

A brighter social care future: Co-producing the evidence to make five key changes

Living in the place we call home



More than a place to live

What this means

Home is a place where we **want** to spend time as well as where we **have** to spend time. Home isn't just a building – it's the people and things that are in our home, too.

“Home should be a safe place, somewhere you spend time at, and where you feel that you can live a fulfilled life.”

What does home mean to you?

The research

One in three households in England experience at least one housing problem (Local Government Association, 2022). In 2021, 14 %, or 3.4 million people, occupied dwellings that were classed as 'non-decent'; the private rented sector had the highest proportion of non-decent homes (23%), while the social rented sector had the lowest (10%) (Department for Levelling Up, Housing & Communities, 2022a).

There are also notable inequalities in housing – single adult households, particularly those over 60, and those on low incomes, are more likely to live in non-decent housing (The Health Foundation, 2021). There is a chronic shortage of suitable housing for disabled people, who are too often demoralised and frustrated by the housing system (Equality and Human Rights Commission, 2018). Ensuring access to appropriate, decent housing for all is a fundamental right under **Article 28 of the UN Convention on the Rights of Persons with Disabilities**. Research suggests that disabled people are not always afforded this right (Satsangi et al., 2018).

Clapham (2010) calls home 'a setting for family and community life, an element of, and a springboard for, desired and valued lifestyle, a key constituent of self-esteem and status, and an important arena for autonomy and control' (p.258). Housing is not just about meeting physical needs, but emotional needs and wellbeing too; Gordon (2023), in a report looking at how housing and homelessness was described, argued that it's important to challenge 'the belief that a roof over your head is sufficient' (p.5). Therefore, it's clear that any strength-based, effective approach in adult social care - one that prioritises wellbeing, choice and control - needs to consider housing.

What you can do

If you are in direct practice: Reflect on the homes of those people you are currently working with:

- > How does the person feel about their home?
- > Does it contribute to their wellbeing, or detract from it?
- > What do they think makes up their home, beyond the physical dwelling?
- > Is there anything you can do to improve the place they call home?

There may be immediate things you can offer - for example, support to claim the **Disabled Facilities Grant**.

If you are in policy or senior management: Spend some time researching or reflecting on the wider housing issues in your area. For instance, you may consider:

- > The current relationship between social care and housing professionals, both on the ground and at senior level, and how it can be strengthened. You may find it useful to consider the Families and Homes Change Project from Research in Practice (see ‘Further information’, below).
- > The local statistics on renting, home ownership, social housing and – in particular – the range of local challenges disabled and older people may face in terms of housing (for example - quality, suitability, affordability, security). You can find more information on getting and using local statistics in the government [Guidance on housing for older and disabled people](#).
- > Consider how you can bring housing and people’s right to ‘live in the place we call home’ into senior discussions. Are there forums where you can explore the links between housing and wellbeing?

If you are a commissioner: How do you currently consider homes, and housing, in your work? In some areas this may feel obvious, such as in commissioning residential care. However, what about community-based support? How people feel about their home, for instance how secure and settled they feel, can impact on how far people are able to access community support. How are issues such as this considered?

How can you bring ‘living in the place we call home’ into all aspects of your work?

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Further information



Watch

This [video](#) from the Equality and Human Rights Commission on June and Michelle’s fight for accessible housing.



Read

The [government guidance](#) on planning policies for housing for older and disabled people.

This 2022 guide from the Local Government Association on [Putting people at the heart of new housing development](#).

The resources from the Families and Homes Change Project produced by Research in Practice support joint working between housing and social care.



Use

The Joseph Rowntree Foundation has a framing [toolkit, How to Talk About Homes](#), which includes practical examples for discussing and describing homes, housing and homelessness.

Recognising difference

What this means

People value different things about home. Although there may be some trends common to broad groups of people, such as older people, it's a very personal aspect of our lives. It's important not to make assumptions. However, we **can** usefully bring out some broad trends, while recognising that everyone will have a different idea of what their home means to them. Individual experiences of race, culture, sexuality and the type of disability can all play a part in determining an individual's housing needs.

“People don't want to be put in a corner, in a disabled person's corner.”

The research

There is an overarching theme in the research of the effort people go to, sometimes with very little help, to ensure their home meets their needs. The Equality and Human Rights Commission (2018) found evidence of disabled people eating, sleeping and bathing in one room, with family members having to carry people upstairs and between rooms. The lack of accessible housing is the fundamental reason for this - disabled people typically have to wait 25 months for suitable housing, with waits commonly stretching into a number of years (Equality and Human Rights Commission, 2018).

Younger disabled people are particularly demoralised and frustrated by the housing on offer to them (Equality and Human Rights Commission, 2018). This dearth of suitable, affordable housing can mean people investing huge amounts of time, effort and money in adapting their existing homes to their unique needs, and often in really ingenious ways (Provan et al., 2016). For people with learning disabilities, it has been found that Specialised Supported Housing - a way for people to live independently in the community with support - has a positive impact on people's wellbeing, but not everyone has equal access to it (Mencap, 2018).

