

Step 7: Assess costs and benefits

Housing for autistic adults and adults with a learning disability



Introduction

This step will support you to identify and compare cost and benefits for different types of housing for autistic adults and adults with a learning disability, considering different levels of care needed and funding arrangements. This step is intended to give an overview of key cost-benefit information that relates to your local area, and different housing options, rather than a detailed set of costs or 'return on investment' that would be undertaken for a specific build. What this step will add to your housing strategy:

- It will provide indicative costs and benefits for different types of housing for autistic adults and adults with a learning disability to help potential developers, landlords, the local authority, and other local stakeholders to better assess the economic benefits and make an informed decision.
- It will provide an overview of benefits to individuals and families, social care provision, the NHS, the wider housing market and local areas.



KEY QUESTIONS

- What is the ongoing cost of care supported in each housing option being compared?
 - What are the levels of care needs covered by each type of housing and associated costs? Consider all ongoing costs.
 - Will care be provided by private or not for profit partners?
 - What are the care provision arrangements? On-site or visiting staff?
- What are the land costs, building and refurbishing costs, and running costs including staff, repairs and maintenance, energy, equipment, and cleaning as well as borrowing costs to be paid back through rent, per unit for each type of housing?
 - Consider identifying models that are flexible to attend a range of needs and can be replicated.
- What are the key considerations relating to the costs of different housing options for different groups, i.e. self-funders, the local authority, central Government investors and providers?
- What are the potential benefits, e.g. for social care provision, the NHS, individuals and family carers, the wider housing market and local areas.
- What are the potential risks to investors, local and national, and how can these be mitigated?

How to?



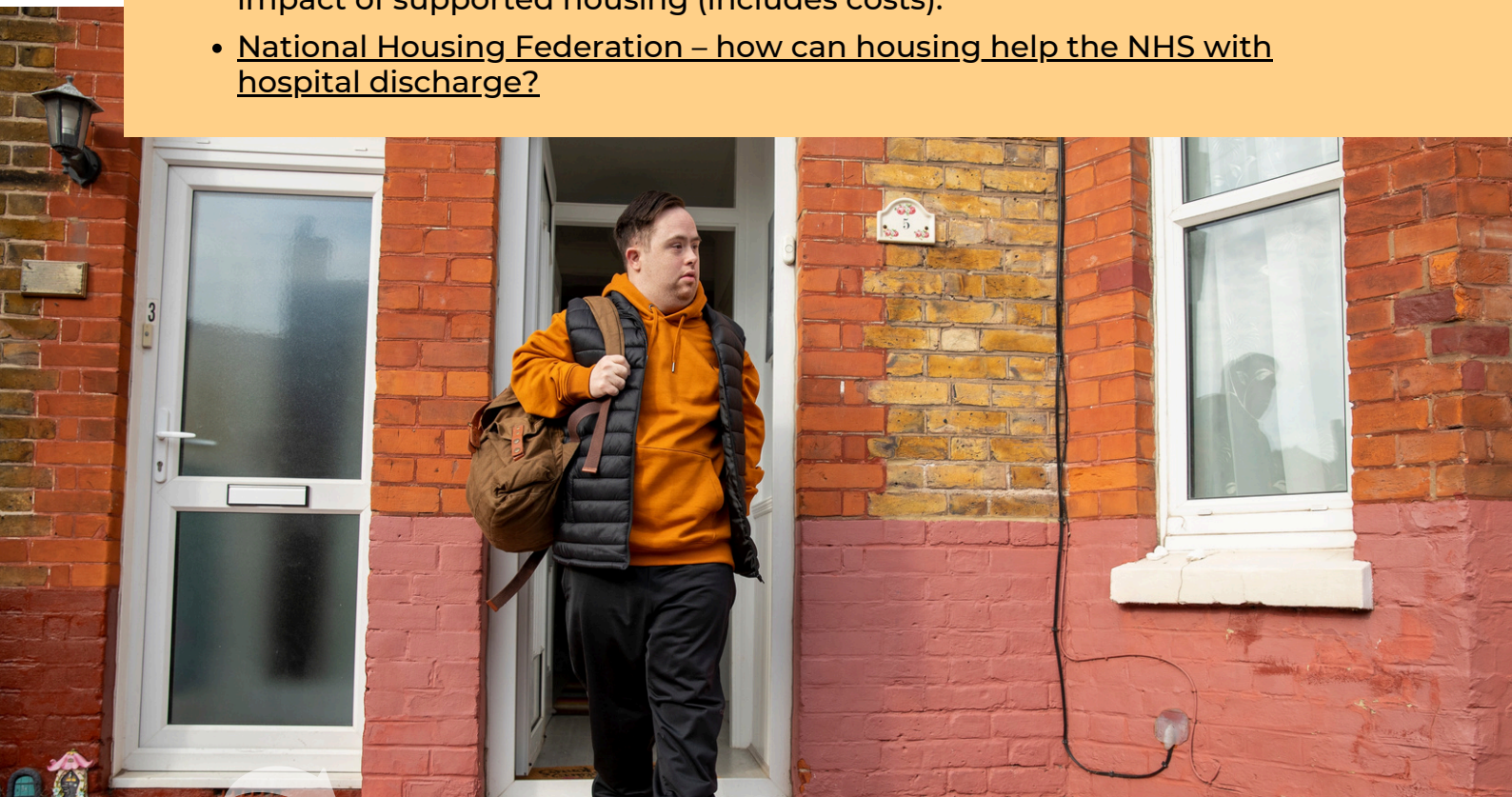
- Start by identifying the levels of care and support provided by each housing option and the average ongoing costs of care and support for the different groups in each setting.
- Consider the people that live in your area and any gaps in provision (identified in steps 1-4) as well as the mix of self-funders, full and partially funded, Continuing Healthcare (CHC), Care Act eligible, etc. This will help to identify costs and benefits of addressing those gaps as well as identifying how some costs would be met.
- Identify costs related to land, building, refurbishments, adaptations, and borrowing costs as well as the running costs for each type of housing.
 - Consider the split cost for individuals, city council, and government.
 - Relate these costs to information on the local market (step 3) including house prices.
- Identify the potential benefits of housing for autistic adults and adults with a learning disability to individuals and their families, the NHS, and social care systems. You can consult the data sources listed below for national averages if local data is not available.
 - Consider design and quality of developments and how these may influence costs, e.g. reducing the chances of crisis hospital visits.
 - Consider how costs are offset in different funding scenarios, e.g. more public capital grant means lower rents and therefore lower housing benefit costs.
 - While costs and benefits are considered across all areas of spend, it is important to recognise that costs and benefits will fall in different places and not evenly. The housing partnership can take advantage of having an overall view of the process identify these differences and highlight the benefits across areas.
 - Wider benefits to the local area can be further considered within social value of investment (step 10).





