



A Deep Dive into the Small Supports experience in Plymouth

The Life and Economic Impact of Small Support Provision

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Thank you to everyone who shared their story with us or for their story to be shared with us by someone they trust. This report would not have been possible without them.

Special thanks also go to Beyond Limits who facilitated the gathering of stories and kindly answered specific economic questions to aid the analysis.

Please note this report features real-life stories detailing instances of substance abuse, sexual abuse and mental health, which some people may find upsetting.



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1. Introduction

Beyond Limits, a small supports provider in Plymouth has been active for over ten years. They support 33 people, some since their creation back in 2012. This report documents the impact of their support on the lives of ten people and shares the economic impact of their support on costs to the local area.

The fiscal, social, and economic value of care and support systems is a critical area of understanding that transcends simple cost analysis. Recognising this value involves appreciating how these systems contribute to societal well-being, social cohesion, and economic stability, while also identifying the potential cost avoidance and attributable benefits that extend across various public sector partners.

It is by investing in robust care and support structures, we not only improve individual quality of life but also reduce downstream costs for health services, social services, and other public sectors. This holistic approach underscores the importance of care and support as a key driver of a more equitable, efficient, and sustainable society, where the benefits are shared across multiple stakeholders.

There is growing evidence to show **Small Supports** offer a high quality, local alternative to large out of area providers, this is an approach that seeks to deliver better outcomes for people. They are local, bespoke and deliver the sort of support that genuinely addresses the outcomes and requirements of individuals. The analysis presented in this report looks to understand the economic impact of providing this high-quality support to people and some of the unseen value that it creates.

The analysis is based on the lives of nine individuals in the South West of England who are supported by the Small Supports Provider **Beyond Limits**. Some of these individuals had been with Beyond Limits for over a decade, whilst others had only been with them for a couple of years. Each chose to tell us their story of how the support they have now and that in the past has impacted their lives. Some shared their story directly, whilst others chose someone they trust to share it with us.

NDTi chose to work with Beyond Limits to undertake this work, due to our long standing relationship as part of the **Small Supports Partnership** and the length of time the organisation has been supporting people. This enabled us to both access the information needed in a timely way and capture the distance travelled by people over different timespans.

The remainder of this report presents details of how we undertook the analysis, the pen portraits of the nine individuals we spoke to, aggregated findings and a conclusion of what this tells us about the economic impact of Small Supports.

2. Approach

First people and those speaking for them were interviewed, their pen portraits which follow explain how they came to be supported by Beyond Limits and the impact on their lives; whilst the economic data is important it is essential to start with the person. Using information from the interviews and data shared by Beyond Limits, three calculations were made as explained in more detail below. The end results provide a complete picture of impact of Small Supports organisations on people's lives, future, and costs to the local area.

This analysis has looked at nine individuals who consented to share information about their lives and care, both now and in the past. It focused on surfacing the economic story of costs and benefits through three specific areas:

- Wellbeing
- The cost of care and support to the individual
- Changes in their lives, health and behaviours which has impacted upon the use of resources in other services and organisations.

The data was collected through interviews with the people involved, their families and the supporting staff (please see Appendix 1 for more information).

2.1 The Value of Wellbeing

Wellbeing is a crucial determinant of both individual quality of life and broader economic value, and it is increasingly being quantified to inform policy and economic decisions. **The Wellbeing Adjusted Life Year (WELLBY)** is a metric used to measure the economic value of a one-point change in life satisfaction over a year, reflecting how crucial wellbeing is to both personal and societal prosperity. In 2019 prices, this value is set at a midpoint of £13,000 per person per year, with sensitivity ranges between £10,000 and £16,000. This valuation allows for the comparison of different policies and interventions based on their impact on life satisfaction, ensuring that decisions are made with a holistic understanding of their benefits.

In the analysis completed here, a wellbeing score similar to WELLBY was sought against the following factors:

- **Mental Health:** factors such as anxiety, depression, and life satisfaction.
- **Physical Health:** including chronic conditions, disabilities, and overall physical fitness.
- **Income and Employment:** income levels, employment status, and job satisfaction contribute to wellbeing.
- **Social Relationships:** impact of social connections, relationships, and social support on wellbeing.

- **Housing and Living Environment:** housing quality, neighbourhood safety, and environmental factors affect wellbeing.
- **Education:** educational attainment, skills, and access to learning opportunities influence wellbeing.
- **Leisure and Recreation:** how recreation, and free time on overall life effect satisfaction and happiness.
- **Community and Belonging:** how a sense of community, civic engagement, and belonging influence wellbeing.
- **Autonomy and Control:** evaluating how individuals' sense of control over their lives and autonomy impacts their wellbeing.

The economic impact of a person's wellbeing is substantial and multifaceted. High levels of wellbeing are directly linked to greater productivity and workforce participation, as healthier, happier individuals are more engaged and effective in their work. This, in turn, boosts economic output and reduces costs associated with absenteeism and presenteeism (Adams, 2019). Additionally, wellbeing influences healthcare costs: individuals with higher wellbeing typically enjoy better health, thereby reducing the demand for medical services and easing the financial burden on healthcare systems (Sturmborg and Bircher, 2019).

Beyond individual impacts, wellbeing also contributes to social stability and community engagement. People with higher wellbeing are more likely to participate in civic activities and contribute to social cohesion, which can lead to stronger, more resilient communities. This reduces social problems such as crime, thereby lowering the costs of policing and social services (Adabanya et al, 2023 and Zahnow, 2024) .

Given these extensive impacts, understanding and enhancing wellbeing is not just a matter of improving life satisfaction, but a strategic economic priority. It leads to more efficient use of public resources, lower social costs, and a stronger, more resilient economy. Quantifying wellbeing in economic terms ensures that its value is recognised and prioritised in policymaking, leading to a more prosperous and equitable society.

2.2 The Cost of Support

Examining costs is undeniably important when it comes to assessing care systems, as it provides a tangible measure of the financial resources required to deliver services. This is an important component of our economic analysis. The analysis has looked at average costs of support received by these individuals prior to being supported by Beyond Limits Small Supports. In some cases, these costs were smaller and in other cases they proved to be larger, but it must be remembered that focusing solely on costs offers an incomplete and potentially misleading view of the true value of care and support. Any perspective or

analysis that fails to capture the broader and more nuanced impacts that care has on individuals, families, other services and society as a whole, is, by definition, incomplete.

There were two options for analysis here, either to compare the cost of support before the individuals came to Beyond Limits Small Supports, or to predict what the alternative support would be if not currently provided by Beyond Limits Small Supports. It was decided to compare “what was” rather than “what might be” for consistency against other measures.

2.3 The Impact on Use of resource

A view of value in terms of expenditure and wellbeing alone can also mask the interconnectedness of care systems with other public services, or give the view that value realised through good care and support is. Effective care can reduce the strain on healthcare systems by preventing hospital admissions, decreasing the need for emergency care, and supporting individuals in managing chronic conditions. It can also alleviate pressures on social services by providing timely support that prevents crises or the escalation of problems. When these additional benefits are not factored into the analysis, the overall value of care is significantly underestimated ([Herberg, et al, 2022](#)).

Those who agreed to share their stories with us also shared their experiences of interactions with other public services during their time prior to being supported by Beyond Limits Small Supports. Such experiences included interactions with police, courts, hospitals, social care and other acute services. Identifying and accounting for these fiscal service costs helps us complete the picture the value of support that changes lives, behaviours and interactions for the better.

3. Pen portraits

This chapter presents the pen portraits of the nine individuals supported by Beyond Limits who took part in this piece of work. These portraits are based directly on the transcripts of the interviews undertaken in July 2024. Some of these interviews were done with people themselves, their families and/or supporters, whilst others were undertaken with Service Managers. As such, pen portraits are written in either the first or third person to reflect the position of the original narrator. In addition, two pen portraits share the stories of two individuals who are involved in romantic relationships and the interviews being undertaken with them as a couple rather than individually.

Each Pen Portrait is accompanied by a short economic analysis based on the details given by those involved in the work to represent the costs and benefits, and ultimately the value contained as a result of the work.

Pseudonyms are used throughout the portraits and names, and locations have been changed or removed to ensure anonymity.