It's not only about what people **need** - it's also about what people **want** in terms of design, location, and who they live with. For example, **the ODESSA Project** looked at 'ageing-in-place' (in other words, supporting people to live independently for as long as possible) and found that, while many older people didn't like prominent adaptations in their home, others valued items such as grab rails and emergency call systems being very visible, rather than blending in with their home décor (Odessa Group, 2018). It was a very personal choice, and one that can change and evolve as time goes on.

A 2022 study that took place in Kirklees looked specifically at the current housing situations and future preferences of older Black and ethnically minoritised people in the local area. A key finding was that housing that may meet needs in terms of accessibility did not necessarily meet other needs. Many older South Asian people cited that it was important to them to be near a place of worship, while many older African and African-Caribbean people wished to have access to cultural amenities and live in a community where at least some people shared the same cultural background - but these preferences were not routinely considered (Beech, Copeman & Ghadiali, 2022).

What you can do

If you are in direct practice: Finding out answers to simple questions can make all the difference to people's current and future wellbeing at home. First, spend some time reflecting on the different backgrounds, identities, and personalities of the people you work with **alongside** their needs. How can you open up a conversation about:

- > How they have adapted their home over the years, and any innovative solutions they have developed.
- > The **look** of adaptations, how they like their house decorated, as well as their functions.
- > If there is a potential move happening, or it seems that the current home isn't meeting their needs, what the person values **outside of** physical accessibility – preferences for décor, communities, nearby facilities for example.
- > What you can realistically offer. Is there anything you can do that is zero or low-cost? Can you link people to any local community services or charities that can help?

If you are in policy or senior management: Ask yourself honestly, how much do local services in housing and social care take into account people's wants as well as their needs? How can you use your position to personally argue for this? You may find it useful to use some of the information in the section on **How housing has a knock-on effect everywhere else** in order to make an economic, as well as a moral, case.

What specialist housing services for older or disabled people do you know about, or could refer people to, that take account of race, ethnicity, culture, gender, gender identity or sexuality? Are these co-produced and/or co-run by people who share this identity – and, if not, how can you change this?

Further information



Read

Ageing well: Housing options and alternative modes of living for later life from Research in Practice.

Shelter has a page of information on the [housing rights of disabled people](#) – covering social housing, sheltered accommodation, private renting and home ownership. There is also a page on [discrimination in housing](#).



Watch

This [webinar](#) from the [National Housing Federation](#) on the history of Black and ethnic minoritised housing in Britain. The webinar was created for Black History Month 2020 and will give you an insight into how specialist organisations, particularly those set up by or co-produced with people of similar housing needs, can be incredibly effective.



Use

The Good Lives Action Collection has a [range of resources to support people with learning disabilities](#) to live good lives, including thinking about homes and housing.

Housing adaptations, technology, and control

What this means

“Too often, this issue is framed as ‘What we will do for you’, rather than starting from ‘I need...’”

“It is not a panacea for all. There is a danger with an over-focus on tech, some people will be excluded. There will probably always be the need for other non-tech forms of intervention. For some, tech will go a long way, and others a little way. It’s not a panacea but it *is* an opportunity.”

The Living In The Place We Call Home group reflected that, often, the way adaptations to home were discussed was limited in scope. These interventions were often framed in terms of ‘greater independence’ - but independence in this definition was about a cheaper or reduced care package, making people ‘independent’ only in the sense of ‘less reliant on state support’. However, adaptations can and should be an enabler, and independence can be defined in many different ways by people.

Discussions on home adaptations and how technology can help, therefore, need to be much more ambitious. It’s not just about replacing existing care, or a way for people to carry on living as before. How can we use the language of **improvement** and **transformation** when thinking about this issue? And how can we make sure we are working with people as individuals?

The research

Assistive technology is defined by the World Health Organization as ‘...an umbrella term for assistive products and their related systems and services [promoting] the inclusion, participation and engagement of persons with disabilities, ageing populations and people living with chronic conditions’ (World Health Organization/Unicef, 2022, p. xi). The social model of disability is important to consider when thinking about adaptations and technology – is the intervention designed only to ‘plug a gap’, or is there a more wide-ranging, rights-based philosophy behind its use? Sometimes, the language used is telling. For example, Mackintosh and Frondigoun (2022) found that many housing associations viewed adaptations as only ‘...a minor operational issue’.

Health and social care organisations in the UK have been slow to adapt to innovations, and tend to view technology as a way of ‘managing’ need – replicating the medical mode of care, rather than the social model of disability (Gilbert, 2022). There can also be poor cooperation between housing and social care services when it comes to adaptations (Zhou et al., 2019). This overlooks technology’s capacity to give people greater agency, choice and control. In addition, technology developers tend to prioritise the requirements of health and social care professionals over the direct experience of people with care and support needs (Gilbert, 2022).

Assistive technology is not only about physical ability. Technology also has many social, ethical and psychological consequences, both positive and negative (Pols & Willems, 2011). For instance, new technology will need to be integrated into someone’s existing home and the person may not have the space for it, or like the way it looks (Pols & Willems, 2011) – potentially negatively impacting on how ‘home-like’ or personal their space feels to them.

