Housing Choices

Discussion Paper 3: Characteristics of housing and support options: Inclusion, rights, choice and control

Paper 3 of 4 in the Housing Choices Discussion Series:

Exploring and comparing the characteristics of housing and support arrangements for people with care and support needs

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Introduction

The National Development Team for Inclusion (NDTi) has a vision of a society where all people, regardless of age or disability, are valued and able to live the life they choose.

This includes people having choice and control over where they live and the support that they receive. Through our work across the UK with older people, people with learning disabilities and people with mental health problems it has become clear that despite the range of housing options that exists for people with support needs[1], there is still an over reliance on traditional forms of housing and support such as residential or nursing care.

Although current health and social care policy and legislation emphasises person-centred approaches and use of community based options (e.g. the Care Act 2014), and discourages residential settings which are segregated from family and communities, this does not appear to be having a significant impact on current patterns. Indeed, it appears that we are currently seeing a shift away from options that offer choice and control, towards more traditional residential care – with these developments being implemented on the rationale that residential care is lower cost.

In order to stimulate debate about the continued over reliance and possible increase in use of residential care, and to encourage more serious exploration and consideration of alternative options, NDTi have conducted a small piece of work to scope, define and describe the different housing and support options available for older people, people with learning disabilities and people with mental health problems. From this work we are producing a series of short discussion papers which will be shared between January and June 2017 as follows:

- **Paper 1: Cost and cost-effectiveness of housing and support options (January 2017)** – a summary of the evidence available on the cost and cost-effectiveness of residential care compared to other housing and support options, including highlighting significant limitations in the evidence available
- **Paper 2: A proposed typology of housing and support options (February 2017)** – acknowledging that a lack of common understanding of terms and definitions can limit understanding of alternatives to residential care, we propose a typology identifying and describing the different housing and support options
- **Paper 3: Characteristics of housing and support options (April 2017)** – in response to feedback and comments on the proposed typology, this paper will set out the different characteristics of the housing and support options identified in terms of choice, control, rights and inclusion

[1] A description of alternative housing and support options is the focus of paper 2 but includes mainstream rented, home ownership, shared supported housing, Shared Lives, supported lodgings, sheltered housing, extra care housing, retirement village, supported living networks (e.g. KeyRing), intentional communities

- **Paper 4: Policy Recommendations (May 2017) -** we will be inviting comments and responses to each paper through an online forum with the intention of encouraging debate on this increasingly significant subject. The debate generated will be used to inform a final position paper with recommendations for policy and practice development. If sufficient interest is generated, NDTi will also host a roundtable event to take this forward.

Discussion Paper 3: Characteristics of housing and support options: Inclusion, rights, choice and control

In the first discussion paper in this series 'What is the evidence for the cost or cost-effectiveness of housing and support options for people with care or support needs?' we concluded that the limitations of the evidence of cost-effectiveness of residential care compared to other housing and support options means that there is not sufficient, reliable evidence on which to inform decisions on the basis of cost. Given this lack of evidence (that residential care is more or less expensive than other forms of housing and support), there is a strong argument that decisions about an individual's housing and support should be based on other factors supported in current health and social care policy – rights, inclusion, choice and control.

In the second discussion paper in this series 'A proposed typology of housing and support options' we presented a draft typology which identifies, categorises and briefly describes the housing options available for people with care or support needs who do not live with family. Following some comments and suggestions, we have amended the typology slightly (see Appendix).

In this third paper we consider the characteristics of these housing and support options in terms of the level of inclusion, rights, choice and control they offer to people with care or support needs. Taking the list of housing and support categories identified in the typology, the diagram and table below illustrate the characteristics of the different options.

The first diagram illustrates what the different options offer in terms of a) community location and b) level of choice and control.

(a) Community Location

The housing and support model on its own cannot lead to or block people's inclusion in the community, as that is also significantly influenced by the staff and management practice of the support provider. However, the model can influence the possibility of community inclusion being achieved. The extent to which a person's housing is part of the community, appearing physically and visually to be no different to that of other citizens, will impact on how the person is seen by other community members and thus the potential for them being accepted as an equal community member. We are therefore using **community location** as a proxy for a housing and support model's **potential for inclusion**.

