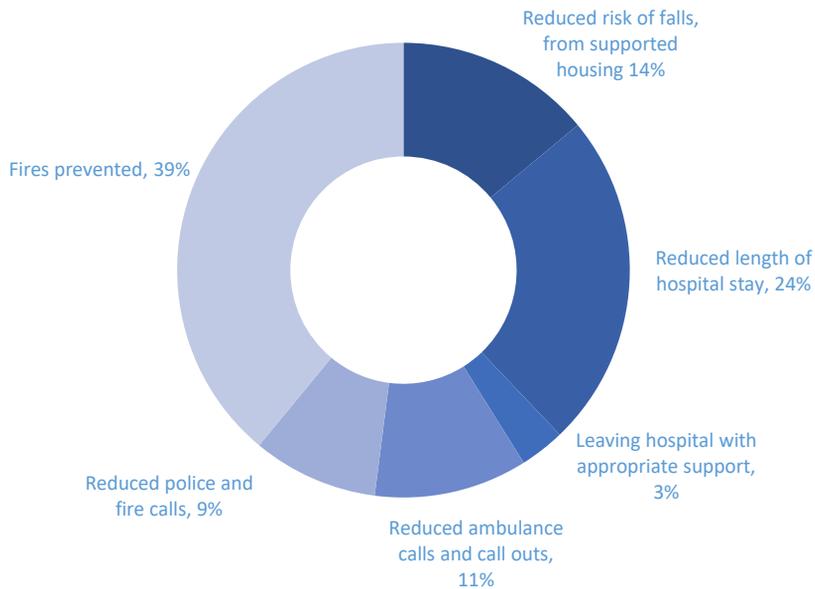
£2,800 per resident, per year

Based upon the activities described in Chapter 4, we have modelled the additional value for residents in a supported housing Anchor Hanover estate. The value drivers for the model are listed below.



	Impact of supported housing on individual wellbeing	How we measure it?
Financial wellbeing	Supported housing offers affordable rents and additional services to help tenants maximise their finances.	Increased income due to appropriate benefit entitlement and lower energy bills.
Physical wellbeing	Purpose-built housing with the option for additional aids and adaptations reduces the risk of falls. Additional oversight and special measures for a priority residence reduced the risk of fires. The presence of the local housing manager and adapted home facilitates discharge from hospital and reduces risks of readmission due to lack of follow on care.	Reduction in risk of falls, risk of fire and reduced length of hospital stays, associated with supported housing.
Mental wellbeing	Lifetime tenancies to offer peace of mind and stability. Facilitation of activities and events to inform and educate residents concerning crime prevention and fire safety contribute to mental wellbeing.	Qualitative data from surveys and workshops.
Relational wellbeing	Facilitation of activities and events promotes community cohesion. Community of peers encourages social interaction. On site local housing manager offers a friendly face.	Qualitative data from surveys and workshops.
Purpose	Volunteering and social opportunities provided by resident associations.	Qualitative data from surveys and workshops.

Overall we estimate that supported accommodation delivers additional value to the individual and the local community to the region of at **least £2,800 per resident, per year**. This figure is made up of the following components:

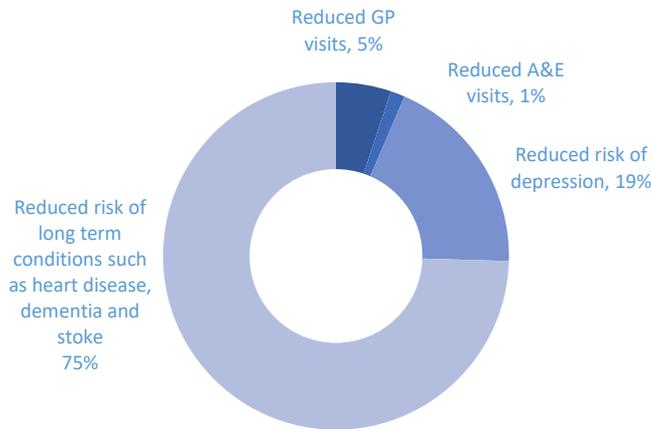
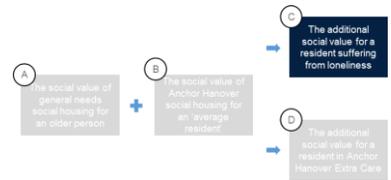


This figure excludes the financial benefits that accrue directly to a resident who benefits from Anchor Hanover’s BeWise service, which helps customers access to benefits they are entitled and managing their energy bills a little more wisely. The average customer who benefits from BeWise, is better off by **£6,000 per year**. Through their advice, BeWise enables more benefits to be applied to their intended purpose, so reducing the burden on other forms of social, health and community support, with the funds coming from the public purse, the savings and impacts take a different form from the other benefits evaluated in this study, and have not been specifically evaluated here.