This means that understanding this impact, often through real-world experience rather than lab testing, is as important as whether an adaptation or piece of technology ‘works’ (Rolfe et al., 2021; Damant et al., 2017). For some people, equipment will include medical equipment; research suggests that while, for some, the presence of medical equipment was upsetting to their sense of self, as time went on – and particularly as control over the equipment increased – people could even feel a sense of pride over how the devices helped them control their own conditions independently of support (Thomson et al., 2013).

The research is clear that collaboration and relationship-based work empowers people with care and support needs to feel confident in using tech (Rolfe et al., 2021; Gilbert, 2022). This involves addressing concerns. Stigma and privacy are recurring themes in the research on assistive technology, particularly in the research focused on the experiences of older people (Daman et al., 2017; Rolfe et al., 2021), and fears such as these need to be addressed rather than ignored.

Skilling up people to feel in control of the technology, including by making links with tech they already use, is very important (Woolham et al., 2018; County Councils Network, 2021). This may get easier as tech progresses, and more people use smartphone-based systems to assist with their lives, from digital assistants like Alexa to mobile control of heating and lighting in the home.

There is also a bigger picture. Access to housing adaptations and the use of technology can be very inequitable (see, also, **Poverty, wealth and housing status on page 9**).

What you can do

If you are in direct practice: Take time exploring the options with people. Even if you are not responsible for installing adaptations or technology, your relationship-based work will really help support people to feel in control of adaptations or tech. Consider:

- > Focusing on positive outcomes. Needs are important, but they should not be the sole focus of the discussions around adaptations and assistive technology.
 - > Exploring someone’s existing use of technology and aids (for example, digital assistants such as Alexa, digital conferencing platforms like Zoom, hearing aids), and support making links between how these technologies improve the quality of life and how other technologies can also do this.
 - > Letting people see and try out technology wherever possible – even showing a video can be helpful. If there are opportunities for linking people up with others who are already using the technology, this can be particularly valuable.
 - > Recognising that people may have concerns, and that this is OK. Common worries include that it will replace face-to-face contact, that it will be complicated, that it is stigmatising, that it will compromise their privacy, and will be too expensive. Talk through any concerns openly and honestly.
 - > Regularly reviewing adaptations and assistive technology, not only to check it is still working, but to inquire as to how it is impacting on someone’s quality of life, being mindful that people’s attitude may well become more positive over time.
- (Adapted from Rolfe et al., 2021)

It’s also really important to consider the potential mental health impacts new technology or equipment may have on somebody – both immediately and in the future (**Research in Practice has a number of resources to support working positively with people’s mental health challenges**).

If you are in policy or senior management:

Research suggests that, currently, decision-makers in local government tend not to take a personalised approach to technology and care (Gilbert, 2022). Ask yourself honestly, is this true of your organisation?

Think of your options locally for people with care and support needs to co-produce the commissioning and governance of adaptations and assistive technology. Currently, how many people with care and support needs are involved in decision-making on an organisational level around this issue, and how can you increase this? How can you bring occupational therapists into senior decision-making around adaptations and technology? (Gilbert, 2022). Amplifying the voices of people with lived experience and occupational therapists will shift the conversation away from ‘managing need’ to ‘transforming lives’.

It is also really important to keep up with the cutting edge of assistive technology. Don’t only think about now, but *where* the technology will be in a few years’ time – does your organisation understand developments on the horizon, and think about futureproofing? (A very basic way to keep up is to read the **blogs and news** from **AbilityNet**, and sign up to their newsletter.)

Further information



Connect

AbilityNet has a **network of volunteers** who can offer free tech support to older people and disabled people. They also have a free helpline (**0800 048 7642**).

What this means

Someone's financial status can affect how they feel about their home. This may be due to how they are able to heat it or care for it, or their security of tenure. It may also have a direct physical and psychological effect on their wellbeing. As the cost-of-living crisis intensifies, particularly around inflation and energy costs, this issue is in sharp focus. It has also exacerbated longer-standing issues such as the affordability and availability of housing.

“This isn't getting any better, is it? There are no signs that it is getting any better at all.”

The research

According to the 2023 Joseph Rowntree Foundation publication *UK Poverty Statistics*, poverty is frequently higher for disabled people than the general population – with **figures consistently showing around 30% of disabled people living in poverty** (Joseph Rowntree Foundation, 2023a). Analysis by Scope (2023) has found a 'disability price tag' of an extra £975 a month for households with at least one disabled adult or child, in order to have the same standard of living as households with no disabled adults.

Housing tenure is strongly predictive of living standards for a number of interacting factors, with renters' poverty rates far higher than owner-occupiers (Joseph Rowntree Foundation, 2023b). Therefore, if a disabled person rents in the social housing or private rented sector, they are far more likely to live in poverty.

Disabled people are likely to spend more time at home and have increased power needs, whether for heating, equipment use, or specialist food/medication storage (Lee et al., 2022). As people reach older age, or their mobility reduces, body temperature lowers and it becomes harder for people to regulate their own body temperature. This may also be the case for younger disabled people – for example, those with cerebral palsy will often feel colder in their hands and feet (McCabe et al., 2022).

Lower body temperature may be an issue for those at end of life, and it is also associated with the build-up of markers for dementia. Those already living with dementia may be at greater risk from cold homes, because of difficulties in communication, or people finding it hard to recognise how cold they are (Lee et al., 2022; Shiue, 2016).

