

200 Lives – Easy Read Report

NIHR | National Institute
for Health Research

The National Institute for Health Research funded some research.



Professor **Chris Hatton** from Manchester Metropolitan University led the team doing this work.



The team included people from:

- the National Development Team for Inclusion,
- London School of Economics, and
- Changing Our Lives.



People in supported living should have more rights and control over their lives. We wanted to know if people's lives are any different to those people who are living in residential care.



We wanted to find out more about the costs of the two different types of housing.



We wanted to find out more about the quality of people's lives in the two different types of housing.

What did we do?



We spoke to people living in either supported living or residential care who have a learning disability and were aged 18-74 and who had lived in their current home for at least 6 months.



There was an easy-read information booklet and a video to help people decide if they wanted to take part.



For people who did not have capacity to consent to take part we asked a close family member or paid supporter to decide whether they should take part.



A researcher met with people to ask them some questions about their life and how they feel about it.



We asked questions about where people lived, how much money they had, their health, and how they spend their time.



We spoke to participants over video call, phone or face-to-face on a home visit. There were lots of questions so we usually spoke to people more than once.



We collected data about the place the person lived using a questionnaire sent to the provider organisation.



Where people had said it was ok, we sent a survey to a family member in the post or online.

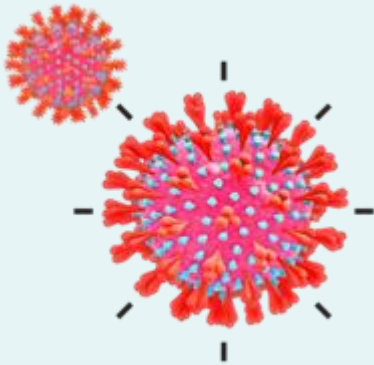


As part of the research Changing Our Lives carried out **14** Quality of Life Reviews.



This means they spent time with **14 people** to get to know more about their lives.

Impact of COVID-19



We started work on the project in January 2020. In March 2020 the UK went into lockdown due to the coronavirus pandemic. This had a big impact on the project.



We could not visit people in their homes at first so had to start using video calls and phone calls for interviews.



Some support staff were too busy to take part. Some staff didn't have time to fill out our questionnaires.



These challenges meant we needed extra time for the project and we had to reduce the number of people taking part in it.

Participant numbers



In total, **107** participants took part in the research. Nearly all of these (93) had capacity to consent to take part and chose to speak to a researcher.



77 people lived in supported living.



30 people lived in residential care.



Just over half of these people had a support person with them when they spoke to the researcher.

What did we find?



1. On average, people living in residential care had higher levels of support needs than people living in supported living.

But there were people with high support needs living in both supported living and residential care.

This suggests that both supported living and residential care can work well for people with higher support needs.



2. Sometimes **residential care was more restrictive**. For example, some residential care homes had areas where people weren't allowed to go.

People in residential care homes were much more likely to be under a **Deprivation of Liberty Safeguard** than people in supported living.



Deprivation of Liberty Safeguards are rules about giving people the special protection they need in a hospital or care home. This may mean that they aren't allowed to do some things.



3. When accommodation costs are included, **residential care is more expensive than supported living.**

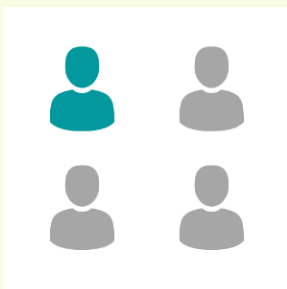
The total costs were higher if people had more health conditions.

The amount of support someone needs had an impact on the cost.



4. On average, **people in supported living had significantly more housing rights.**

For example, they were more likely to have their own front door key.



Only a quarter of participants in supported living had all the housing rights, according to the Real Tenancy Test.

5. **Who people live with is more important to them than the building.**

For lots of people, the company of their housemates and staff was one of their favourite things about where they lived.





If people did not get along with their housemates or staff, they might want to move house.



6. It was important to people that they **had their own space within their house,** outside of their room.

They liked being able to make the space their own, for example through decorating, gardening and tidying.



7. What people want from a house might change throughout their life, as their goals and dreams change.

For example, some people might want to live alone or with a partner.



At the moment, most people only move if there is a problem with their current home.

People should receive support to plan ahead for the future and think about whether they would like to move.



8. Supported living households were more a **part of their local community.**

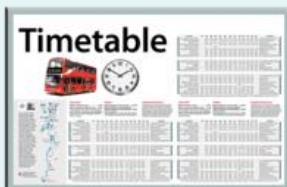
People in supported living were more likely to know their neighbours and be more involved in their communities.



But sometimes supported living houses were in less nice areas and experienced more crime.



People in both supported living and residential care said that knowing people in the local neighbourhood helped them to feel safe.



9. Many people found it helpful to have a structure or routine to their week.

Many people did not have a job, or only worked a few hours. So their week became focused on **cleaning, chores and going to the shops.**



Many people wanted the chance to learn new skills, but there weren't many opportunities to do this.



Issues with their benefits could stop people from getting a paid job. Some people in residential care were paid for their work in vouchers.



10. People found it was important to feel **part of the local community**. Living somewhere for a long time helped people know people in the area and feel like they belong.



People were proud of being part of their families, friendship groups and local communities, such as local church or football team.



People's social networks (the amount of friends and people they know) were quite small in supported living and residential care.



Living close to friends and family helped them to stay in touch. It was hard to stay in touch if people moved away.



People wanted the chance to make new friends.

What next?



We are still working on sharing information about this project. You can find out more about this [here](#).

NIHR | National Institute
for Health Research



The National Institute for Health Research have funded some extra work to follow on from this.

We will look at what we can learn about the best way to support adults with learning disabilities from minority ethnic communities.