C. Addressing loneliness

£3,000 per year per person.

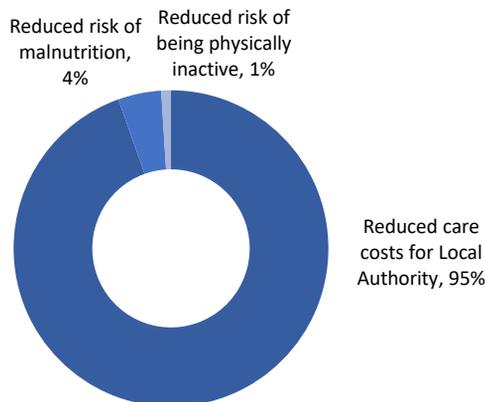
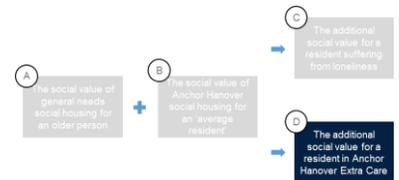
Addressing loneliness offers significant increase in an individuals wellbeing, but also offers significant savings to the NHS. Anchor Hanover has a range of measures to address loneliness, as depicted discussed in Chapter 5. However we have not assessed their effectiveness or reach, given the subjective and personal nature of loneliness. We have therefore used data on the effects of loneliness to estimate the *potential* savings for a resident who would be feeling lonely if not for their Anchor Hanover home. We have calculated the value of addressing loneliness for the NHS and other stakeholders to be at least **£3,000 per year per person**. This figure is made up of the following components:



D. Extra Care

£6,700 per resident, per year

The level of service provision in Extra Care estates offer significant savings to both the local authority, in the form of reduced care costs, and the NHS, by tackling malnutrition and physical inactivity. In total, we estimate that Extra Care delivers savings of **£6,700 per resident, per year**. This figure is made up of the following components:



This does not include any savings associated with the delayed entry into a care home due to shortage of available spaces and lengthy waiting lists.

GLOSSARY

The following terms are used at numerous points throughout this report and the definitions can vary within the sector so we have therefore provided our definitions for the purpose of this report:

Extra Care – also know as assisted living, offers more support than sheltered housing¹ but still allows residents to live independently. Residents live in a self-contained flat, but Anchor Hanover colleagues are usually available up to 24 hours per day to provide personal care and support services. These are tailored to the resident but can include help with washing, dressing, going to the toilet and taking medication. Domestic help, such as shopping and laundry, and meals may also be provided.

Residential care – Residential care refers to long-term care given to adults or children who stay in a residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual. A care home may be the best option if someone is struggling to live alone, or even with help from friends, family or paid carers.

Social care – The provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty.

Local housing manager – The person responsible for managing the housing units and communal areas on a day to day basis. They manage the scheme, build up a relationship with older people living in their schemes; giving residents information on availability and access to services and encouraging them to ask for additional support from statutory and voluntary organisations when appropriate, and summon help in an emergency.

Supported housing – Purpose-designed housing, available to those aged 55 and over. Some common features of sheltered housing include: help from a local housing manager, or support staff, 24-hour emergency help through an alarm system, communal areas, such as gardens or lounges and social activities for residents. The exact services can vary.

Other definitions (of ‘social’, ‘outcome’, and ‘impact’ in particular) are as shown in the GECES report².

¹ Age UK online information. Sheltered Housing

² Clifford, Hehenberger and Fanitini (2014)

BIBLIOGRAPHY

External research

Age UK. (2018). All the Lonely People: Loneliness in Later Life

Age UK. (2018). Digital Inclusion Evidence Review 2018. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_digital_inclusion_evidence_review_2018.pdf

Age UK. (2019). Briefing: Health and Care of Older People in England 2019. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf

Age UK. (2019). Later Life in the United Kingdom 2019. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf

All-Party Parliamentary Group on Wellbeing Economics. (2019). Report by the All-Party Parliamentary Group on Wellbeing Economics, A spending review to increase wellbeing: An open letter to the Chancellor.

Barnes, K., Clifford, J., Ross, C. and Hulbert, A. (2018), The Hyde Group: the value of a social tenancy: A socio-economic evaluation based on Hyde's housing portfolio. (The full report and the methodology is available from www.hyde-housing.co.uk/value-to-society and the data underpinning the model is available on request.)