The safety of disabled and older people at home may also be an issue (Satsangi et al., 2018), particularly if that person is also living in poverty. Mackintosh and Frondigoun (2022) found that 54% of housing association tenants live with an illness or are disabled, and 18% of all people who begin a housing tenancy live with an illness or are disabled. In the Grenfell Tower fire, **41% of those who died were disabled**, with residents telling the Grenfell Inquiry that the local authority had refused to discuss evacuation plans with disabled residents in the event of an emergency. If people do not think they'll be safe in an emergency, they won't feel at home. Any support to address people's fears of an emergency, however small, are highly valued (Satsangi et al., 2018).

Housing status, as well as household wealth, has a considerable impact on how people are able to heat their homes. This is particularly true when living in the private rented sector – a tenant is unlikely to have control over how well their home is insulated for instance, or even whether it's fitted with a pre-payment energy meter, which work out as more expensive than traditional bills (Ambrose, McCarthy & Pinder, 2016). This makes issues such as insulation similar to the inequalities experienced around adaptations, which may be expensive and out of the budget of those that would really benefit.

Renting privately, with the lack of protections it affords, holds the threat of being evicted at short notice (this is particularly the case for Black and ethnic minoritised people, who experience significantly higher eviction rates than white renters) (Rogaly et al., 2021). While there is a correlation between age and renting, there are particular issues for older renters, such as distance or isolation from services – but there can also be resilience, with older renters who have been in the area for a long time drawing strength from their attachment to place and community (Bates et al., 2019). The lack of security can deeply affect wellbeing (Harris & McKee, 2021), even (and perhaps especially) if housing adaptations are in place, because of the worries of starting all over again.

What you can do

If you are in direct practice: Support disabled people to know their rights in terms of housing and financial support. Ensure that people with care and support needs, and those who support them, receive every **benefit they are entitled to**. In addition, ensure that everyone has claimed any **Cost of Living support** that's available.

There may be additional issues for older people – particularly given the potential links between cold homes and the risks to people living with dementia. Is temperature and body warmth explicitly considered when working with older people?

In order to provide more general support in housing rights, share the **toolkit designed especially for disabled people** from the Equality and Human Rights Commission. It includes information on renting in the social housing and private rental sectors. There is also an **Easy Read** version.

Ensure you read and understand these toolkits yourself, so you can support people to understand their rights when it comes to housing.

If you are in policy or senior management: The Equality and Human Rights Commission has created ***Housing and disabled people: A toolkit for local authorities in England***. It contains extensive practical guidelines for providing and managing housing adaptations, the allocation of housing, planning for accessible homes, strategic planning, and supporting tenants. When thinking about poverty and inequality in homes for people with care and support needs, you may find it particularly helpful to use the 'Gap Analysis' in the **Tenancy Support** toolkit.

Further information

Shelter has many **advice guides** for everyone, no matter what their housing or financial status. This includes information on eviction, homelessness, repairs and repossession. There is also an **emergency helpline and webchat** for direct help.

What this means

Dealing with housing – whether local authority housing departments, housing associations, buying and selling a home, or navigating the private rented sector – is usually a very complicated operation. Often, people and their families have to make decisions about where to live or how to adapt their homes at a very stressful time. Therefore, when thinking about housing support, it's not only about practitioners or commissioners providing a service, it's also about communicating clearly what the service can offer as well – even people experienced in dealing with housing and social care can get very lost. This will require legal literacy (knowing what people are entitled to) on the part of professionals, as well as skill in communication.

On the other hand, when information is clearly presented, accurate, and given with a chance to ask questions, it's far more likely to reduce stress and help support person-centred decision-making.

The research

In parallel to the theme of confidence and communication in the Leading The Lives We Want To Live key change section, the research finds that access to housing, adaptations and support to live in the place we call home is far too reliant on people's individual efforts – but even this did not make up for a lack of information. Satsangi et al. (2018) noted that 'Several of the people interviewed for this research were well-educated, articulate and confident. These advantages did not prevent them from struggling to find their way through complex services and obtaining appropriate housing' (p.11).

An accessible housing register is a method that can be used by local authorities to collate the information they collect and hold on accessible homes. What this looks like can vary but, overall an accessible housing register:

- > Identifies disabled people in need of accessible homes.
- > Identifies suitable properties by location and type.
- > Looks to match a person with a suitable property.

In 2018, the latest figures available at the time of writing, it was found that 83% of councils in England **did not** hold one (Satsangi et al., 2018). Yet earlier studies have shown that they can be beneficial in joining up existing housing provision, being a catalyst for identifying and addressing accessible housing need, and making best use of scarce accessible housing. One estimate is that it pays for itself within five years, because, by more effectively matching people to suitable homes, it removes the need for 15% of current adaptations (Jones & Lorden., 2011).

In many cases, people will have additional communication needs that mean it isn't easy to find information out for themselves. Both social housing and the private rented sector can be difficult for people with learning disabilities to access (Housing LIN, 2022). Families often try to fill in the gaps and offer this support, but are often themselves faced with a complex housing system that does not routinely talk to social care in order to offer joined-up support (Housing LIN, 2022).

