

# More

Than a Provider

## A “gloriously ordinary life”

Securing the sustainability of supported living for people with learning disabilities and autistic people

Autumn 2025



## About us



More Than a Provider is a group of six non-profit social care organisations that support people with learning disabilities, autism and complex needs. We are Brandon Trust, Certitude, Choice Support, Dimensions, Macintyre and United Response.

Collectively, we support **12,000 people** and employ **21,000 colleagues** across England and Wales.

We're united in the belief that people drawing on and working in social care should be at the heart of decision making. Together, we're working to influence politicians and policy makers so they prioritise the needs of disabled people in the reform of adult social care. **Together, we believe a brighter future for social care is possible.**

More Than A Provider members started collaborating in 2018, and are all members of the Social Care Future movement that aims to make sure everyone has the chance to live a “gloriously ordinary life”.

As providers of public services, we see first-hand the barriers that get in the way of people living “gloriously ordinary lives”. We want to change that. We're calling on all political parties to look at social care not as a problem they don't want to fix, but as an investment and solution, enabling people to live better and more independent lives; reducing ill health and barriers to employment.

To find out more, you can read our [vision for the future of social care](#).

### **This paper should be read in conjunction with:**

- [Approach & methodology note: calculating a Fair Cost of Care for LD&A supported living](#)
- [LD&A Supported Living Costing Tool](#)

### **Caution and disclaimer**

The indicative fee rates provided in this report should not be used as an alternative to the accurate pricing of individual tender bids. We do, however, encourage the widespread use of the rates and tool to support negotiations and promote market sustainability.

## Key points



- There is substantial evidence indicating the rights of people with learning disabilities in the UK are frequently overlooked. Supported living can be transformative for disabled people, promoting independence, choice and control; and providing a home first approach with the right level of support to live a **“gloriously ordinary life”**

Most social care is delivered through three different models: care homes, domiciliary care, and supported living.

**Supported living** means people having their own home and their own front door, with the right support. It's about choice, control, and belonging and being part of the community, making everyday decisions, and enjoying the same opportunities and rights as anyone else.

- We are currently at risk of undermining progress made in recent decades, and moving backwards to an over-dependency on institutional and restrictive models of care. This is counter to the government's national shifts from "hospital to community" and "sickness to prevention"
- We need to have an honest conversation about what it costs to provide quality supported living. Not-for-profit providers of specialist community support are facing the greatest challenge and lowest financial margins, with little or no scope to absorb recent cost pressures
- We have partnered with PPL to calculate and propose [national fee rate parameters for LD&A supported living](#). This is about ensuring sustainability, not to deliver profit; and we recognise the critical importance of securing value for money from the public purse
- We see sustainable fee rates as a prerequisite to more radical reform, as outlined in [the terms of reference for Baroness Casey's independent commission into adult social care](#)
- This research has furthered the case for outcomes-based commissioning, and the shift to self-directed forms of support. This requires a move away from transactional commissioning practices that fail to take account of social value; and over-emphasise inputs like time, task and volumes.

## Calls to Action

for Commissioners and Support Providers



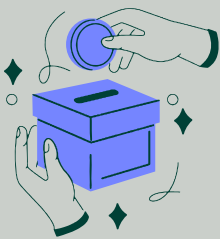
### 1. Utilise the **costing tool** developed as part of this project

tailor the rates to local contexts; and use the outputs to inform negotiation discussions.



### 2. Expedite a shift to alternative **commissioning approaches**

for supported living, focussing on quality, experience, outcomes; and social value.



### 3. Use this research to inform **national policy and funding decisions for social care**

including the independent commission, funding reform; and fair pay agreement



### 4. Ask commissioners, providers, policy and decision makers to use our findings

to **ensure current provision is on a stable footing**, while the work to co-produce a sustainable future for social care is undertaken.

## Background

Why we are working together in supporting “gloriously ordinary lives”



**We know supported living can be transformative.**

Through supported living, thousands of people with learning disabilities and/or autistic people across the UK have a home environment which provides them with the right level of support to genuinely live well, as they would wish, and to thrive: to live a **“gloriously ordinary life”**.