Centre for Ageing Better. (2019). The State of Ageing in 2019

Centre for Ageing Better (2020), 'Home and dry: the need for decent homes in later life'.

Clifford, J. and Theobald, C. (2013). Gloucester City Homes: Social impact evaluation of selected activities using Social Return on Investment

Clifford, J., Hehenberger, L., and M. Fantini. (2014). Proposed approaches to social impact measurement in European Commission legislation and in practice Brussels. European Commission. <http://bookshop.europa.eu/en/proposed-approaches-to-social-impact-measurement-in-european-commission-legislation-and-in-practice-relating-to-eusefs-and-the-easi-pbKE0414665/> NOTE: known as the 'GECES standards'

Demos. (2017). The social value of supported housing (quoting Housing Care: *A Better Life: Private sheltered housing and independent living for older people*)

Department of Health. (2016). Discharging older patients from hospital. Available at <https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf> (2015 figure of £300 increased by ONS inflation rates)

Elia, M. on behalf of the Malnutrition Action group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre (2015). The cost of malnutrition in England and potential cost savings from nutritional interventions (short version): A report on the cost of disease-related malnutrition in England and a budget impact analysis of implementing the NICE clinical guidelines/quality standard on nutritional support in adults. Available at <https://www.bapen.org.uk/pdfs/economic-report-short.pdf>

European Nutrition for Health Alliance. (2006). Malnutrition among Older People in the Community: Policy Recommendations for Change. Available at: https://www.bapen.org.uk/pdfs/malnut_in_the_community.pdf

Green, M. and Rossall, P. (2013). Age UK Digital Inclusion Evidence Report 2013. Available at: <https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Digital%20Inclusion%20Evidence%20Review%202013.pdf?dtrk=true>

House of Commons Communities and Local Government Committee (2018). Housing for Older People Second Report of Session 2017-19: Report, together with formal minutes relating to the report. Available at: https://www.basw.co.uk/system/files/resources/basw_42409-9.pdf

Housing Aging Population Panel Innovation. Housing our Aging Population: Panel for Innovation: Executive Summary

McDaid, D., Bauer, A. and Park, A. (2017). Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review: A briefing paper. London School of Economics and Political Science, Personal Social Services Research Unit.

Ministry for Housing, Communities and Local Government. (2019). English Housing Survey 2017-18

National Institute for Health and Care Excellence. (2013). Falls: Assessment and prevention of falls in older people. Available at: <https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741>

New Economies Foundation. (2017). The cost of loneliness to UK employers

Office for National Statistics. (2019). Overview of the UK population

Perry, S., Williams, P. and Wilcox, S. (2015). UK Housing Review Briefing 2015. Chartered Institute of Housing.

Public Health England. (2017). Falls and fracture consensus statement: Supporting commissioning for prevention. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586382/falls_and_fractures_consensus_statement.pdf

Public Health England. (2020). Falls: Applying all our Health

Shelter. (2012). A better fit?

Valtorta, N. et al. (2015). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systemic review and meta-analysis of longitudinal observational studies. Available at <https://heart.bmj.com/content/heartjnl/102/13/1009.full.pdf>

Websites and other publications

Age UK online information. Sheltered Housing. Available at:
<https://www.ageuk.org.uk/information-advice/care/housing-options/sheltered-housing/>

Anchor Hanover online article. (2018). Ten Today for a health tomorrow. Available at
<https://www.anchorhanover.org.uk/individual/ten-today-healthier-tomorrow>

Anchor, Hanover and Housing & Care 21. Housing Benefit reforms: the risks for older people in sheltered housing: Executive Summary

Campaign to End Loneliness online article. Loneliness Research. Available at:
<https://www.campaigntoendloneliness.org/loneliness-research/>

Campaign to End Loneliness online article. Threat to Health. Available at:
<https://www.campaigntoendloneliness.org/threat-to-health/>

Department of Health. (2009). South East Regional Public Health Group Fact Sheet: Health and winter warmth: Reducing Health Inequalities

New Economy Manchester. (2019). New Economy Manchester Unit Cost Database v.2.0

Shelter press release. (2019). World Homeless Day: Shelter warns of 'ticking timebomb' for older renters. Available at:
https://england.shelter.org.uk/media/press_releases/articles/world_homeless_day_shelter_warns_of_ticking_timebomb_for_older_renters

Social Finance. (2015). Investing to Tackle Loneliness: A Discussion Paper. Available at
https://www.socialfinance.org.uk/sites/default/files/publications/investing_to_tackle_loneliness.pdf

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