Please refer to Appendix 3 – Reference Tables for more information about the costs, values and descriptions used

Danny

Beyond Limits has been working with Danny, an autistic young man, for about three years. Danny's life has been marked by immense mental health challenges. When Beyond Limits first met him, Danny was in a secure ward, exuding a rebellious, cool demeanour. He appeared confident and claimed he didn't need support.

Danny's troubled past included a strained relationship with his parents. Diagnosed with autism at a young age, a misunderstanding with a professional led him to believe his parents wanted him locked away in a mental health hospital forever. This belief caused him to sever ties with them entirely. At 16, Danny left home, and his life spiralled out of control. He faced repeated placement failures, struggled with independent living, and experienced severe psychosis, schizophrenia, and vivid hallucinations. His drug use worsened his mental health, disconnecting him further from reality.

By the time Beyond Limits met Danny at 21, nothing seemed to be working. The team tried to reconnect him with the world by taking him on long countryside walks, where Danny would share delusional stories, deeply entrenched in his fascination with gangster culture and rap music. His parents were desperate, feeling unsupported by the system, as doctors dismissed his autism diagnosis, focusing solely on his substance abuse. This misdiagnosis led to inadequate treatment and further alienation from his family.

When Danny was provided with a flat by Beyond Limits, he quickly fell into old habits. The flat became unsafe, attracting drug dealers from his past, and Danny's condition worsened. His psychosis became so severe that he couldn't engage in a simple conversation without delving into delusions. His parents, particularly his mother, were heartbroken as Danny no longer recognized them. However, the Beyond Limits team remained committed, taking him on daily walks and offering consistent support.

A turning point came when Danny witnessed a suicide in the hospital, which deeply traumatized him, causing a significant decline in his mental health. He believed the suicide was his fault, adding another layer of complexity to his fragile state.

After years of struggle, Danny's support team at Beyond Limits and family convinced doctors to try Clozapine, a new medication. With it, Danny started to show signs of improvement. He has recently moved into a new house with full support, begun reconnecting with his parents, and began to rebuild his life. Though he still faces challenges, Danny no longer engages with drugs, and his interactions with the world have become more grounded.

Please refer to Appendix 4 – 9 for more detailed versions of these portraits

Economic Analysis of Danny's situation

Wellbeing Value Calculation (WBVc): Danny's reported wellbeing score prior to their involvement with Beyond Limits was 4 (FOUR), and since they have been supported by Small Supports this reported wellbeing score has changed to 7 out of a possible 10. This is an increase of 3 points. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant **Wellbeing Value Calculation (WBVc)** associated with this is £44,343.

Differential Costs of Support: Danny was previously supported through full time residential secure unit, which has a representative cost of £764 per day, or £278,860 per annum. Danny's current costs of support have been given as £193,648. The difference between these costs of support is £85,212 per year.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for Danny that could reasonably be attributed to the care, wellbeing and/or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement of Beyond Limits. Incidents have fallen by over 30%.

- Police and Criminal Justice - reduced by £79,304.
- Community Mental Health Team - reduced by £25,024.
- Health Services -GP, Ambulance, Hospital - reduced by £64,584.

Calculated value of current support.

Wellbeing Value Calculation (WBVc):	£44,343
Differential Costs of Support:	£85,212
Difference in Incident Fiscal Costs (IFC):	£168,912
TOTAL	£298,467

Clare

Clare's life took a difficult turn in her late teens, leading her to move in and out of 18 different hospitals and institutions across the country. Initially, hospital staff warned others to be cautious around her, describing her as "aggressive". However, when she met the Beyond Limits team, she greeted them warmly with a hug, sharply contrasting these warnings.

Clare's anger and aggression were observed to often be triggered by mistreatment in institutions, which led to frustration and outbursts which resulted in restraint and medication.

Transitioning into her own home was challenging for Clare. After years of having no choices, newfound autonomy was overwhelming. Simple decisions like "What would you like to do today?" were difficult because she had never been given such options. Early on, Clare sometimes self-sabotaged due to the difficulty of making these choices, requiring her support team to guide her gently. Clare occasionally absconded while in town and her behaviour towards staff could be volatile, but her support team remained dedicated and persisted.

After over 10 years, Clare found stability in a home where she felt more secure. The house had an institutional setup with three homes in a row, one of which housed her support staff. This arrangement allowed her to feel safe without the constant presence of staff in her immediate living space.

Her team learned that Clare couldn't handle big life changes or too much advance notice of events. For instance, when planning a trip to Disneyland, they didn't tell her about the exact date until the day of departure to prevent anxiety. This careful planning allowed Clare to enjoy experiences that would have previously caused her distress.

In 2022, Clare's mental health declined, requiring a carefully managed approach. Instead of returning to the hospital, her team managed her care at home, reducing external stimuli and gradually reintroducing her to normal life. This method, along with a re-evaluation of her medication, helped stabilize her condition.

Over the years, Clare formed strong bonds with a few key support staff, like her male team leader. Despite initial concerns due to past incidents with male staff, his easy-going nature and consistency helped build a trusting relationship, contributing to her sense of security.

Today, Clare is in a much better place. She is happy, settled, and has a full support team for the first time. She has gone on holidays, including a cruise and a trip to Disneyland—experiences she once only dreamed of. Though she still has moments of upset, these are now recognized as signs that something isn't right in her environment, allowing the team to address issues before they escalate.

Economic Analysis of Clare's situation

Wellbeing Value Calculation (WBVc): Clare's reported wellbeing score prior to their involvement with Beyond Limits was 2, and since they have been supported by Small Supports this reported wellbeing score has changed to 10. This is an increase of 8. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant **Wellbeing Value Calculation (WBVc)** associated with this is £118,248.

Differential Costs of Support: Clare was previously supported through Full time secure unit with one hourly weekly college placement which has a representative cost of £764 per day, or £278,860 per annum. Clare's current costs of support have been given as £288,652. The difference between these costs of support are -£9,792 per year.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for Clare that could reasonably be attributed to the care, wellbeing and/or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement of Beyond Limits.

- Police & Criminal Justice - £115,508 reduction.
- Health - Ambulance, GP and Hospital - £94,068 reduction.
- Care (Respite and Secure Unit) - £20,996 reduction.
- Other Mental Health Professional Services- £36,448 reduction.

Calculated value of current support

Wellbeing Value Calculation (WBVc):	£118,248
Differential Costs of Support:	-£9,792
Difference in Incident Fiscal Costs (IFC):	£267,020
TOTAL	£375,476

Sam

Sam, once described by hospital staff as a "monster," lived a life of isolation and mistrust, spending most of his time alone, wary of strangers and new staff members. He rarely engaged with others, focusing instead on computer games. The hospital staff, unsure of how to connect with him, would clean his room and do his laundry while he slept, actions that only deepened his mistrust and led to aggressive outbursts.

When the Beyond Limits support team began working with Sam, they were advised to leave him alone. However, they chose to actively engage with him instead. Despite initial resistance they persisted in trying to build a relationship. Over time, Sam began to wait for the staff he trusted before engaging in his daily routines, gradually developing a level of trust with the team, though he still struggled with new staff members.

Sam had a clear vision for his future: his own house, two cats, some fish, a garden, a chimney for Father Christmas, and his own set of keys. After a long search, a house was found opposite his mother's home, allowing for a gradual transition where Sam first moved in with his mother. This structured environment eased him into independent living. With the continued support of Beyond Limits, Sam started to socialize more, participating in activities like treasure hunts—a significant step for someone who had previously refused to go outside for months.

As Sam settled into his new home, he began to accept support more readily. Initially, he was supported 24/7 due to concerns about his frequent seizures and the risk of SUDEP (Sudden Unexpected Death in Epilepsy). However, Sam expressed a desire to reduce the level of support, which the team gradually implemented. This change positively impacted his mood and independence. Sam started doing his own shopping, engaging more socially, and even taking control of his staffing by conducting interviews and managing staff schedules. Over time, Sam transformed from an isolated and distrustful individual into a sociable and independent person. He began hosting gatherings, including a 50th birthday party where he invited over fifteen people—a significant achievement for someone who previously reacted with extreme anxiety to unexpected visitors.