An innovative study (Bailey et al., 2019) led by Skimstone Arts in the northeast of England used theatre and film to explore older people's housing options, and the information they needed in order to make the best choices for themselves. The work, involving focus groups with people of all ages, found that a creative strategy like this, in addition to more traditional face-to-face or telephone support, was effective in opening up conversations (Bailey et al., 2019).

What you can do

If you are in direct practice: The information you are communicating has to be clear, consistent, transparent, accessible and inclusive. Think honestly about how confident you are in:

- > Finding out information about housing and housing support.
- > Communicating this in plain, clear language.
- > Finding accessible supporting documents and/or videos on housing and housing support that can be shared with people.
- > Having **outcomes-focused conversations** on housing preferences and choices.
- > Honestly discussing the limits of current housing options.
- > Awareness of potential emotional implications of various housing options.

If the answer to some or most of these questions is 'not very confident', speak to your supervisor about what you can do to improve this. Are there other members of your team who are very confident in these issues? How can you learn from them? Are there connections you can make with local housing services – perhaps inviting a guest speaker to a team meeting?

You may also find it helpful to have a team directory on relevant local and national housing services which you can refer to. This will help you to feel confident in signposting and providing basic information when in direct practice.

If you are in policy or senior management: Review your information on housing and housing support in partnership with people with the citizens who access it. Ask them to be honest about how clear they find it and ask for their opinions on how to improve it. Consider issues such as:

- > Accessibility of language.
- > How up-to-date it is.
- > The formats in which it is available (for example - print, online, different languages, video explainer, Easy Read).
- > How easy it is to obtain the information needed.
- > How targeted the information is (for instance, are there specific guides for older people that speak to their particular context, or is there one generic guide)?
- > The overall 'feel' of the information (Friendly? Formal? Inclusive? Confusing? Too detailed?).

When you come to rewrite your information on housing and housing support, make sure it's co-produced with people with care and support needs. For an example of co-produced guides, **Care & Repair** (a national organisation supporting older people to live independently, which closed in 2022) still has their co-produced **self-help guides** for older people available on their website. You may also find it useful to refer to the Research in Practice Strategic Briefing **Supporting families at the intersection of social care and housing**.

Review whether you have an up-to-date accessible housing register. If you don't, consider the **benefits of doing so**, both in terms of choice and information, but also for cost-effectiveness.

Further information



Watch

This video from Skimstone Arts, *Doorbells: Dreaming for the Future*, that dramatises the project that explores older people's housing choices. As you watch, think about how both clear information **and** interest in people's lives and histories is key to successful housing choices in later life.



Read

This information sheet from Skills for Care on *Communication skills in social care*.



Browse

The open-access website from Research in Practice on *Supporting outcomes-focused practice*. It's particularly helpful to consider the 'outcomes triangle' – how can this support effective, informed conversations on housing and housing support?



Use

The Research in Practice Change Project, Families and Homes, has developed a Practice Tool - *Supporting legal literacy across social care and housing*.

Housing affects so many other aspects of our lives

What this means

There are really strong associations between physical and mental health, wellbeing, our ability to work and study, and our housing situation. Having home as a secure, comfortable place tailored to our needs is not only ethically important in terms of wellbeing – there is an economic advantage in terms of cost-effectiveness too. It is, in the words of the Living In The Place We Call Home group, “A nailed-on argument for getting this done.”

“It is self-evident, but it still has to be said. If you get the housing right, and the right type of housing, then a lot of other things flow from it – including health and wellbeing. You look in all the reports we have discussed, see how much poor housing costs, and you think there *must* be a way to redirect the money.”

The research

There is a large body of research that links housing with wider wellbeing. The risks of poor housing can be physical – including pollutants from mould, building materials, mite allergens, and risks arising from substandard conditions like poor insulation or overcrowding (Wilkie et al., 2018). In 2020, it was estimated that for every £1 spent on improving warmth in the homes of older people, disabled people, or those with a long-term health condition, there is £4 worth of health benefits; and for every £1 spent on falls reduction for older people, there are savings of £7.50 to the health and care sector (Centre for Ageing Better, 2020).

There is also an association between poor housing conditions and mental health. Rautio et al. (2018) found that poor housing quality, lack of green space, noise and air pollution are related to depressive mood, while Hoisington et al. (2019) highlight the positive impact of natural light in the home on mental health.

These issues were brought into sharp focus during COVID-19 as people – particularly those with care and support needs who were shielding – were spending all, or the vast majority of, their time at home (Bocioaga, 2021; Centre for Ageing Better, 2020). Poor quality homes contributed to the scale of the pandemic – conditions such as overcrowding led to increased risk of transmission, and disproportionately affected people who were already more vulnerable to COVID-19 and other health conditions (Centre for Ageing Better, 2020).