## **This is a success story we want to celebrate.**

As providers of supported living, we see the outcomes disabled people, their families, and their communities achieve daily; and the opportunities and life experiences supported living can provide.

## **Supported living can help deliver the government's ambitions for health and social care.**

Supported living builds independence through flexible care and support at home, supporting a "Home First" approach. This reflects the wider "three shifts" within national policy. It moves care into communities and neighbourhoods, and out of costlier institutional and restrictive settings; harnessing progressive technology to support independence.

## **We have a unique opportunity to set a progressive and preventative direction of travel.**

The Casey Commission represents an important moment for everyone in social care to be ambitious for those we support, their families, and their communities; and embed an outcomes-focussed approach.

This requires mindful action. Without it, we risk moving backwards to an over-dependency on institutional models of care. We know these do not deliver the best outcomes and cost the taxpayer substantially more. This is the opposite direction to the "three shifts".

At this key national inflection point, supported living offers an exemplar model for good quality, personalised care. As commissioners and providers of social care, we need to champion these models; and together create a commissioning environment where they can be sustained.

**Gloriously Ordinary Lives**, created by Tricia Nicoll and Bryony Shannon, is a values-based approach that challenges social care to enable people to live ordinary, self-directed lives with real homes, relationships, and community belonging.

Learn more at [gloriouslyordinarylives.co.uk](https://gloriouslyordinarylives.co.uk)

## Andrew's story



For years, Andrew lived alone in his flat. What began as a choice for independence slowly turned into isolation. With only four hours of support a day, Andrew chose to spend that time going out, but that meant going without help at home.

Cooking, cleaning, and personal care became overwhelming. Too frightened to leave his flat alone outside of those hours, Andrew spent most of his time indoors, disconnected, and his health declining.

Despite multiple referrals and reassessments, requests for increased support were turned down. Then, in November 2023, everything changed. Andrew moved temporarily to a supported living house where he already knew the people who lived here and the Brandon Trust team who supported them.

The change was immediate and remarkable.

Andrew began to thrive with the right support and a friendly, familiar environment. He started eating well, walking more, and reconnecting with life.

He laughs more. He talks more. He belongs.

Alongside Andrew, his team worked tirelessly to advocate for the move to become permanent. In the summer of 2024, he succeeded. Andrew signed his tenancy and received the keys to his new home.

Once withdrawn, his confidence has now soared. Andrew's mum shared: "I have never seen him so happy. I don't have to worry anymore."



**Andrew said:**

"I like it here because the people are nice. I go out more. I like my Mum coming to visit me. I don't want to go back to my old flat – it's damp."

These changes transformed Andrew's wellbeing. In the right setting, with the right people, Andrew has become more independent and reduced the level of formal support he receives. This helped the council save money on care and redirect resources to help others.

Today, with the right balance of support from Brandon Trust, Andrew now thrives, has connections within his community, and can make choices. His story is a reminder of what's possible when systems adapt to meet individual needs: people and communities flourish, and the public purse benefits too.

## The challenge



**Over the coming months we will continue to see providers of supported living forced to leave the market, or hand back contracts<sup>1</sup>.**

The national strain on the social care sector is widely recognised<sup>2</sup>. Within this, supported living providers for disabled adults of working age are experiencing the most significant financial pressures; lacking private income sources to alleviate and cross-subsidise.

Local authority fee rates for learning disability and autism services have often failed to keep pace with the cost of care in recent years<sup>3</sup>. This pressure is exacerbated for people-focussed and values-driven providers who have embraced supported living as a preferred form of support, facing the lowest financial margins with little or no scope to absorb the cost pressures resulting from the 2024 autumn budget<sup>4</sup>.

### **This environment has created transactional commissioning practices.**

The commissioning of supported living is often defined by the scarcity felt within the system, where time intensive negotiations and renegotiations to find small efficiencies are commonplace. The range of pricing and procurement approaches used, alongside the various definitions and categories, have created a market which is opaque and difficult to plan for. These practices are imbalanced, create instability, and waste significant resource. They chip away at our ability to innovate. Support providers are often measured and funded by “task and volumes”, rather than the outcomes that matter to disabled people drawing on our support.

