

# 200 Lives – 10 Key messages



## 1. Supported living can work well for people with higher support needs.

On average, people living in residential care had significantly higher levels of support needs than people living in supported living, as reported by staff and people themselves. However there were people with the full range of support needs living in both supported living and residential care. This suggests that both service models can work well for people with higher support needs.



**Recommendation:** *Both supported living and residential care services can support people with a wide range of needs for support. Commissioners cannot assume that a particular support model is required to support a person with particular needs. Equally, commissioners need to ensure that, whatever the service model, people with greater health and support needs have the specific support in place to keep people healthy and well.*



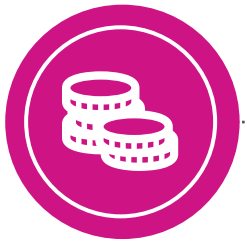
## 2. Residential care services were more restrictive in some ways.

Within residential care and in particular supported living, there was a wide range of variation in how services operated. For example, a wide range of institutional practice was reported within both models, with some households scoring very low and others scoring very high.

In some aspects, there was evidence of greater restrictions on people's choice and freedoms within residential care. For example, in terms of working culture, staff from residential care households reported significantly higher levels of block treatment compared to staff from supported living properties. Residential care homes were more likely to include areas out of bounds to people living in them, and to use deadlocks within the home to restrict people's access to certain areas or rooms. People in residential care homes were also much more likely to be under a DoLS than people in supported living, although services across the board rarely prohibited any activities.



**Recommendation:** *Commissioners and regulators need to directly contract and/or proactively monitor both supported living and residential care for physical aspects of properties, institutional routines, and issues of access and privacy within the person's home, to ensure that people feel that their house is indeed their home.*



### **3. Including accommodation costs, residential care is more expensive than supported living.**

When accommodation costs are included, residential care is considerably more expensive than supported living. Total cost for individuals in residential care was an order of magnitude higher than that for supported living and those people living independently due to the high accommodation costs.

There was a significant positive association between total costs and the number of health conditions people had. When accommodation costs were excluded, the amount of support required by an individual was the only factor significantly associated with total costs.



**Recommendation:** *Commissioners should expect higher costs for services that support people with greater health and support needs, but cost is not a proxy indicator of service quality.*



### **4. Only a quarter of people in supported living had their full housing rights upheld.**

On average, people in supported living experienced significantly more housing rights as measured by the Real Tenancy Test than people in residential care, and were significantly more likely to have their own front door key and to know who else had keys to their front door. However there were a wide range of scores on the Real Tenancy Test across both service models, suggesting a wide range of variation in housing rights experienced by participants. On average, people in residential care reported on average 7 out of 11 components, compared to an average of 9 for people in supported living. Only a quarter of participants in supported living reported having full housing rights, as measured by the Real Tenancy Test.



**Recommendation:** *Commissioners and regulators should adopt or develop an equivalent to the Real Tenancy Test standards in contracting, monitoring and regulating supported living services. Service providers can also use these or equivalent standards, as can people with learning disabilities and (where relevant) families when considering a house move. An equivalent set of standards concerning housing rights should also be developed for residential care services.*



## 5. Who people live with is more important to them than the property itself.

For many people, the company of their housemates and staff was one of their favourite things about where they lived. Equally, some people may prefer to live alone or with a partner. When people did not get along with their housemates or staff, this could be a reason for them to want to move.



**Recommendation:** *Service providers should facilitate opportunities for people to meet others who they may want to live with in the future. This includes opportunities to develop long-term friendships over time. It is worth investing the time, and money, to find the right-fit housemates for people. Equally people should have the option to move on or to live alone if they want.*



## 6. People liked being able to put their own stamp on their home

It was important to people that they were able claim space within their home and put their own stamp on where they live. This means having their own places and 'spots' within the house, beyond just their room. People valued being able to make the space their own, for example through decorating, gardening and tidying / arranging their spaces.



**Recommendation:** *For service providers, ensuring that people have spaces of their own (in both personal and shared areas), arranging as they wish them to, is essential, which will include financial support for furniture and decoration on a regular basis.*



## 7. What people want from a house might change as their aspirations change.

For example, some people might want to live alone or with a partner. It seems that the current system focuses more on reactive moves, where people move only if there is a problem with their current home. People should receive support to plan ahead for the future and think about proactive moves that are associated with personal ambitions and progression.