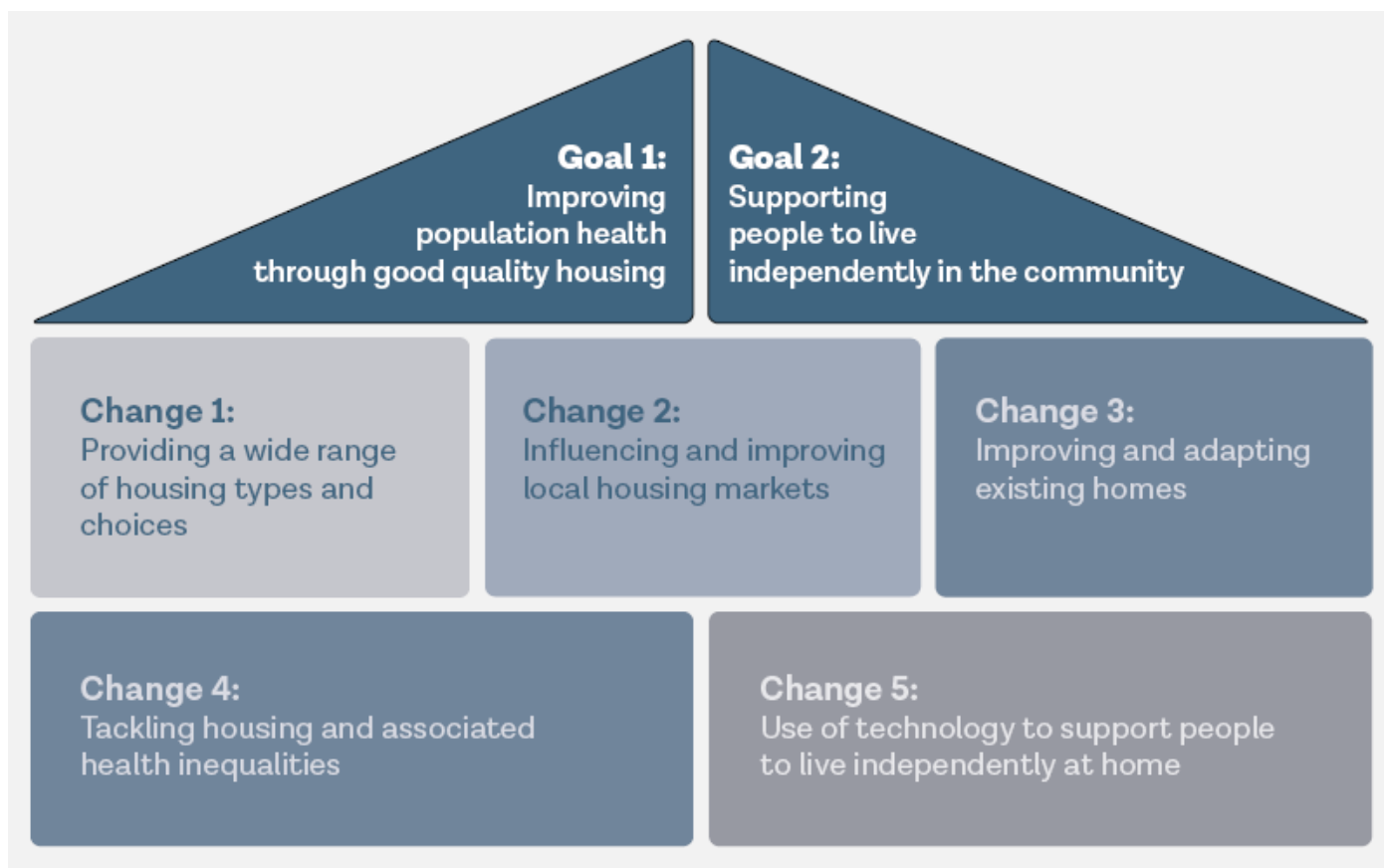
However, it's vital to remember that what people value about home, and what they think contributes to their wellbeing, is personal. The relative importance of different aspects vary from person to person. For instance, Garnham et al. (2021) argue that, because of this, housing organisations need to invest in understanding each tenant and their household at the very start of the housing process, even before they move into a property.

What you can do

If you are in direct practice: Occupational therapists bring enormous value in supporting people with accessible housing and adaptations, and thinking about the whole of a person's life in relation to housing. If you have an occupational therapist in your team, consider speaking with them about how you can link up housing and wider wellbeing.

If you **are** an occupational therapist, how can you further support colleagues in thinking creatively about how housing and home are fundamental parts of someone's wellbeing?

If you are in policy or senior management: Look at the **High Impact Change Model**, below, created by the Local Government Association/Housing LIN.



(Local Government Association/Housing LIN, 2022)

This model was developed in order to encourage local partners to integrate housing more closely with health and social care, identifying key housing-related actions and activities to support people to live as independently as possible. In the model's accompanying **report**, each of these changes is looked at in turn. Each begins with 'Making It Real' statements (from Think Local Act Personal's **Making It Real Framework**), tips for success to make each change, and real-world case studies to learn from.

The co-production group who looked at the 'Living In The Place We Call Home' theme strongly recommend this framework for senior leaders to kickstart change:

“These five high impact changes are all issues that we have touched on in our discussions. We came to them via different angles, but it's very similar.”

Further information



Read

More about the High Impact Change Model in [this blog post](#) from Housing LIN.

What this means

Home isn't just a private dwelling. Home can be in a variety of supported living or different types of care homes. How these are designed and run is likely to benefit from **co-production** and **co-design** – and will make the transition of moving into, and experience of living in, supported living or care placements a more positive experience.