We define the different levels of community location as shown in diagram 1 as:

- **Mainstream** – housing available to anyone whether they have a need for care and support or not, and thus where there is no indication or statement that it is designed for/used by disabled or older people
- **Designated** – housing which is available to people with specific care and support needs and which is located among mainstream housing and communities but where it would be

known locally, either because of physical design or clear restriction on use, that it is a property where older people, disabled people, or those with care and support needs live

- **Segregated** – housing which is only available to people with specific care and support needs and which is separated by location from mainstream housing and communities.

(b) Level of choice and Control

Rights, choice and personal control are important, in part, because the promotion of these things is part of national policy and the legal framework for disabled and older people. From NDTi's perspective, we work to ensure equality between disabled and older people and other citizens. Thus, people having their rights respected, and having genuine choice and control over how to live their life, are important considerations. Housing and support models should thus be designed in order to promote rights, choice and personal control.

Once again, how staff and managers implement service models will impact on rights, choice and control. In order to quantify how different housing and support models meet these requirements, we are consequently focusing on how each model from our typology should deliver people's rights to determine how their care and support is provided. We recognise that there will always be variations within these depending on the approach of those providing care and support.

We define the levels of choice and control in broad terms in diagram 1 against three definitions:

- **Full choice of care and support** – support is completely separate from housing (i.e. if the person moved home they could take support with them, or if the person wanted to change the care/support their housing would not be affected)
- **Some choice of care and support** – some elements of care and support come with the housing (i.e. if the person moved house they would lose the support, or if they did not want the support they would have to move home). It also includes those arrangements where there is a 'matching' prior to moving in so the element of choice is present at that stage
- **Minimal choice of care and support** – all care and support is provided by the accommodation provider, there is minimal choice or control over how the care/support is provided or who it is provided by, and if the person moved home they would lose the care or support

Note that some housing and support options fall into more than one category because of the different ways that the model operates or different ways that support is offered. One of the challenges with categorising the variety of housing and support models in relation to the choice and control afforded is that there can be wide variation within a model and there may be exceptions to the rule. However, the following tables attempt to offer a (potentially) crude but generalised summary of the predominant characteristics of each arrangement.

The second table provides a more detailed list of characteristics (including choice, control, rights, regulations) of the different options and also identifies which population/client groups the options are currently generally available for. One right or control that people should have is access to confidence that the housing and/or support provider will not abuse or misuse their position and will deliver a good service. Ensuring this is often the responsibility of the regulatory framework. We therefore include, in this table, consideration of whether the arrangements (in their entirety or in part) are CQC regulated (recognising that any independent domiciliary service will be CQC regulated).