**Recommendation:** *It is vital that commissioners, service providers and housing providers respect the right of people with learning disabilities to a meaningful life-course through adulthood, rather than assuming a perpetual present for people. This means respecting and facilitating people to develop their aspirations and wishes for the future, including moving home when people want to get their own place, live with a partner, become more independent, or move away from housemates they dislike.*



## 8. People in supported living felt more connected to their local community.

Supported living households appeared to be more integrated into their surrounding communities. This can have positives and negatives; people in supported living were more likely to know their neighbours and be more involved in their communities. However, they could be more affected by local crime, antisocial behaviour and deprivation. This is reflective of broader social policy issues relating to austerity and the availability of housing, rather than necessarily the model of supported living itself.

People living in residential care tended to be more separate from their neighbourhood communities; their lives tended to revolve more around their home and who they lived with. This may help people to feel safe and secure, but can also be isolating. People in both settings said that knowing people in the local neighbourhood helped them to feel safe.



**Recommendation:** *The location of supported living housing stock and residential care homes, and what their neighbourhoods afford for people living there, need to be prime considerations for commissioners and providers.*



## 9. People's routines often revolved around household tasks.

Many people found it helpful having some sort of structure or routine to their week. As many people did not work, or only worked sporadically, how most people spent their time revolved largely around domestic tasks, going to the shops and using public transport to create a structure for the week, while also allowing time for spontaneity and time to relax. Many people wanted opportunities for progression and self-improvement in a whole range of areas of people's lives, although these opportunities were limited and often reliant on support staff.

There was very little focus on employment, with people citing the complications of the benefits system as a barrier to a paid job and people in residential care being paid in vouchers. Whether in voluntary or paid work, average hours per week were low (less than 10 hours per week).



**Recommendation:** *Effective support for people to get into fulfilling paid employment that allows people to develop their skills and change with their aspirations requires reform of the benefits system, commissioner action (for example in commissioning effective and proactive supported employment schemes), service provider encouragement and housing in locations that allow safe travel to and from work, as well as engagement with local employers.*



## 10. People want to feel part of their local community.

People spoke about the importance of feeling part of a community where they live. Living somewhere for a long time could help people to feel a sense of belonging, as they knew people in the area. People were proud of their roles within their families, friendship groups, local communities and / or romantic partnerships. For example, being part of a local church or supporting their local football team helped them to feel a sense of belonging.

No differences were found in terms of people's social networks across supported living and residential care, and the average size of people's social networks was quite small. When talking about their friends, people described a range of relationships from long-lasting close friendships to housemates to people that they occasionally bumped into in town. Sometimes people were friends with others through circumstances, for example attending the same day centre, and it was hard to keep up these friendships if someone moved on.

Living close to friends and family helped them to stay in touch; on the other hand, many people found it difficult to maintain connections after loved ones moved away. This meant that relationships were quite precarious and transient at times. Many people wanted to broaden their social networks, for example deepening existing friendships, finding a romantic partner or seeing family more often.



**Recommendation:** *The location of a property in terms of closeness and ease of meeting up with family and friends outside of the person's home is crucial to people's wellbeing.*

*Service providers need to facilitate ways for people to develop and maintain enduring friendships with people outside of services.*



## Implications: Commissioning for Individuals

While there are some predictable overall differences between supported living and residential care, there is wide variation in the characteristics of these services, the characteristics of people being supported, and in people's experiences of them, particularly for supported living. Residential care offers a group living experience with a pattern of advantages and disadvantages very similar to that reported by Emerson et al. (1999).

Perhaps differently to Emerson et al. (1999), in this project people in supported living can have very divergent experiences, from housing and support that is closely connected to neighbourhoods, amenities, friends and family and fosters a sense of freedom and belonging, to housing that is not suitable for people's requirements in neighbourhoods seen as potentially threatening.

Commissioning strategies solely based on 'service model' will not guarantee a particular type of experience or support, let alone housing and support that is aligned with what individuals want. It is also evident that commissioners and service providers need to commission on 'place', which is challenging in current housing circumstances but is vital if people are to flourish and become active citizens in their local communities. 'Place' is essential to many domains of people's lives that have been shown in this project to continue to be unnecessarily limited and constrained, such as paid work, active social lives, physical activity and people being fully part of their neighbourhoods and communities.

Commissioners also need to develop commissioning methods that allow and encourage people with learning disabilities to develop and grow over the lifecourse, which includes maintaining routinely accessible housing that can adapt to people's changing needs over time but also places a much greater emphasis on supporting people to consider, plan for, and choosing to move house where people wish to for proactive reasons.

**An individualised, place-based commissioning approach that moves with people with learning disabilities over time is a profound challenge to existing commissioning approaches, but is required for people with learning disabilities living in both supported living and residential care.**