The research

Architecture, interior design, objects, sense of space, and opportunities for both privacy and sociability, all impact how people living in residential and nursing care homes feel about their home (Johansson et al., 2022; Chaudhury et al., 2018; Fleming et al., 2016; Kenkmann et al., 2017).

There is usually, particularly in modern residential and nursing care homes, a conscious effort to avoid features of what Goffman (1990) called the 'total institution'. These are features like locked doors, enclosed buildings, long internal corridors, and a spatial feeling of being cut off (or hidden from) wider society. However, the mere absence of these features doesn't immediately make residential or nursing care 'homely' – and there is no clear definition in the research as to what makes somewhere feel like a home (Marquardt et al., 2014). It's important to guard against stereotypical ideas of what homeliness is, and not only think about physical features (Johansson et al., 2022; Rijnaard et al., 2016).

When thinking about communal areas in particular, Johansson et al. (2022) offered four key qualities that support a feeling of home and belonging:

1. A cornerstone for stability and everydayness

This could represent everything from pleasant cooking smells, to fresh flowers, to coffee, cake and fruit always being available for people to help themselves to. It expresses care and safety, but also participation and agency.

2. 'The beating heart'

This means at least one key place where all residents feel especially proud of their home, and is often an easily-accessible space where visitors join in with activities. In some residential and nursing homes, the 'beating heart' can also encompass, or focus on, shared aspects of the religious or cultural identity of those who live there.

3. Spatial dynamics

This is about how responsive a space can be – providing scope for variations of activity, different group sizes, and changes in mood. For instance, big spaces can still have 'inviting corners', where the mood and décor is subtly different. This is not only about physical space – it's also about staff in the homes being sensitive to changes of mood, and being able to support people to move between different areas.

4. Magnetic places

In the research, there were certain spots where people spontaneously gathered, and were not dependent on staff interaction. These might be, for example, around entrances, near post-boxes, or beside a window with an interesting view.

What this research also suggests is that understanding what people value about a residential or nursing care home can be embedded through **co-design** and **ongoing co-production** of environments. If people are somewhere they feel that they, or their peers, have a real say in how it looks, works, and feels, this is more likely to feel like a place they call home. King et al. (2021) suggest local co-production forums involving people in the design, planning, commissioning and delivery of residential and nursing care.

While research into co-production in residential and nursing care is limited, and has been slower to develop than in other aspects of health and social care (Hallam-Bowles et al., 2022), there are some indicators of what co-production needs in order to be successful in this context. These include the continual support of staff and managers, flexibility, open-mindedness, and early engagement of people who live there (Hallam-Bowles et al., 2022). This chimes with what is known about co-production in a wider context, which stresses that co-production initiatives should engage with what's already in place, while being clear on the need for co-production, and realistic about the time and resources it may take (Sutton, 2020).

There are many more options than residential or nursing care for people who require support, although not as many as are needed (Burgess et al., 2021). Co-housing (communities that combine private and shared space, and which are created and run by their residents), offer scope for benefits from informal support and greater independence. However, research suggests that they currently require significant personal resources – in terms of time, expertise, networks and capital (Burgess et al., 2021).

It's also important to remember the part that identity and culture can play in choice, or lack of choice, in supported living options. For example, older LGBTQ+ people may feel vulnerable to homophobia or transphobia when moving into supported living or residential care, have their identity ignored, or feel expected to 'come out' all over again (Burgess et al., 2021; Hafford-Letchford et al., 2018). (There's more information on supporting intimacy in later life, including for older people who identify as LGBTQ+, in the [Research in Practice briefing on this topic](#).)

The experiences of Black and ethnically minoritised older and disabled people in supported living are under-researched in the UK. However, one older study flags the need to guard against the assumption that, in some communities, families are more likely to provide care. Looking at the evidence suggesting an under-representation of Black and ethnically minoritised older people in care homes, the researchers did not find that this was because more families took care of their older relatives; instead, Black and ethnically minoritised older people '...did not regard care homes as accessible, due to differences in language, culture and diet. In addition, older people were doubtful about the ability of staff to support their cultural or religious practices' (Badger et al., 2009, p.3).

What you can do

If you are a commissioner: Make co-production and co-design an important element in your commissioning choices for residential and nursing care. Using [Co-production for care homes: A guide to co-production and how it can benefit your care home](#), from Alive, open up conversations with providers about whether they currently co-produce any aspect of the running of the communal spaces, and look for ways to increase this.

Co-produce commissioning decisions on residential and nursing care, and supported living options. You can find more information on the principles on this, alongside practical advice, within Think Local Act Personal's [Co-producing commissioning and commissioning co-production](#) and the New Economics Foundation's [Commissioning for outcomes and co-production: A practical guide for local authorities](#).

Remain open-minded towards alternative living spaces, and try to see a spectrum of supported living rather than a dichotomy between living independently and 'going into' residential or nursing care.

Consider, when commissioning decisions, how issues of equity, diversity, and inclusion are present in all supported living options.

If you are in direct practice: When working with people in residential or nursing care, or supported living, you may consider using the four qualities of ‘homeliness’ in residential care to explore whether they feel at home. For instance:

- > Do people feel safe and cared for, **alongside** feeling they can be themselves - including expressing their different identities?
- > Is there at least one ‘beating heart’, where they enjoy spending time, and can feel proud of the place they call home?
- > Are there a variety of spaces for different moods and activities, and are staff sensitive to this?
- > Where are the ‘magnetic places’, where people naturally congregate?