Remarkably, Sam has been seizure-free for nearly four years, a stark contrast to the frequent hospital visits of his past. His new lifestyle, coupled with support tailored to his needs, has led to a happier and more fulfilled life. Sam continues to grow in independence, with plans to further reduce his support, including potentially eliminating night-time assistance. He now communicates confidently, makes decisions about his life, and actively participates in his community. The creative, person-centered approach of his support team has been instrumental in helping Sam achieve the life he once only dreamed of, with his own home, pets, and a sense of autonomy that has transformed his life.

Economic Analysis of Sam's situation

Wellbeing Value Calculation (WBVc): Sam's reported wellbeing score prior to their involvement with Beyond Limits was 3, and since they have been supported by Small Supports this reported wellbeing score has changed to 7. This is an increase of 4. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant **Wellbeing Value Calculation (WBVc)** associated with this is £59,124 per annum.

Differential Costs of Support: Sam was previously supported through 24-hour Private Hospital with high needs support which has a representative cost of £278,860 per annum. Sam's current costs of support have been given as £241,540. The difference between these costs of support are £37,320 per annum.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for Sam that could reasonably be attributed to the care, wellbeing and / or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement of Beyond Limits.

- Police and Criminal Justice - £81,890 reduction.
- Specialist Mental Health Teams - £25,840 reduction.
- Secure Unit - £40,554 reduction.
- Epilepsy (reduced incidence and treatment) - £5,195 reduction

Calculated value of current support.

Wellbeing Value Calculation (WBVc):	£59,124
Differential Costs of Support:	£37,320
Difference in Incident Fiscal Costs (IFC):	£153,469.51
TOTAL	£249,913.51

Ann and James

My journey began with a tough period after leaving the hospital. Mentally and physically, I was in a bad state, and things only got worse when I moved up North. But let's go back to my time in the all-girls hospital. The place was chaotic, with constant arguments and a lack of structure. Some girls had more freedom, which felt unfair. The hospital did nothing to support me, and I was completely out of control—breaking things, ransacking the kitchen, even throwing a TV out the window. I was angry, frustrated, and spiralling with no way out.

Things started to change around 2011 or 2012 when I met Beyond Limits. After leaving the hospital, I was given a small house. It wasn't perfect, but it was mine, and it felt like my first taste of freedom. However, I struggled at first—breaking windows and ripping down curtains in the first few months. But one day, something clicked. I decided I wasn't going to live like that anymore. I began working on controlling my overwhelming feelings and stopped destroying everything around me. That decision marked the start of my transformation.

Eventually, I moved to a bigger, beautiful Victorian house with four rooms. I hadn't been involved much in finding it, which was probably for the best because I tend to stress about those things. But when I saw it, I loved it. The house felt like home, and decorating it, especially getting the wallpaper I'd always dreamed of, was a big deal for me.

Meeting James was one of the best things that ever happened to me. We met at a social club and later at college. We exchanged numbers, and he asked me out in May 2015. Our first date was at the cinema to see *Jurassic World*, and we've been inseparable ever since. Living together wasn't always easy, especially with family tensions and financial issues, but we worked through it all. Life now is so much better. With James by my side, I've found a way out of the mess I was in. We've built a life together that I'm proud of. James volunteers at a charity shop, and I help out at the food bank and other places. We also make time for ourselves, like going to the gym and swimming together. My support used to be constant, 24/7, but now it's more manageable. I've learned to handle things on my own, and I'm proud of that. I've also travelled a lot, which has been a big part of my recovery. We've been to Spain, Greece, Portugal, and many other places, and travel has helped me heal.

Today, I'm much happier. I still avoid certain places and situations that remind me of difficult times, but I'm not stuck in those dark places anymore. I'm living a normal life, and I'm proud of how far I've come. I've learned to turn things around when I feel a wobble coming on, and I've got James to thank for helping me through the toughest moments. It hasn't been easy, but I'm finally in control of my life, with a routine that works for me and people who care.

Economic Analysis of Ann and James's situation

Wellbeing Value Calculation (WBVc): Ann and James's reported wellbeing score prior to their involvement with Beyond Limits were 3 and 6 respectively, and since they have been supported by Small Supports these reported wellbeing scores has changed to 8 and 9 respectively. This is an increase of 10 points for Ann and 9 points for James. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant Wellbeing Value Calculation (WBVc) associated with this change in wellbeing for both is £147,810 per year.

Differential Costs of Support: Ann and James were previously supported through full time care in a secure hospital and Community Based Care Support which has a total representative cost of £308,656 per annum. Their combined current costs of support have been given as £125,320 per annum. The difference between these costs of support is £183,336.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for both Ann and James that could reasonably be attributed to the care, wellbeing and / or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement Beyond Limits.

- Police and Criminal Justice - £131,886 reduction.
- Specialist Mental Health Teams - £18,100
- Health - Ambulance, GP and Hospital - £107,406 reduction.

Calculated value of current support

Wellbeing Value Calculation (WBVc):	£147,810
Differential Costs of Support:	£183,336
Difference in Incident Fiscal Costs (IFC):	£ 257,392
TOTAL	£588,538

Eloise and David

I was in residential services from a young age, feeling scared and lost, rarely leaving home. At 23, I joined Beyond Limits, which transformed my life. I started working at a community café for the homeless—a small but significant step. Helping others made me feel needed and less alone.

Then I met someone special at the café, David. Initially, it was just a casual meeting, but it quickly became more meaningful. He handed me a letter asking if I would be his, and I said yes. That moment marked another shift in my life.

Our first date was at Wetherspoons. We sang karaoke, laughed, and danced. It was simple but magical. A year later, on my birthday, he proposed to me in the restaurant. He had kept it a secret, and the surprise, along with the restaurant's cheers, made it one of the best moments of my life.

We've been engaged for a year and are building a life together. Although he still lives with his family, Beyond Limits provides the support he needs, which wasn't available before. He's now volunteering, earning qualifications, and learning to be more independent. This will be invaluable when we move in together.

Our life isn't perfect, but it's ours. We enjoy shopping together and dreaming about our future—our wedding in a beautiful church, cooking, and living together.

Reflecting on my journey from that scared 23-year-old to someone helping others, I recall making a sad lady at the café smile with a game and a hug. It was moments like these that made my efforts worthwhile.

Though I still face challenges, I'm not alone. With an incredible support team, friends, and a loving fiancé, life is filled with joy. We've travelled to Wales, Butlins, and are planning a trip to Euro Disney, a lifelong dream of mine.

Life is busy but joyful. Whether at the pub or planning adventures, we do it together. We're building a future full of love and laughter, and I eagerly anticipate what comes next.

Economic Analysis of Eloise and David's situation

Wellbeing Value Calculation (WBVc): Eloise and David's reported wellbeing score prior to their involvement with Beyond Limits were 2 and 1 respectively, and since they have been supported by Small Supports this reported wellbeing score has changed to 8 and 9 respectively. This is a total increase of 14. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant **Wellbeing Value Calculation (WBVc)** associated with this is £206,934.

Differential Costs of Support: Eloise and David were previously supported through full time residential care with high needs and through Community Based Care Support which has a representative combined cost of £182,888 per annum. Their combined current costs of support have been given as £257,244. The difference between these costs of support is -£74,356.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for Eloise and David that could reasonably be attributed to the care, wellbeing and / or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement of Beyond Limits.

- Police and Criminal Justice - £1,724 reduction.
- Health - Ambulance, GP and Hospital - £766 reduction.

Calculated value of current support

Wellbeing Value Calculation (WBVc):	£206,934
Differential Costs of Support:	-£74,356
Difference in Incident Fiscal Costs (IFC):	£2,490
TOTAL	£135,068

Lisa and her mum

At 16, Lisa's life was shattered when she was brutally raped and nearly killed behind her family home. The trauma triggered terrifying hallucinations, where she saw and spoke to things that weren't there, and she suffered from frequent seizures. Desperate, her mother sought help from social services. A well-meaning social worker suggested hospitalization for observation, but a short stay turned into a nightmare. Lisa was diagnosed with schizophrenia and moved to a volatile hospital that was like a communal home, where she deteriorated, often too unwell to get out of bed.

