

# What is Supported Living and Residential Care?

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## What is Supported Living?

Supported Living is a way for people who require funded support to live life on their own or in a shared home, with support. Supported Living was introduced in the UK in the 1990s, as an alternative to residential care for people with learning disabilities.

The main principles of Supported Living are that people with learning disabilities own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. Key to this is the right to move house and keep the same support or to change the support provider whilst staying in your home.

Supported Living is not a prescriptive model of service design and can look very different for different people. For one person, it may be a few hours support a week to live alone in a rented flat, for another it may be round the clock support to live in a home they own, and for others it may be a shared house with friends and support to meet individual needs.

Supported Living assumes that all people with learning disabilities, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

Supported Living has no legal definition but has a commonly accepted set of principles that are defined in the Reach Standards in Supported for Living.

The relevant regulatory body, The Care Inspectorate (Scotland and Wales), The Care Quality Commission (England), The Regulation & Quality

Improvement Authority (Northern Ireland), will decide with the support provider if some of the care and support offered, falls under legally defined 'regulatory activities.' Regulated activities are listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If regulatory activities are part of the support, the support provider offers will be regulated, monitored and accountable to the CQC.

The 'non-regulatory' activities will be monitored by the local authority funding the care and support package.



## **Funding for Supported Living**

The level of funded support each person receives is in line with the Care Act 2014 and is determined by the person's Care and Support Plan. This is created after a person has had a Needs Assessment and a Financial Assessment completed and been found eligible for Social Care funding.

Care and support planning, according to the Care Act, is part of the process for putting people in control of their care with the support that they need to enhance their wellbeing and improve their connections to family, friends and community (Care and support statutory guidance 10.1).

In addition to the funding for Care and Support from the local authority social services budget, the person is likely to be entitled to a wide range of benefits such as Housing Benefit (HB) – if they don't work, Personal Independence Payments (PIP,) Employment and Support Allowance (ESA,) Mobility Allowance and Attendance Allowance (AA.) For many people some of the above benefits are provided via Universal Credit. Grants to adapt a property may also be available.

People can buy, rent privately or use a Registered Social Landlord – a Registered Social Landlord allows people to take advantage of other support available (repairs, gardening, improvements, furniture, white goods) which the landlord can claim as a Service Charge alongside Housing Benefit.

Supported Living isn't necessarily more expensive overall but because families are often involved in seeing and managing the money for the first time, it can look quite alarming to those who have been used to the 'all inclusive' deal in a care home.

Fundamentally, Supported Living is a way of living with support, rooted in Human Rights. The person has a tenancy, or owns their own home, giving them the same housing rights as anyone else. In financial terms people are more in control, have access to the benefits available to other citizens and have more cash at their disposal.

Alongside housing rights and access to universal benefits, people are ultimately in a stronger position because their housing and support is separate, in a volatile social care 'market' provider can choose to close a residential home or serve notice on someone who they find difficult to support – this means people have lost their support and their home.

## **What is Residential Care?**

The residential care model is legally defined in the Care Standards Act 2000 as an establishment that provides accommodation, board and personal care which is defined as assistance with bodily functions such as feeding, bathing, toileting when required.

Within the residential care model, there is an assumption that an older or disabled person needs care and therefore it provides a full package of housing, care and everyday needs for living on the person's behalf.

In registered care (also known as a care home), the person has a license to occupy a room – or occasionally a flat in a larger complex – and bills are covered by the funding paid to the care provider. For people with a learning disability and autistic people this frequently means that their benefit entitlement is used to fund their support, and daily living needs – people are paid a small amount of 'personal allowance' currently a minimum of £24.90 per week.

The landlord is usually the same person or organisation who provides the care and support.

The care and support is commissioned by a Local Authority or NHS and regulated by CQC (in England).

### **Funding for Residential Care**

The Care Act (2014) still applies so people must have had a Needs Assessment and a Financial Assessment to assess if a person is eligible for Health and Social Care funding. If they are eligible, they will then have a Care and Support Plan detailing the type and level of support required, which people can ask for as a direct payment or ask the funder to help them find a placement. If a person is not eligible for local authority funding the LA should at the least point you in the direction of further support and advice and ask you to come back if circumstances or needs change. With both supported living and residential care there are rules about finances, assets, charging, self-funding too onerous to go into here.

In residential care, the person can be made to leave relatively easily, if they become difficult to support, their needs change or the residential care provider decides to close or sell the home, or if the CQC decides that the care is unsafe.

### **Finally**

Bad supported living can look and feel like residential care and good residential care can look and feel like supported living. In the quest for human rights, an ordinary life and greater choice and control (consistent messages from people we work alongside). The Reach Standards in SUPPORT FOR LIVING (2019) promote the true essence of supported living – not the 'model' it has become. Support for living which supports people to live where they choose, with whom they choose, be supported by people/organisations they choose, have access to the same financial opportunities as other citizens – makes 'good' more possible.



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