SOURCES OF INFORMATION AND RESOURCES

- Supported housing for people with learning disabilities and autistic people in England – includes an analysis of running costs of supported housing.
- Funding supported accommodation for all – specialised supported housing for people with a learning disability – includes costs of specialised housing.
- PSSRU, (2016) Unit costs of health and social care 2016.
- Housing LIN, (2019) Identifying the health care system benefits of housing with care.
- Cost model: extra care housing – although this example is specific on extra care housing, it provides relevant insights on cost and benefit analysis for other types of housing with care and support.
- Cost benefit analysis methodology – an example from Northern Ireland with insights on key aspects of the methodology.
- Cost comparison between different types of specialist housing in England (pp.10-17).
- Habinteg, (2023) Living not existing: The economic and social value of wheelchair user homes.
- Supported housing in England: Estimating need and costs to 2040 – national need and costs of supported housing.
- Local Government Association, (2024) Developing a housing with support pipeline for people with a learning disability and autistic people.
- Local Government Association, Housing for people with a learning disability or autistic people.
- Gov UK, (2023) Supported housing review 2023.
- National Housing Federation – research into the supported housing sector's impact on homelessness prevention, health and wellbeing – impact of supported housing (includes costs).
- National Housing Federation – how can housing help the NHS with hospital discharge?





PARTNERS TO INVOLVE

To gain access to this information, it is key that you work in partnership with relevant organisations and agencies. Below are some examples of some key partners to be considered and their areas of expertise.

- Strategic housing and social care policy teams
- Planning and development teams
- Specialist housing associations
- Health and social care senior management (providers and commissioners)
- Director of Finance
- Corporate resourcing team
- NHS, Integrated Care Partnerships and Better Care Fund managers



CO-PRODUCTION

The 'I' and 'We' statements below are illustrative examples of co-production outcomes associated with this step. We encourage housing partnerships to adapt them as they see fit to best reflect their local context.

For individuals:

- I understand the costs of each type of housing, and what options autistic people, people with a learning disability and carers have to pay for some of the costs.
- I understand the benefits of each type of housing and how they can affect my life and the wider health, social care and housing markets.
- I help decide what is important about cost and benefit that should be prioritised in the housing strategy.

For the partnership:

- We make relevant information on costs and benefits accessible to individuals and facilitate their understanding through practical examples.
- We support individuals to identify the most important cost and benefit factors to be prioritised in the housing strategy.

Further information about the benefits of and principles of co-production, as well as examples of co-production in the housing sector can be found [here](#).



EXAMPLE OF BENEFIT: GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) – SUPPORTED HOUSING SCHEMES

Gloucestershire ICB commissioners found that a lack of suitable supported housing was resulting in unnecessary admission and delays to discharge for autistic adults and adults with a learning disability. They commissioned registered housing providers to develop supported housing schemes in the area for those people who are ready to be discharged. These schemes are 100% NHS England capital grant funded, which the ICB feel is key to getting housing associations on board. Compared to using private finance, grant funding also keeps ongoing housing costs, usually covered by housing benefit, to a minimum. Gloucestershire ICB also aim to ensure that the accommodation and social care provision are commissioned separately. By separating the housing from the care provider, they reduce the risk of the person losing their home if the care placement breaks down.

Although the homes often have a significant upfront cost, the savings far outweigh the costs, with the upfront development costs paid back sometimes within a few years. Along with these savings are even bigger impacts for the individuals themselves. For example:

- The cost of adapting a home for one individual was around £451k, entirely grant funded through NHSE capital grant, the ICB and a small amount from the local authority through the Disabled Facilities Grant. The process of searching for and adapting their new home took over two years. However, this home will save £207k across health, social care and housing benefit spend each year. This individual, who had spent over three years of their young life in a highly restrictive Assessment and Treatment Unit (ATU), despite having no need for treatment, can properly start their adult life with support around them to develop skills for independent living.
- Another person had been in hospital, in an ATU in a different county, for 20 years. Their treatment was costing around £434k per year. They were discharged into specialist supported accommodation which costs the ICB and Department for Work and Pensions (DWP), through housing benefit, almost half of that - £253k a year. Therefore, this is a saving of £181k per year across the system. For the person, the move provided new opportunities, including getting a pet and having their family over for dinner, the first time they have been able to eat together since they were admitted to hospital.

More information about these schemes can be found in '[Finding a safe home after hospital: Case study research on supported housing and healthcare partnerships](#)'.



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Toolkit available at: <https://www.scie.org.uk/housing/toolkit-for-place-based-strategies-for-housing-for-autistic-adults-and-adults-with-a-learning-disability/>