During her stay Lisa fell down the stairs during a seizure, severely injuring her arm. The hospital delayed surgery for three days due to her unstable condition, and once it was completed, Lisa was inexplicably transferred 600 miles away, leaving her isolated from her family for three years. This separation devastated her mother, who became trapped by agoraphobia, feeling she had lost her daughter forever.

After three years, Beyond Limits stepped in, offering hope. Lisa's mother began therapy to overcome her agoraphobia, determined to reunite with her daughter. The process was gruelling. Visits to the distant hospital felt like entering a prison, with Lisa heavily medicated and their time together closely monitored. She was denied simple pleasures, like homemade treats, and rarely allowed outside. Her days were bleak and joyless.

The family fought tirelessly, filing complaints and challenging the system that had failed Lisa. Eventually, she was moved to a smaller, more home-like hospital, but the years of mistreatment had left deep scars. Lisa had become conditioned to ask permission for everything, even making a cup of tea.

Slowly, with continued support from Beyond Limits, Lisa began reclaiming her life. She moved into her own home, where she gradually regained independence. She started hosting barbecues, cooking Sunday roasts, and visiting her mother on the bus. The process was long and fraught with setbacks, but Lisa was determined. Over time, the spark returned to her eyes as she engaged in social activities, art classes, and events. She now shares her story at conferences, advocating for the right to live a self-directed life, not one dictated by services. With her family's unwavering support, Lisa continues to fight for herself and others, ensuring she gets the care she deserves.

Economic Analysis of Lisa and her Mum's situation

Wellbeing Value Calculation (WBVc): Lisa and her Mum's reported wellbeing score prior to their involvement with Beyond Limits were both 1, and since they have been supported by Small Supports this reported wellbeing score has changed to 7 and 8 respectively. This is an increase of 13. Using the agreed figure of £14,781 per person per annum for each 1-point increase in wellbeing. This resultant **Wellbeing Value Calculation (WBVc)** associated with this is £192,153

Differential Costs of Support: Lisa was previously supported in a full time residential secure hospital which has a representative cost of £278,860 per annum. Lisa's current costs of support have been given as £270,764. The difference between these costs of support is £8,096 per annum.

Difference in Incident Fiscal Costs (IFC): The analysis of incidents that arose for Lisa that could reasonably be attributed to the care, wellbeing and / or health were costed based upon the fiscal value of the responses to these incidents. The number and frequency of these were tracked over a comparable timeframe for both before and after the involvement of Beyond Limits. Police and Criminal Justice - £44,824 reduction.

- Specialist Mental Health Teams - £19,548 reduction.
- Health - Ambulance, GP and Hospital - £36,504 reduction.

Calculated value of current support

Wellbeing Value Calculation (WBVc):	£192,153
Differential Costs of Support:	£8,096
Difference in Incident Fiscal Costs (IFC):	£100,876
TOTAL	£ 301,125

4. Analysis

Bringing together data from people’s pen pictures with data shared by Beyond Limits provides a base on which to identify costs per person and across the whole group; the overall results are shared followed by the individual data.

This chapter presents the aggregated analysis of the economic impact of being supported by Beyond Limits for the nine individuals we spoke to. The value of wellbeing, the cost of support and the impact on the resources used are presented. A summary table of the individual costs are presented at the end the of chapter.

4.1 The Value of Wellbeing

Out of the nine individuals spoken to, all had an attributed Wellbeing Score out of 10 for “before” – representing the time prior to working with Beyond Limits Small Supports and “after” a current estimated score. As noted in Chapter 2: Approach, these were based on a view of the individuals circumstances around mental and physical health, including anxiety, depression; life satisfaction; chronic conditions, disabilities, and overall physical fitness; income levels, employment status, and job satisfaction; quality of social relationships and the support one receives from social connections; housing quality, and neighbourhood safety, as well as environmental conditions; educational attainment; the availability of leisure and recreation opportunities; community, civic engagement, and the individual’s sense of autonomy and control over their own life. Each of these factors contributes to the complex and multi-dimensional nature of wellbeing.

All nine people recorded Wellbeing scores. The average overall score range showed a movement from 2.6 out of 10 to 8.3 out of 10. The median point of the economic value of this was used as £14,781 per person per annum, calculated as one year.

In total, for the nine people this equated to **£768,612 of economic value for one year.**

4.2 The Cost of Support

The nature of the previous supports was known, this was calculated in the referenced section below. Of the nine individuals, only eight were supported and one was a family member. Of the eight: two were previously supported in the community funded by the local authority, two were in residential homes (non-secure but with significant needs) supported by the local authority, and four were in secure accommodation. In three cases the current expenditure on care and support is higher than it was, and in five cases the current expenditure on care and support is lower.

Overall, the total cost of the previous care and support was calculated as £1,453,892 and the overall current costs as £1,377,168.00, which is a difference of £229,816 - an average of £28, 727 per supported person.

4.3 The Impact on Use of resource

Six of the nine people who provided data had a history of behaviour or illnesses which had been addressed by the provision of care and support by Beyond Limits. A review of the incidents over the year preceding the involvement of Beyond Limits and use of resources associated with the involvement of other services was costed.

The findings were that the involvement of other services including Hospital, Ambulance, Police and Justice, GP, healthcare and social care services over the 12 months amounted to an estimated c£1,386,063 of fiscal costs to these services, while afterwards the involvement had fallen significantly and accounted for an estimated £435,904 of fiscal expense. **This accounts for a fall of £950,159 for the six people – an average saving to the wider system of over £158k per person.**

5. Table 1 Summary of Costs and Benefits

Name	Wellbeing Score (previous)	Wellbeing Score (current)	Wellbeing Value Calculation (WBVc)	Cost of Previous Support	Cost of Current Support.	Difference in Support Costs (DSc)	Representative Incidents in Previous (Fiscal Costs)	Representative Incidents in Current (Fiscal Costs)	Difference in Incident Fiscal Costs (IFC)	TOTAL VALUE (WBVc+DSc+IFC)
Danny	4	7	£ 44,343.00	£278,860.00	£193,648.00	£85,212.00	£ 550,800.00	£381,888.00	£168,912.00	£298,467.00
Clare	2	10	£ 118,248.00	£278,860.00	£288,652.00	-£9,792.00	£ 307,412.00	£40,392.00	£267,020.00	£375,476.00
Sam	3	7	£ 59,124.00	£278,860.00	£241,540.00	£ 37,320.00	£ 157,941.58	£ 4,472.07	£153,469.51	£249,913.51
Eloise	2	8	£ 88,686.00	£153,092.00	£188,708.00	-£ 35,616.00	£2,490.00	£-	£2,490.00	£55,560.00
David	1	9	£ 118,248.00	£29,796.00	£ 68,536.00 *	-£ 38,740.00	£-	£-	£ -	£79,508.00
Ann	3	10	£ 103,467.00	£278,860.00	£125,320.00	£153,540.00	£ 264,256.00	£ 6,864.00	£257,392.00	£514,399.00
James	6	9	£ 44,343.00	£29,796.00	£-	£29,796.00	£-	£-	£ -	£74,139.00
Lisa	1	7	£ 88,686.00	£278,860.00	£270,764.00	£8,096.00	£ 103,164.00	£ 2,288.00	£100,876.00	£197,658.00
Lisa's Mum	1	8	£ 103,467.00	£-	£-	£ -	£-	£-	£ -	£103,467.00
*Cost increase as young man moved out from family home into his own house										

6. Conclusions

At its heart, Beyond Limits is a **Small Supports organisation**. It offers bespoke support designed around individuals that enables them to have their needs met and their wants and wishes fulfilled.

The analysis in this report demonstrates the significant value of this support, which not only greatly enhances individual wellbeing through increasing social connections and reducing people's reliance on other services, but also leads to substantial economic benefits.

By improving Wellbeing Scores from an average of 2.6 to 8.3 out of 10, this approach generated an economic value of £768,612 for nine individuals in just one year. While there was an increase in care costs for 3 individuals, 5 individuals were supported at lower costs than previous care and support provision. Overall, in the cases where care and support were required the savings across those individuals totalled approximately **£229,816**. Notably there was the dramatic reduction in the use of other public services, **saving the wider system approximately £950,159**.

These results highlight the effectiveness of a care model that prioritises holistic wellbeing, leading to both improved quality of life for individuals and significant cost savings.