Diagram 1: Level of inclusion and choice of housing and support options

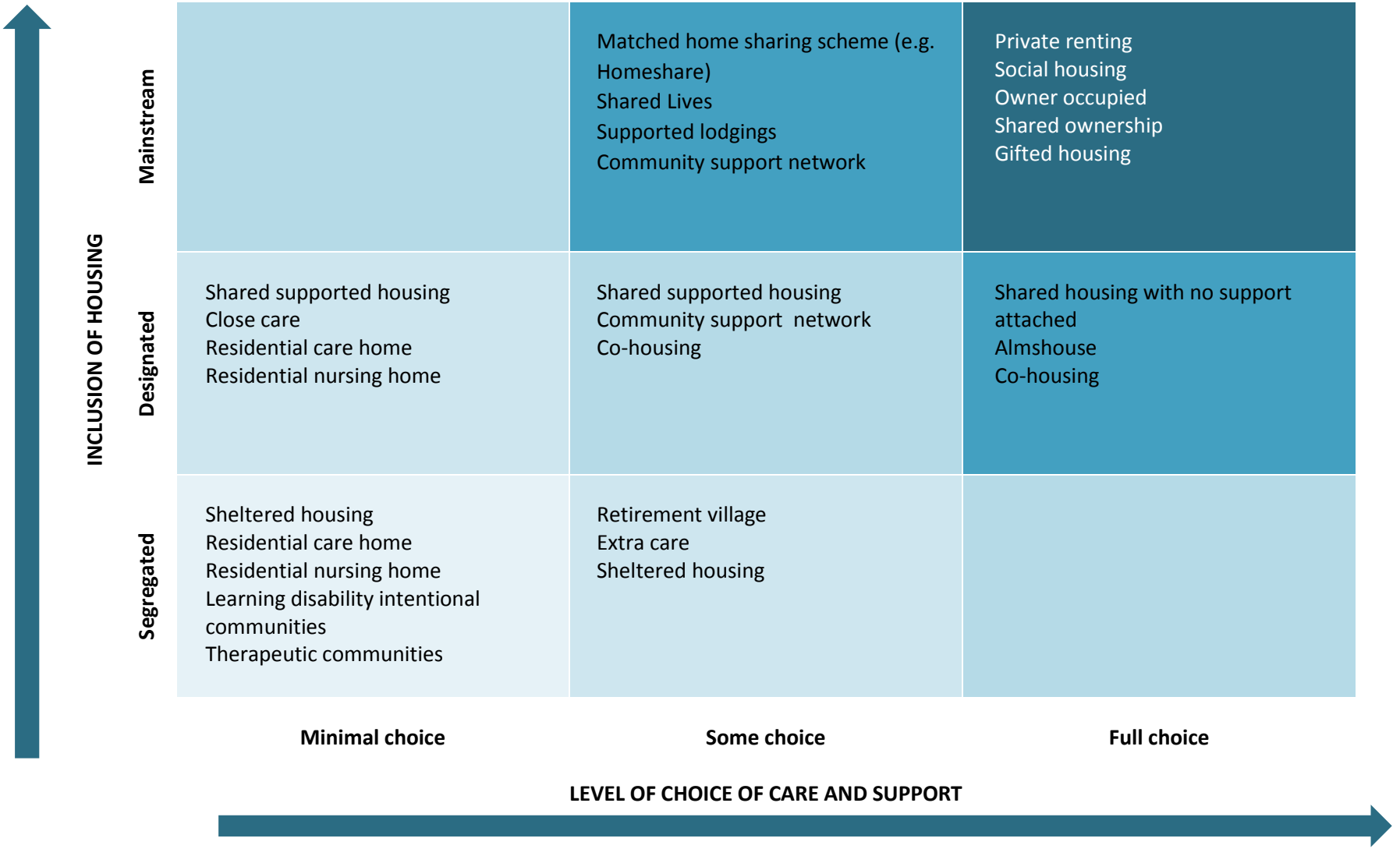

Diagram 2: Characteristics of housing and support options

	Choice over who live with	Choice over nature and type of support	Choice over who supports	Control over what happens in the home	Own front door	Security of tenure	Rights to full welfare benefits	Arrangement CQC regulated	Community location	Predominantly sole or shared	Which client groups generally an option for
Private renting	✓	✓	✓	✓	Varies	Partial	✓	x	Mainstream	Either	All
Social housing	✓	✓	✓	✓	✓	✓	✓	X	Mainstream	Sole	All
Owner occupied	✓	✓	✓	✓	✓	✓	✓	X	Mainstream	Sole	All
Shared ownership	✓	✓	✓	✓	✓	✓	✓	X	Mainstream	Sole	All
Gifted housing	✓	✓	✓	✓	✓	✓	✓	X	Mainstream	Sole	OP
Matched home sharing scheme	Partial	Partial	Partial	✓	✓	✓	✓	✓	Mainstream	Shared	OP
Shared Lives	Partial	Partial	Partial	X	x	X	✓	✓	Mainstream	Shared	All
Supported lodgings	Partial	Partial	Partial	X	x	X	✓	x	Mainstream	Shared	LD MH
Community support network	✓	Partial	Partial	✓	✓	✓	✓	Partial	Mainstream/designated	Sole	LD
Shared housing with no support attached	Varies	✓	✓	Varied	x	Partial	✓	x	Designated	Shared	LD MH
Almshouse	✓	✓	✓	✓	✓	x	✓	x	Designated	Sole	OP
Shared supported housing	Varies	Varies	Varies	Partial	x	Partial	✓	Partial	Designated	Shared	LD MH
Close care	✓	x	x	✓	✓	✓	✓	✓	Designated	Sole	OP
Co-housing	Partial	✓	✓	✓	✓	✓	✓	x	Designated/Segregated	Sole	OP
Retirement village	✓	✓	✓	✓	✓	✓	✓	✓	Segregated	Sole	OP
Extra care	✓	Partial	Partial	✓	✓	✓	✓	✓	Segregated	Sole	LD OP
Sheltered housing	✓	Partial	Partial	✓	✓	✓	✓	Partial	Segregated	Sole	LD OP
Residential care home	x	x	x	X	x	x	X	✓	Designated/segregated	Shared	All
Residential nursing home	x	x	x	X	x	x	X	✓	Designated/segregated	Shared	All
Learning disability intentional communities	x	x	x	X	x	x	✓	✓	Segregated	Shared	LD
Therapeutic communities	x	x	x	X	x	x	✓	✓	Segregated	Shared	MH