In addition, how can you support their own personal space looking the way they’d like it to – decorating and adorning it in the way they choose, with their own possessions and pictures?

If there are any areas for improvement, you might consider talking to your manager about how the local authority can work with the home in order to address these issues.

Further information



Read

Alive, a UK charity that represents the voice of older people in residential and nursing care, has published [Co-production for care homes: A guide to co-production and how it can benefit your care home](#). Although primarily aimed at care home providers, it also contains important messages for commissioners, and can open up conversations between commissioners and providers.



Listen

Research in Practice has a podcast, [Ageing well: Housing options and alternative modes for living for later life - Co-housing](#) that explores innovative and under-used models of housing.



Connect

[Stonewall Housing](#) provide help and advice for older LGBTQ+ people on housing options in later life.

The benefits of planning (where we can...)

What this means

Usually, understanding what options are available, and what they mean, can help make choices around homes more positive. Human habits built up over a lifetime, such as acquiring possessions or being close to valued communities, can take time to change; people will usually need time to adjust to changes in their routines and everyday space. Helping people to plan will support them to see these changes as positive, rather than something forced upon them. This is something support staff can directly help with.

Planning is equally important for commissioners, senior managers, policy-makers, and politicians. As other themes in this key change have shown, housing need is **not uniform**. Working to increase choice and control in housing, and fighting for resources to make this happen, requires planning and consideration of the future **right now**.

The research

The two faces of planning – on an individual and system level – are closely linked. If there is not a systemic approach to future-proofing homes, it increases the expectations on individuals and families to do this for themselves, when they may not have the resources, knowledge, or power, to do so (McCall, 2022). The earlier systemic actions can be taken, the better (McCall, 2022).

Early planning for home adaptations can be one of the most positive steps any organisation with resources can take (Zhou et al., 2019; McCall, 2022). This supports individuals **themselves** to better plan – options are available earlier, less pressure is put on people during what is likely to be a stressful time, and inappropriate and potentially harmful housing situations can be addressed before damaging health and wellbeing (Powell et al., 2017, Carnemolla & Bridge, 2020).

This can help, but it isn't the full answer to the UK's inadequate housing response for those with care and support needs. It's also about building the right type of homes in the first place. The Equality and Human Rights Commission has found that only 32% of councils agree that developers are normally 'fully compliant' with accessibility regulations, but only 3% have taken action against a developer on accessibility grounds (Equality and Human Rights Commission, n.d.).

While much work on accessible housing stock needs to be taken at a national level, with plans to raise the accessibility standard for new homes (Department for Levelling Up, Housing and Communities, 2022b), there are activities local authorities can take, such as considering an accessible housing register (Jones & Lordon, 2011) – this is covered in greater detail in the information section.

Person-centred planning is also vital in direct work. To take one example, the evidence on supporting future, as well as current, choices around housing in partnership with people with learning disabilities and those that support them was looked at by Brennan et al. (2020). Particularly if their primary support is one or two parents, people with learning disabilities can face a 'double shock' of losing their home at a time when they are grieving the death of a parent. Given that at least 29,000 adults with a learning disability live with parents aged 70 or over – yet only one in four of their local authorities have planned alternative housing with them – this issue is potentially large (Foundation for People with Learning Disabilities, 2023).

To mitigate this, it's important to think about planning for housing choices before the death of one or both parents. Brennan et al. (2020) found early discussion of planning for future housing choices, with explanations of support available, and signposting to financial and legal support, were all important in improving the person's and their families' ability to increase and improve future planning. The relationship a worker was able to build with all of the family was important in addressing resistance to planning, and helped open early doors to discussion about future options – including for the potential emergence of health conditions as the person ages, such as physical health issues or dementia (Public Health England, 2018).

What you can do

If you are in direct practice: Open up discussions about future home choices as early as possible. Even if someone isn't facing immediate decisions about where they live or how their home might change, it should help people feel informed later down the track.

If you are in senior management: The Local Government Information Unit has an [information page](#) for local authorities, setting out the current challenges of meeting the need for accessible housing in their area. You can discuss this challenge with colleagues in housing and planning, while considering how the local authority can be a real catalyst for change.

It's also important to open up conversations with local housing associations and housing providers about their current and future stock of accessible housing. Are they aware of future trends towards the need for greater stock of accessible housing? How can you support their planning with your own intel?

Further information



Watch

A video about outcomes-focused support planning, and the requirements of the *Care Act 2014*, in this [Online Learning Package](#) from Research in Practice.



Learn

'[Rightsizing](#)' is an award-winning Age Friendly Homes initiative in Ireland about older people making positive decisions about their housing choices. Note the lack of 'downsizing' in the language – avoiding any possible negative connotations about decline or withdrawal from society. There is also a short video about Age Friendly Homes [here](#).

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Research in Practice is a programme of The Dartington Hall Trust which is registered in England as a company limited by guarantee and a charity. Company No. 1485560 Charity No. 279756 VAT No. 402196875 Registered Office: The Elmhirst Centre, Dartington Hall, Totnes TQ9 6EL

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