Appendix 1 – Approach used to capture data

The data used to write this report was gathered from Beyond Limits in July and August 2024. Ethical approval to undertake the work was sort from NDTi's ethical review framework in September 2023.

A series of interviews were undertaken with people supported by Beyond Limits, family members, support staff and Service Managers in person at the organisation's offices in Plymouth. These conversations were guided by questions that hoped to surface details that could be used to underpin the economic analysis undertaken, as well as ensure people were able to share what they felt comfortable with about their lives (Appendix 2).

Once captured, these interviews were transcribed verbatim before two styles of analysis were undertaken. Firstly, the transcripts were reviewed by both researchers undertaking the work, to draw out details that had an economic value or could be assigned one. Clarification questions were then asked of Beyond Limits to confirm these values and drill down deeper into the details discussed. Secondly, the transcripts were drawn together using a narrative model where the information gathered from multiple sources was combined to create the pen portraits presented.

Appendix 2 – Indicative interview guide

- Can you start by telling me a little about yourself/your family member/the person you support?
- Can you tell me a bit about where you/they live now?
- How long have you/they lived there?
- Did you/they choose where you/they live?
 - What was that like? What did you/they want when you/they were looking? Did you/they know what you/they wanted? Were you/they able to have the home you/they wanted?
- What is your/their favourite thing about your/their home?
- Can you tell me about the area you/they live in?
- Is it close to people that matter to you/them?
- Do you/they know people near where you/they live?
- Do you/they do things locally?
 - Can you tell me about that?
- Can you tell me about how you/they spend your time?
 - Do you/they go to college, have a job, volunteer?
 - See friends, family?
 - Have hobbies you/they enjoy?
- Is there anything you/they would like to change about where you/they live? This could be in the house, the things you/they do etc.
- Can you tell me about the support you/they have now?
 - Who supports you/them?
 - Do you/they choose who supports you/them?
 - How have you/they found it?
 - Is there anything you/they would do differently?
- Do you/they see a social worker regularly?
- Do you/they see a doctor or nurse regularly?
- Have you/they been to hospital recently?
- Do you/they have any contact with emergency services?
- How has your current care and support arrangement improved your daily living?

For people themselves

NB: only ask the below if it feels appropriate.

- If you can/want to/feel comfortable to, can you share what your life is like now compared to what it was like before you moved here? We would really like to know about the differences in
 - Health
 - Support at home

- Contact with emergency services
- How you spend your time – leisure, work/volunteering etc.

For Family Members

- What impact has this had on you?
 - How has the support you receive for caring duties affected your personal wellbeing?
 - Has respite care or other support services made a difference in your ability to provide care?
 - Can you describe any changes in your stress levels or overall health since receiving support?
 - How has financial support or allowances for carers impacted your family finances?
 - Have you been able to maintain employment or other activities due to the support received?
- Can you provide examples of how care arrangements have improved things or prevented things getting worse?
- What do you think the consequences would have been on your wellbeing / finances / care costs if these changes had not been made.
- What impact has living in a small support service had on your relationship with your relative?
- Is there anything else you would like to share with us about the impact of the small support service on your relative, you or your family?

Appendix 3 – Reference Tables

Unless otherwise stated, the Costs, values and description used here have been taken from the Greater Manchester Unit Cost Database (v.22.3) and are used under the Creative Commons Attribution 4.0 International License.

AREA	UNIT of Cost	Cost / Benefit	Supporting Detail
A&E attendance (all scenarios)	Per incident	£ 319.00	This cost is sourced from NHS Reference Costs 2020-21, and is a weighted average cost for A&E attendance (using values from HRG codes VB01S-VB99S), covering all attendances including scenarios both where investigation and treatment are received, and where they are not received (see related headline measures below for unit costs for each of these scenarios). The value will vary across different A&E settings, e.g. depending on whether they are Type 1, 2, 3 or 4, or an urgent care centre.
Criminal proceedings: <u>Arrest</u> - detained	Per Incident	£ 862.00	Salford Police Costs (2006/07 - Unpublished.) £342 police costs, £245 duty solicitor costs, £6 YOS input (average figure per arrest - most arrests will not include YOS input)
Mental health secure unit - average cost per bed day	Per bed day	£ 724.00	<p>This is the average cost per bed day in a mental health secure unit. It is taken from the NHS Reference Costs 2020-21, using the weighted average of data included on the 'SECMHCC' worksheet.</p> <p>The Department of Health mandated the use of mental health care clusters as the currencies for adult mental health services. Care clusters cover most services for working-age adults and older people, therefore replacing previous reference cost currencies for those services. Care clusters focus on the characteristics and needs of the service user, rather than the individual interventions they receive or their diagnosis.</p>

AREA	UNIT of Cost	Cost / Benefit	Supporting Detail
Ambulance services - average cost of call out,	per incident	£ 348.00	This cost has been calculated from the NHS Reference Costs 2020-21 and represents the average cost per call-out for ambulance services where the patient is seen, treated accordingly, and either referred or conveyed to hospital (Currency codes ASS01 and ASS02). It has been derived from the weighted average of the two (this is calculated by multiplying each unit cost by the weight of the activity and then adding them together). Other subsidiary measures provide costs for 999 calls to ambulance services without further action, and 999 calls to ambulance services where treatment advice or onward referral is provided over the telephone, but an ambulance is not sent out. Across all these measures, the weighted average for calls to ambulance services is £269 (2020-21 prices; derived from currency codes ASS01, ASS02, ASC1 and ASH1).
Mental health specialist teams - average cost per contact	Per contact	£ 272.00	This is the average cost per contact of community-based provision for mental health patients - it incorporates costs for a range of specialist teams delivering mental health provision for elderly people, adults, children and adolescents (separate values on specific sub-categories are available from the source, including unit costs for teams working in prisons, wider criminal justice and A&E liaison). It is taken from the NHS Reference Costs 2019-20, using the weighted average of data included on the 'MH' worksheet.

AREA	UNIT of Cost	Cost / Benefit	Supporting Detail
GP contact - cost per face-to-face (surgery) consultation with patients, average 9.22 minutes (excluding qualification costs, but including direct care staff costs)	Per consultation	£ 35.00	<p>This is the average cost for a GP per face-to-face (surgery) consultation where patient contact lasts an average 9.22 minutes; it includes costs relating to direct care staff (practice nurses) but excludes qualification costs (including these increases the cost to £39 per consultation). Data are also quoted excluding direct care staff costs: the average cost for an 9.22-minute consultation becomes £28 (£34 including qualification costs). The costs are derived from practice salary costs, including administrative and clerical staff (and including on-costs such as national insurance and pension contributions), premises costs and business overheads, and training and capital costs. All costs are quoted here at 2020-21 prices, and are clearly presented in a summary table on p.111 of the source document, with related data and commentary on pp.110 and 112.</p> <p>The 2014 Unit Costs publication also gives related costs for longer consultations, where patient contact lasts an average 17.2 minutes (with direct care staff £56 or £67 including qualification costs, and £50 without direct care staff or £62 including qualification costs, all at 2013-14 prices).</p>
Epilepsy (ACTIVE)	Per patient per year	£8,533.58	<p><i>(NOT TAKEN FROM GM UCD)</i> The cost of active epilepsy per patient was approximately 4167 pounds (US\$6251), and of inactive epilepsy 1630 pounds (US\$2445) per patient per annum. (The cost of epilepsy in the United Kingdom: an estimation based on the results of two population-based studies O C Cockerell 1, Y M Hart, J W Sander, S D Shorvon) LINK: https://pubmed.ncbi.nlm.nih.gov/7805646/ (1994) THEREFORE £8,533.58 vs £3,338.07 as at 2024</p>
Epilepsy (INACTIVE)	Per patient per year	£3,338.07	