### **This is about sustainability, not profit.**

If these practices continue, more not-for-profit and values-driven providers will be forced to leave the market; taking their assets, investment, and expertise with them. The impact of this will be felt most keenly by people with learning disabilities and/or autistic people, and their families.

1. [Adult social care funding pressures: 2023–35 & Social care providers at risk of collapse as analysis reveals cost to sector of employer national insurance hike](#)
2. [Market Oversight of adult social care](#)
3. [Fee Rates for Learning Disability and Autism Services by Local Authority 2024-25](#)
4. [VODG Release | Cordis Bright Report on the Budget 2024](#)

## The solution



**There is a world where achieving the best outcomes for disabled people is also the best way to save money.**

Providing good quality, sustainable support in people's homes makes sense for the disabled people who draw on our support; and is better value for public money.

By delivering care and support in a genuinely enabling and proactive way, underpinned by early action and promoting independence, we can prevent more disabled people from ever reaching the point where a more restrictive setting<sup>5</sup> and costlier care may be needed. By investing in quality supported living now, we can reduce the need for inappropriate and reactive spot purchasing.

**We need to have an honest conversation about what it costs to deliver supported living.**

Within a constrained funding environment, this is a problem shared by commissioners and providers alike; and one we can only solve through partnership. Sustainable fee rates give us a single point of clarity and common understanding to build a path to wider reform, achieving more within the current resource envelopes available. We want to introduce predictability and transparency for all system partners – creating the space and consistency for providers and commissioners to plan, use resources well, and be bolder in what they can achieve for those they support.

**We believe sustainable fee rates are a pre-requisite for more radical reform.**

We recognise the calculations presented on the next page are still framed within the “time and task”<sup>6</sup> commissioning model. This is to provide immediate value to providers and commissioners, recognising this is still the most common way to commission supported living. We see this as only the first step in opening the conversation between support providers and commissioners we want to see within the sector. A change where true costs are understood, people are not seen as commodities, and our support workers have the time and resource available to be creative, proactive, and truly outcomes focussed.

5. Restrictive practice – a failure of person-centred care planning?
6. Prioritising procedures and the amount of time spent on delivering care and support, rather than considering the longer-term outcomes provided.

## Sustainable fee rates for 2025/26

**Supported living has been overlooked in previous efforts to establish ‘fair’ costs of care<sup>7</sup>, despite the unique cost pressures faced within the sector.**

Unlike the NHS, there is no recognised or consistent national ‘tariff’ for high quality, CQC compliant supported living that offers value for money from public resources.

The figures below are provided as an example based on research conducted in 2025/26. They are indicative only and should be updated regularly to reflect current costs and policy.

We want to address this gap, and propose national fee parameters which speak specifically to the nuances and complexities within supported living. We have partnered with social enterprise PPL, who have worked with MTAP members to complete the research and calculations. Full details on the approach, methodology and assumptions can be found in the [accompanying report](#).

PPL have calculated example parameters for LD&A supported living, shown below for illustration purposes only:

<b>Daytime support</b>	£22.77 - £25.76 per hour
<b>Waking night support</b>	£24.41 - £27.61 per hour
<b>Blended (daytime and waking night)</b>	£23.00 - £26.02 per hour
<b>Specialist/complex support</b>	£26.55 - £30.05 per hour
<b>Sleep-in support</b>	£99.39 - £130.90 per shift

Baseline rates based on 2025/26 research

The example rates shown on the previous page are comprised of approximately 84.5% staffing costs, 4% local overheads, 9% central overheads, and 2.5% surplus margin.

Using public data from the Market Sustainability and Improvement Fund, we estimate that 1 in 3 local authorities have published rates within our parameters<sup>8</sup>.

If providers are offering rates below this, it is important commissioners suitably interrogate the standards of quality, safety, ethics, and wider social impact. We want to create a transparent, shared understanding of the real cost of supported living, freely available to all system partners.