Discussion points

We welcome comments and views on the characteristics described above, from commissioners and providers of housing and support (in all its forms), people who use services and their families (and representative organisations), academics and policy makers. In particular, we are interested in knowing:

- Is it useful to think in terms of inclusion, rights, choice and control when considering housing and support options?
- If yes, who is it useful for and how should different people (e.g. policy makers, commissioners and providers, use this typology?
- If no, why not and what alternative factors would you suggest should be considered by policy makers, commissioners and providers?
- Do you agree with the characteristics of each of the options identified? If not, why not?
- Are there any changes that you think should be made?

Please share your views by commenting on the forum at www.muut.com/housingchoices/

The comments and feedback on all three papers will be used to inform a final position paper with recommendations for policy and practice development.

Appendix

Typology of housing and support options (revised April 2017)

MAIN CATEGORY	SUB-CATEGORY
Mainstream renting **Rented property open to people with and without care and support needs**	**Private renting** Property rented from a private landlord
	Social housing Property rented from a local authority or housing association
Home ownership **Owned property open to people with and without care and support needs**	**Owner occupied** Property owned outright or with a mortgage
	Shared ownership Part owned and part rented property
	Matched home sharing scheme (e.g. Homeshare) The occupier (typically a home owner) offers free or low-cost accommodation to another person in exchange for an agreed level of support
Designated shared housing **Shared rented housing for people with specific care or support needs**	**Shared housing with no support attached** Shared housing for people with care or support needs where the support provided is separate from the accommodation
	Shared supported housing Shared housing for people with care or support needs where at least some support is provided by the accommodation provider
Supported placement **Accommodation where the owner or landlord of the property provides some care or support**	**Shared Lives** Someone with care and support needs moves in with a Shared Lives carer as part of a supportive household
	Supported lodgings Lodgings where the landlord provides a low level of support
Clustered housing **Self-contained housing for people with care or support needs, based around a geographical location, sometimes with shared facilities, with some level of care or support provided with the accommodation**	**Sheltered housing** Owned or rented self-contained flats with some communal facilities, and some services such as an alarm system or warden
	Extra care Also referred to as 'retirement communities'. Owned or rented self-contained flats with a range of communal facilities, provision for at least some meals, and 24 hour care (usually state funded) available on site through a team of carers

	Retirement villages Similar to extra care and also referred to as 'retirement communities'. Privately funded communities of older people offering a range of accommodation options, extensive services and facilities, typically comprising purpose-built residential units which are owned or rented
	Close care Housing that is near or adjacent to a care home - the care home provides personal care services and often allows for a future move to the care home if needed. This can be included in extra care and retirement villages
	Community support network (e.g. KeyRing) A network of people living in their own home who live in close proximity to each other and provide mutual support. One property in the network is occupied by a volunteer who provides a small amount of support to each member of the network
Residential home **A room in a home where meals, care and support are all provided – these can be private, voluntary sector or local authority run**	**Residential care home** A residential home which provides personal care
	Residential nursing home A residential home which provides nursing care
Intentional communities **A planned residential community in some cases based on a common support need**	**Co-housing** Communities created and run by their residents. Each household has a self-contained, private home but residents come together to manage their community and share activities
	Learning disability intentional communities (Usually for people with learning disabilities but occasionally also including people with autism and mental health conditions) Communities set up to provide housing for people with learning disabilities who live together as part of a supportive community. Professional care is replaced with a model based on mutual support and help
	Therapeutic communities Communities primarily for people with mental health conditions, which focus on rehabilitation and communal living and often encourage individual and group therapy
Charitable housing **Other housing schemes run by charities not included in the above categories**	**Almshouse** Run by charitable trusts, mainly for older people. Each charity has a policy about who it will assist, such as residents in a particular geographical area or workers who have retired from a particular trade
	Gifted housing

	Older homeowners can donate their property to an organisation, in return for the organisation taking responsibility for maintenance of the property and giving help and support to stay living independently in the home

Note: We have not included 'supported living' as a category in this typology. This is because a) it is a term which can include many of the options described above, and b) it is a term that was originally conceived to describe a way of working rather than a service model and thus, though often used to describe a model of separate housing and support, its use can be misleading. For a discussion on what supported living is see: www.ndti.org.uk/uploads/files/Supported_Living_-_Making_the_Move,_May_2010.pdf.