AREA	UNIT of Cost	Cost / Benefit	Supporting Detail
Care homes for adults (18-64) requiring long-term mental health support - average cost per week	Per week	£ 1,021.00	<p>This is the average cost per resident week in a care home for people between the ages of 18-64 with mental health problems. The cost is derived from care and capital costs; the median cost of care alone, excluding capital, is £842 per resident week. In addition, the source quotes a weekly cost including personal living expenses (the DWP personal allowance for people in residential care or a nursing home) of £25 per resident week (all prices quoted here are for 2020-21). Note that this cost is for patients who are fully paid for by the local authority, whereas some patients may be fully or partly self-funding (in which case the fiscal cost should be reduced, and the individual's contribution accounted for as an economic cost), and others part-funded under joint local authority-NHS arrangements. Summary figures are also provided for residents aged 65+, with a median establishment cost per resident week of £697 (£684 mean).</p> <p>The 2016 edition of the source also distinguishes between costs for local-authority own-provision (£926 per week, £951 with personal living expenses) and voluntary or private sector care homes (£687 per week, £712 with personal expenses); all in 2015-16 prices.</p>

AREA	UNIT of Cost	Cost / Benefit	Supporting Detail
Community social care support package for people with mental health problems per week	Per week	£ 573.00	<p>This is one of a series of costs covering care packages drawn from the National Evaluation of the Individual Budgets Pilot Projects (IBSEN). The study collected information on the social care service use of 1001 people across four client groups: older people, people with learning disabilities, people with mental health problems, and people with physical disabilities. For the study, the service user's needs were categorised as critical, substantial or moderate, and information was collected on a pre-specified set of services: the type of accommodation in which they usually lived, the number of hours of home care and day care received each week, and the social security benefits they received. In the IBSEN study, 143 people had mental health problems (14% of the whole sample). Average weekly costs across the service areas/need groups were as follows: home care (£190), day care (£82), benefits (£152), and accommodation (£221). The source also provides averages across each of these areas broken down by the service users' needs. It is anticipated that there will be significant local variation for each area, hence the amber RAG rating.</p> <p>As with the other local authority-supported social care entries, there may be a split between fiscal costs paid for by the local authority, and economic costs paid for by individual self-funders (see the comment cells to SS15.0 and SS7.0 for more explanation). The entry in this database is allocated solely as a fiscal cost, due to a lack of information on how it might be funded.</p>
Wellbeing: Increased life satisfaction by a one-point change	Per person per year	£ 14,781.00	<p>This is the recommended standard value of one wellbeing adjusted life year – a one-point change in life satisfaction for one year - also known as a 'WELLBY' - in 2019 prices. This is the midpoint of the range of values between: 'low' - £10,000/person/year; and 'high' - £16,000/person/year. The low and high figures should be used as part of sensitivity analysis. Sensitivity testing should also be applied to the change in units of life satisfaction and the length of the wellbeing impact. Life satisfaction is measured as part of the ONS4 suite of questions in many surveys; it is an answer on a 0-10 scale against the question, "Overall, how satisfied are you with your life nowadays?", where 0 is "not at all" and 10 is "completely".</p>

Appendix 4 - Danny

Beyond Limits have been working with Danny for around three years. Danny is an autistic young man who has faced immense challenges in his life, particularly related to his mental health.

Beyond Limits first met Danny whilst he was in a secure ward. At that time, Danny stood out, dressed in baggy clothes, a cap, and exuding a rebellious, cool demeanour. He appeared confident, even defiant, and claimed he didn't need any support.

Danny had a troubled past, marked by a difficult relationship with his parents. He was diagnosed with autism at a young age, but a misunderstanding with a professional led to a severe breakdown in his relationship with his parents. He came to believe that his parents wanted him locked away in a mental health hospital forever. This belief caused him to reject their involvement in his life entirely. At just 16, Danny left home, and his life began to spiral out of control.

As Danny's life unravelled, his placements failed repeatedly. He tried to live independently but struggled with mental health issues, leading to more hospital admissions. He began to experience severe psychosis, schizophrenia, and vivid hallucinations. His drug use only exacerbated these conditions, further disconnecting him from reality. He would sometimes be found in the middle of town, burning money, convinced of some delusional narrative.

By the time Beyond Limits met Danny, he was 21 years old, and nothing seemed to be working. The team tried to help Danny reconnect with the world by taking him on long walks in the countryside where he loved to roam. On these walks, Danny would share grandiose tales of being a baron in a Colombian drug cartel, claiming control over cocaine trafficking into the UK. He was deeply entrenched in these delusions, which were fuelled by a fascination with gangster culture and rap music.

His parents were desperate, feeling unsupported by the system, as Danny's mental health continued to deteriorate. Unfortunately, new doctors dismissed his autism diagnosis, focusing solely on his substance abuse issues. This misdiagnosis led to inadequate treatment and further alienation from his family.

The Beyond Limits team tried to help Danny by providing him with a flat in the local town, but this backfired. Danny, believing he didn't need support, quickly fell into old habits. His flat became a haven for drug dealers and undesirables, and his mental health deteriorated rapidly. Despite his outward bravado, Danny is a gentle soul, easily manipulated and taken advantage of. The flat became unsafe, and Danny's condition worsened, leading to a breakdown.

At this point, Danny's psychosis was so severe that he couldn't even engage in a two-minute conversation without delving into delusions. His parents,

particularly his mother, were heartbroken as he no longer recognized them as his parents but as random figures in his delusional world. His support team from Beyond Limits, however, remained committed to helping him, taking him out for long walks and being there for him every day.

A turning point came when Danny witnessed a suicide in the hospital. This event deeply traumatized him, causing a significant decline in his mental health. He believed that the suicide was his fault, a result of the "bad people" who were supposedly after him. This guilt added another layer of complexity to his already fragile mental state.

After a prolonged period of struggle, where Danny's mental health showed little improvement, his support team and his family finally managed to convince the doctors to try a new medication, Clozapine. This decision was made after years of being told that no other treatment would work. With the new medication, Danny started to show signs of improvement.

Danny eventually moved into a new house, this time with a full support team around him. His parents began to re-enter his life, and Danny started to reconnect with reality. He even managed to visit his mother's house for the first time in years. His relationship with his father also improved, as they began to walk and talk together again.

Despite all the challenges, Danny no longer engages with drugs, and his interactions with the world have become more grounded. He still faces difficulties, but with the support of his team and his family, he is slowly rebuilding his life. The story of Danny is one of perseverance, the importance of support, and the long, often painful journey towards recovery.

Appendix 5 – Clare

Clare lived at home until her late teens, when her life took a difficult turn. She began a tumultuous period, moving in and out of about 18 different hospitals and institutions across the country. When she was first admitted to a hospital staff warned others to be cautious around her, describing her as someone who could be aggressive. However, when she met staff from Beyond Limits for the first time, she greeted them with a big hug, declaring her love and friendship, which contrasted sharply with the warnings given.

Clare's anger and aggressive behaviour were often triggered by the way she was treated by staff in these institutions. For example, once when she was in pain due to menstrual cramps, she repeatedly asked for paracetamol. Despite her clear discomfort, the staff delayed giving her the medication, leading to a situation where Clare became frustrated and angry. The resulting altercation led to six staff members restraining her, when simply providing the medication promptly could have prevented the outburst.

When Clare moved into her own home, the transition was challenging. Having spent so long in environments where she had no choices, she struggled with the newfound autonomy. Simple questions like "What would you like to do today?" were overwhelming because she had never been given the opportunity to make such decisions. In these early days, Clare sometimes self-sabotaged due to the difficulty of making choices, and the support team had to gently guide her through trying new things.

Clare would sometimes abscond when out in town, leading to difficult and dangerous situations. Despite this, the support team persisted. Over time, Clare's behaviour towards staff became more volatile; she would hit new staff members upon meeting them, making it hard to maintain a stable support team. Over the years, hundreds of staff members came through her door, but very few could connect with her.

Despite these challenges, Clare's team have remained dedicated. One significant turning point occurred when she was hospitalized again in 2014—a stay that, in hindsight, was unnecessary. This experience highlighted the inexperience of the organization and the community team managing her care at the time. Fortunately, this did not become a recurring pattern, and Clare was able to return home, where the team continued to work tirelessly to find the right approach for her.

After over 10 years, Clare has finally found stability. She moved into a home where she was able to feel more secure. The house had a more institutional setup, with three houses in a row, one of which housed her support staff, ensuring she had space when she needed it. This arrangement worked well, allowing her to feel safe without the constant presence of staff in her immediate living space.