PPL have built an accompanying costing tool for providers and commissioners to tailor rates to their specific contexts, and use accordingly.

7. The Fair Cost of Care exercise was outlined in the People at the Heart of Care: Adult Social Care Reform White Paper, published in December 2021. In 2022, local authorities were required to conduct a Fair Cost of Care exercise and to set out Market Sustainability Plans to address gaps between what they currently pay and the true cost of care, to support the move toward sustainable care markets. This exercise focussed only on domiciliary, residential and nursing care.
8. We have assumed the provisional supported living rates for 151 local authorities in 2024/25 were the agreed rates, and a 5% average uplift to provide indicative 2025/26 rates for each local authority.

Based on 2025/26 research – for illustration only.

## Ramesh's story



Ten years ago, Ramesh's life changed in a big way. Until then, he had been living with his parents surrounded by the comfort and familiarity of home.

But when his dad had to undergo a heart transplant, it was time to make a change - not just for his dad's health but for Ramesh's own growth and independence.

Ramesh now shares a supported living flat with another person, and together they receive tailored support from Certitude at key times of the day.

While his family still lives nearby and remains an important part of his life, having his own place has allowed Ramesh to take control of his daily routines, make his own decisions, and build confidence in managing his home. At the same time, he continues to benefit from the reassurance of support when needed.

A passionate foodie, he finds joy in the everyday ritual of shopping for ingredients and experimenting in the kitchen, helped by a Certitude support worker. Living with diabetes, Ramesh made a conscious effort to cook healthier meals and go for a daily walk. He's now considering enrolling in a cookery course at a local college to expand his skills and learn new techniques.

His days are filled with ordinary pleasures. He enjoys getting out and about in his community. He also gives back to others through his involvement with the King's Trust, where he earned a certificate for his work supporting older people.

Ramesh's story is a testament to the power of high-quality support. With the right help from Certitude, he's staying healthy and doing what he enjoys. His life may be ordinary in the best possible way, but it's also full of meaning, connection, and purpose.

**As Raja, Ramesh's dad, reflects:**

“When Ramesh moved into supported living, we didn't just want him to be safe, we wanted him to thrive. And that's exactly what's happened. He's grown so much in confidence, he's making his own choices, and he's doing things he loves every day”.

“The support he gets isn't about doing things for him. It's about helping him live life his way. It's the little things, like cooking, reading the paper, or going on a train trip, that show just how far he's come. We couldn't be prouder.”

## Recommendations & next steps



**We recognise the critical importance of securing value for money for the public purse, given the statutory nature of the support.**

We know many commissioning authorities' published rates do not fall within our sustainable fee rate parameters. Our intention is to facilitate a more transparent and productive conversation when negotiating uplifts and funding for supported living.

We recommend that both providers and commissioners utilise the accompanying costing tool, tailor rates to local contexts; and use the outputs to guide negotiation, personal budgets, and value for money discussions.

**The need for more funding is unavoidable to deliver government priorities and secure the sustainability of support for learning disabled and autistic adults.**

We have outlined the case for supported living in the context of the national shifts from “hospital to community”, and “sickness to prevention”. We need to protect the viability and sustainability of this support. This research supports wider calls for immediate cash injections, and multi-year funding settlements for social care that cover the full cost of care<sup>9</sup>. We believe this is an important addition to the evidence base, and look forward to sharing it with the Casey Commission, central government, local commissioners; and other national initiatives and campaigns.

**This research has furthered the case for outcomes-based commissioning models, and self-directed forms of support<sup>10</sup>.**

Whilst the “time and task” model remains the predominant approach to commissioning supported living, we recommend the development of shared standards and definitions. This research has further highlighted the challenges with this approach. A narrow focus on inputs and hourly rates constrains flexibility and fails to take account of the added social value not-for-profit support providers deliver alongside people in their local communities. We recommend an expedited shift to commissioning approaches that focus on how to get the best individual and place-based outcomes from the available budget, whilst considering social value and contributions to the local economy.

9. [Adult social care funding pressures: 2023-35 & Joint statement: Strengthening adult social care and support for us all](#)

10. [Self-Directed Support Network](#)