The team learned that Clare could not handle big life changes or too much advance notice of events. For instance, when planning a trip to Disneyland,

they didn't tell her the exact date until the day of departure to prevent her from becoming overly anxious. This careful planning allowed Clare to enjoy experiences that would have previously caused her distress.

In 2022, Clare faced a decline in her mental health, which required a carefully managed approach. Instead of returning to the hospital, her team decided to handle her care at home, shutting down external stimuli and gradually reintroducing her to normal life. This method, along with a re-evaluation of her medication, helped stabilize her condition.

Over the years, Clare has formed strong bonds with a few key support staff, like her male team leader. Despite initial concerns due to past incidents with male staff, his easy-going nature and consistency have helped him build a trusting relationship with Clare, contributing to her sense of security.

Today, Clare is in a much better place. She is happy, settled, and has a full support team for the first time. She's been able to go on holidays, including a cruise and a trip to Disneyland—experiences she once could only dream of. Though she still has moments of upset, these are now recognized as signs that something isn't right in her environment, and the team can address the issue before it escalates.

Clare has come a long way from the scared and angry young woman who was repeatedly institutionalized. Through patience, understanding, and the dedication of her support team, she has found a life where she can thrive, enjoying new experiences and forming meaningful relationships.

Appendix 6 – Sam

Sam was a young man living in a small, private hospital where he was described by the staff as a "monster." Isolated and mistrustful, he spent most of his time alone in his room, fixated on the front door, wary of strangers and new people. His routine involved playing computer games, and he had little to no interaction with others. The staff at the hospital, unsure of how to engage with him, would sneak into his room while he slept to clean or do his laundry, actions that only deepened his mistrust. Sam's reluctance to engage with others was compounded by his distrust of new staff members, which often led to aggressive outbursts.

When the Beyond Limits support team first started working with Sam, they were instructed to leave him alone and let him be. But they refused to follow that advice, choosing instead to actively engage with him. They would sit in the lounge and try to strike up conversations, despite his initial resistance. Sometimes, Sam would tell them to "F off," but gradually, he began to wait for the staff he trusted to be on shift before engaging in his daily routines. Over time, his trust in the team grew, although he still struggled with new staff members.

Despite his challenges, Sam had a clear vision of what he wanted: his own house, two cats, some fish, a garden, a chimney for Father Christmas, and his own set of keys. It was a simple dream, yet one that seemed out of reach due to the complexity of his needs and the slow progress in finding him a suitable home.

After a long search, a house was finally found opposite Sam's mother's home. This allowed for a gradual transition where Sam first moved in with his mother, which provided a structured environment that eased him into independent living. The Beyond Limits support team continued to assist him, and he began to socialize more, even participating in treasure hunts organized by the team—a significant step for someone who had previously refused to go outside for months at a time.

As Sam settled into his new home, he began to accept support more readily. Initially, he was supported 24/7 due to concerns about his frequent seizures and the risk of SUDEP (Sudden Unexpected Death in Epilepsy). However, Sam expressed a desire to reduce the level of support, which the team gradually implemented. This change had a positive impact on his mood and independence. Sam started doing his own shopping, engaging more socially, and even taking control of his staffing by conducting interviews and managing staff schedules.

One of the innovative approaches the team used to help Sam was creating a personalized newspaper, which played a key role in his development. Sam disliked letters but enjoyed reading the local newspaper. The team used this as a communication tool, incorporating advice on topics like gardening, pet

care, and other interests. The newspaper also included maps for treasure hunts, which encouraged Sam to go out more and explore.

Sam also developed a fascination with pirates, which the team used as a theme to further engage him. They set up an email account for him where he could correspond with a "pirate detective," helping him build his computer skills and improve his relationship with the police—a relationship that had been strained in the past.

Over time, Sam transformed from someone who was isolated and distrustful to a sociable and independent individual. He began hosting gatherings, including a 50th birthday party, where he invited over fifteen people, including family and former staff members. This was a significant achievement for someone who had previously reacted with extreme anxiety to unexpected visitors.

Sam's progress was also marked by a drastic reduction in seizures. Remarkably, he has been seizure-free for nearly four years, a stark contrast to the frequent hospital visits in the past. His new lifestyle, coupled with the support tailored to his needs and preferences, has led to a happier and more fulfilled life.

Sam continues to grow in independence, with plans to further reduce his support, including the possibility of eliminating night-time assistance. He now communicates confidently, makes decisions about his life, and actively participates in his community. The creative and person-centered approach of his support team has been instrumental in helping Sam achieve the life he once only dreamed of, with his own home, pets, and a sense of autonomy that has transformed his life.

Appendix 7 – Ann and James

In the beginning, things were really difficult. I had just come out of the hospital, and I was in a pretty bad state, both mentally and physically. I ended up living up North for a while, but it wasn't ideal. Oh, you want to hear about what happened before that? Well, I'll just go with what I remember.

Let's go back to the hospital. It was an all-girls hospital, and honestly, it wasn't well-run at all. The atmosphere there was chaotic; the girls used to argue and bicker constantly. It felt like some of them had a lot more freedom than the rest of us, which was really unfair. The lack of structure made everything worse. Some girls could do what they wanted, while others, like me, were just stuck. It was frustrating, to say the least.

I was in a really bad way. The hospital did nothing to support me—it was awful. But looking back now, I realize how far I've come since then, especially after Beyond Limits rescued me from that place.

I had a little bedroom there. It was falling apart, with a tiny bed and a rickety wardrobe. It felt like I was in a prison. There were no boys, just us girls, and absolutely no structure. The most we ever did was take short trips to the local town for a bit of shopping, which, to me, felt like the highlight of the week. But really, it was all just pointless. Most of the time, we just sat around doing nothing, waiting for mealtimes or cigarette breaks. It was so boring, and nobody seemed to care about us at all.

I was completely out of control there. I was just a mess. I broke everything, ransacked the kitchen, and I even threw a TV out the window. I was angry and frustrated, and I didn't know how to manage the voices in my head. It felt like I was spiralling with no way out.

I think it was around 2011 or 2012 when things started to change. That was when I first met Beyond Limits. I remember how excited I was when I finally got out of the hospital. I was given a house, and even though it wasn't perfect, I loved it. It was a small place, but it was mine, and it was my first real taste of freedom after being confined for so long. I was happy, but I also struggled. For a while, everything was in chaos. Curtains were ripped down, the windows were broken—I was terrible. That was just in the first few months of living there. But I'm not like that now, one day something clicked. I can't explain it, but I just decided I wasn't going to live like that anymore. I thought, "I'm going to control this. I'm not going to let it control me." And from that moment on, everything started to change. I stopped breaking things and started working on controlling those overwhelming feelings. It's like I've become a completely different person now. Sure, I still have bad days, like everyone does, but I've come a long way from those early days.

After some time, I moved to a bigger house—a beautiful, big Victorian place with four rooms. I wasn't involved much in the process of finding it, which was probably for the best because I tend to overthink and stress about these things. But when I saw it, I loved it. It was everything I needed and more.

Decorating the house was a big deal for me. I had always dreamed of having wallpaper, and finally, I got to make that dream a reality. The house is spacious, and it really feels like home.

Meeting James was one of the best things that ever happened to me. We first met at a social club, although he was seeing someone else at the time. We'd see each other around, and eventually, we started talking more when we both ended up at the same college. I remember we exchanged phone numbers, and before I knew it, he asked me out. That was nearly nine years ago, in May 2015.

Our first date was at the cinema, where we went to see *Jurassic World*. We've been inseparable ever since. It wasn't long before we started spending more time together, and eventually, we decided to move in officially. We had to make a lot of changes, especially with our benefits and finances, but we worked through it all.

Living together hasn't always been easy. Family tensions, especially relating to benefits caused a lot of problems in the early days. It got so bad at one point that we had to involve safeguarding and even the police. But through it all, James and I stuck together.

Life now is so much better. I used to feel trapped, like I'd never escape the mess I was in. But with James by my side, I've found a way out. We've built a life together that I'm proud of. We both give back to the community—James volunteers at a charity shop, and I help out at the food bank and various other places. We also make time for ourselves, like going to the gym and swimming together.

My support used to be constant, 24/7, but now it's more manageable. I've learned to handle things on my own, and I'm proud of that. I don't have the same medical support I used to because I don't need it as much. I've come so far in managing my mental health, and I've learned to recognize when things are off and how to get through it.

We've had some amazing holidays together, which have been a big part of my recovery. I remember my first time flying since I was seven—it was a short trip to Scotland, just to get used to it. Since then, we've been to Spain, Greece, Portugal, and many other places. Travel has been a huge part of my healing, allowing me to relax and see the world in a way I never thought I could.

These days, I'm much happier. I still avoid certain places and situations that remind me of difficult times, but I'm not stuck in those dark places anymore. I'm living a normal life, and I'm proud of how far I've come. I've learned to turn things around when I feel a wobble coming on, and I've got James to thank for helping me through the toughest moments.

It hasn't been easy, but I'm finally in a place where I feel in control of my life. I've got a routine that works for me, and I'm surrounded by people who care.

Looking back, I never thought I'd be where I am today, but I'm grateful for every step that brought me here.

Appendix 8 – Eloise and David

I was in residential services from when I was really young. The place I lived, well, it was a place where people were meant to help each other, but I felt more scared and lost than I ever had before. I didn't leave my home much back then—staying inside felt safer.

I was 23 when I came to Beyond Limits and it changed my life. Once I was settled, I started working at a community café for the homeless. It was a small step out of my shell, but it was one of the biggest steps I ever took. Helping others, those who had nothing, made me feel needed. It made me realize I wasn't alone in the world.

And then, one day, I met someone special. We were just sitting in the lounge at the Café, and I didn't think much of it at first. But something changed. He handed me a letter, and inside, it asked if I would be his. I said yes, and from that moment, everything started to shift.

We went on our first date at Wetherspoons. I remember it so well. We sang karaoke, laughed, and danced. It was simple, but it felt like the start of something wonderful. A year later, on my birthday, he proposed to me in the restaurant. I had no idea it was coming—he kept it a secret, even from the staff. But when he got down on one knee and asked me to marry him, I said yes again. The entire restaurant cheered, and it was one of the best moments of my life.

We've been engaged for a year now, and we've built a life together that I never thought possible. He still lives with his family but is supported by Beyond Limits. The support he had before wasn't right for him. The care wasn't good, and he didn't feel supported. But with Beyond Limits, everything changed. We both found the support we needed, people who genuinely cared about us. He is volunteering now and has done some qualifications recently, as well. He is also learning how to do more for himself at home; this will really help for when we move in together.

Our life isn't always perfect, but it's ours. We go shopping together—oh, how I love shopping—and we plan for our future. We dream about our wedding, where we'll say our vows in a beautiful church and celebrate with all our friends and family. We even talk about the little things, like what it'll be like to live together, cook together, and just be together.

Sometimes, I think about how far I've come. From that scared 23-year-old who wouldn't leave her home to someone who now helps others find their way. I remember this one lady at the café, so sad and upset. I asked her if she needed a hug, and we ended up playing a game together. By the time she left, she was smiling, and that smile made everything worth it.

I still have my challenges, but I'm not alone anymore. I've got an amazing support team, wonderful friends, and a fiancé who I love dearly. We've traveled to places like Wales and Butlins, and we're even planning a trip to

Euro Disney, my dream place. I've always wanted to see the Disney princesses, and soon I'll get to.

Life is busy, but it's also full of joy. Whether we're out at the pub or planning our next adventure, we do it together. We've found a happiness I never thought possible, and I know our future will be just as bright.

And through it all, I've learned that it's the simple moments, like cooking a roast dinner or just sitting together, that matter the most. We're building a life that's full of love, laughter, and hope for the future. And I can't wait to see what comes next.

Appendix 9 – Lisa and her mum

At 16 years old, Lisa's life was shattered when she was brutally raped and nearly killed in the field behind her family home. After the assault, Lisa began experiencing terrifying hallucinations. She would see things that weren't there, talk to people who didn't exist, and suffer from frequent, debilitating seizures.

Desperate to help her daughter, Lisa's mother sought out social services. A social worker, with what seemed like good intentions, convinced Lisa's mother to voluntarily admit her to a hospital for observation and medication management. But what was supposed to be a temporary stay quickly spiralled with Lisa being diagnosed with schizophrenia, and being transferred to a hospital with a more of a communal home.

This home was a volatile environment, one where the residents' struggles often clashed. Lisa became a shadow of herself, often too unwell to get out of bed. Her family was always on edge, fearing the next phone call that would bring more bad news.

That call came early one morning. Lisa had fallen down the stairs, severely injuring her arm to the point where the bone pierced through her skin. The fall had been caused by one of her seizures, and the hospital was unable to operate because they couldn't stabilize her condition for three days. After the operation. Lisa was sent back to the residential hospital, only to be hastily transferred again, this time to a hospital some 600 miles from home, without any explanation or time for the family to fight the decision.

Lisa lived in this hospital for three years during which she had no contact with her family. The isolation drove her mother into a deep depression, trapping her in her home, battling agoraphobia, feeling as though she had lost her daughter forever.

After three years, Lisa was offered support from Beyond Limits. The idea of getting Lisa the help she truly needed sparked something in her mother. Determined to reunite with her daughter, she started therapy to overcome her agoraphobia while Beyond Limits worked tirelessly behind the scenes to secure Lisa's release.

The process was gruelling. Visits were arranged, but they were often far from the reunions the family had imagined. The drive was long, nearly seven hours each way. When they arrived, it felt more like entering a prison than a hospital. They were locked in a small room, always under the watchful eye of a staff member. Lisa was often heavily medicated. On rare occasions when the medication hadn't fully taken effect, her family could see glimpses of the old Lisa, struggling to connect, desperate to reach out but held back by the ever-present staff.

Whilst in the hospital, Lisa was denied the simplest of pleasures, like a homemade cake or a Christmas present, because they weren't bought from a

store. She was kept on the ward for years, only allowed out once or twice, and even then, only to the hospital canteen. The rest of her days were spent in a bleak existence, devoid of freedom or joy.

The family fought tirelessly, filing complaints, advocating for Lisa, and challenging the system that had failed her so profoundly. Eventually, their persistence paid off, and Lisa was moved to a smaller hospital that was more like a home. But the years of mistreatment had taken their toll. Lisa was conditioned to ask for permission for everything, to the point where she couldn't even make herself a cup of tea without asking first.

Slowly, things improved for Lisa. With the continued support of Beyond Limits, Lisa moved into her own home, a place she could finally call hers. Her family supported her every step of the way, helping her regain her independence, piece by piece. She started doing the things she loved again—hosting barbecues, cooking Sunday roasts, and taking the bus to visit her mother. It was a long, slow process, filled with setbacks and challenges, but Lisa was determined to reclaim her life.

Over time, Lisa's family saw the spark return to her eyes. She began participating in social activities, going to art classes, singing clubs, and attending events at Beyond Limits. Lisa also spends a lot of her time attending and speaking at conferences and events to share her story in the hope that it won't happen to anyone else. Lisa is a staunch advocate of people being able to live the life they choose not dictated by services, something she continues to fight for herself as well as for others. Lisa does all of this with her family firmly by her side, advocating for her and ensuring that she gets the care and support she deserves.

Appendix 10 – links to other resources

Mark and Unique Support Solutions (Leeds)

Mark shares his experience of being supported by Unique Support Solutions (USS), a new Small Support Organisation set up through the programme in Leeds.

[Link Here](#)

Economic Impact of investment in Small Supports

A brief report detailing the impact of ‘every pound sterling invested in a local bespoke person-centred Small Support Organisation and what that pound sterling means to the local economy’.

[Link Here](#)

Workforce

A report exploring recruitment, retention and the work three Small Support Organisations undertake to ensure they have the staff in place to provide support.

[Link Here](#)

The Small Supports Living Library

A growing collection of personal testimony from people and their loved ones about the support they receive and what it means to them in their daily life.

[Link Here](#)

The Small Supports homepage

Our home page provides links to events, lunchtime sessions, papers, videos and documents all relating to the development of bespoke, person-centred and local Small Supports Organisations.

[Link Here](#)

Listening to the Experts (external)

A paper published in the Journal of Psychiatry (Quinn, Wood, Lodge and Hollins, August 2023)

[Link Here](#)