

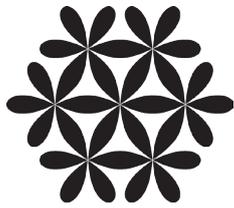
No Place Like Home

The Economics of Independent Living

A DISCUSSION PAPER FROM THE CENTRE FOR WELFARE REFORM

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Foreword

Independent living wasn't designed to make social care cheaper. Independent living is the right we all have to build a life of our own, with family, friends and neighbours; enjoying the same housing and other social rights that everyone else should be able to enjoy.

The Independent living movement was started by people with physical disabilities, but it was soon joined by people with intellectual (or learning) disabilities, people with mental health problems, people with chronic illnesses, older people - any and all of us. The movement is not just an expression of our shared human rights; it's also the means by which each of us gets the chance to build the life that's right for us in inclusive communities. It does not stop people living together - if they want to - but shared living must be a choice, not a model imposed on disabled people.

Independent living is a second phase revolution. As people woke up to the injustice and horrors of institutional living the first phase of de-institutionalisation saw institutions close, but in their place were often smaller institutional units, not real homes. Progressively the limitations of community institutions have been challenged as people began to realise that all disabled people have the right to independent living. But we're not there yet.

Great effort went into building the new community institutions: group homes, residential care homes, hostels and sheltered housing. People's intentions were good; but once a system is built it is hard to change. So, when people demand the right to have their own place, and to live with the people they want to live with, the system often defends itself by asserting that such claims are not 'affordable.' Now, in the era of Austerity, when social rights are under attack, a powerful movement to roll back the right to independent living is beginning to emerge. All of this is justified by the supposed 'economies of scale' created by congregate living.

Those of us who have worked practically to support disabled people know that these economic arguments are bogus. Enforced congregation wastes money, underestimates people's talents and kills the relationships and creativity that enable more efficient solutions to develop. There are huge diseconomies of scale built into congregation.

Yet we lack data. This is partly because independent living has always recognised the individuality of need and the individuality of our giftedness. On one side are arguments that treat people as standardised objects, to be placed in standardised services, at predictable costs. On the other side is the view that we need to construct the right support solution, one person at a time.

This is what makes the research outlined in this paper so important. Here we see the benefits of independent living over time. An individual's support needs may vary, and needs may go up and down over time. But if we work in partnership with the person then we can expect to see support costs reduce over time. This is because independent living grows capacity, relationships and inclusion in a way that congregate living finds much harder.

My thanks to Pete Richmond and Alice Squire for sharing this research and I hope it may strengthen the confidence of those defending people's fundamental human right to independent living.

Simon Duffy

Director, Centre for Welfare Reform

Summary

Towards the end of the 20th century the UK Independent Living Movement made significant gains. It was no longer acceptable for disabled people to be sent away and forced to live wherever they were directed with whoever happened to live there also.

Over time, changes in policy increased opportunities for people to live life as they wanted, independently in the community. Organisations like Partners For Inclusion (PFI) developed and pioneered person centred approaches to tailor flexible support for people regardless of label or reputation.

As what the UK Government calls 'Welfare Reform' has deepened and cuts to local authorities funding have squeezed budgets for adult social care, disabled people's lives are increasingly subject to the whims of local priorities and politics. Local authorities have the challenge of delivering on their statutory responsibilities with diminishing resources and adult social care is on the firing line.

Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD) says that people with disabilities have the right to live independently in the community; but there are signs that local authorities are choosing to invest in schemes that by their very existence reduce people's ability to access ordinary housing. This paper argues that these new institutions are not necessarily cheaper options.

Research by The National Development Team for Inclusion indicates that, taken as a whole, the overall difference in cost between independent living and alternative 'models of care' are negligible. Other studies indicate that Individual Service Funds (ISFs) can produce better outcomes and reduce costs.

A Scottish Government Analytical Exchange Project evaluated personalised support at PFI achieved through ISFs. It found that:

- People experienced significant change in their support over time
- On average, people became more independent over time
- Consequently costs went down

Key Points

- Overall, Individual Support does not necessarily cost more than support in group settings where you have not chosen the people you share with
- Directing your own support does not cost more than services commissioned by a third party
- Individual Service Design increases the chances of better outcomes

However, increasingly local authorities are claiming that on the grounds of financial austerity they need to move to high volume models of ‘supported accommodation’ rather than individual support. The photograph below illustrates just one of these facilities, they are increasing all around the UK, some more ‘specialised’ than others but a common factor is they claim to be a more economical way of providing support.



I. A path to freedom

In 2013 SPECTRUM, a User Led Organisation that aims to help disabled people to live lifestyles of their choosing, celebrated the 30th anniversary of the Independent Living Movement in the UK and paid tribute to John Evans OBE, one of its leading figures. In 1979 Evans, along with four other residents of the Le Court Leonard Cheshire Care Home, formed Project 81, with the aim of leaving residential care by 1981, which was to be the UN International Year of Disabled People. In the event, it wasn't until 1983 that Evans finally got his own home, but Evans had won an important battle. In our society it was no longer acceptable for disabled people to be sent away and forced to live wherever they were directed with whoever happened to live there also.

In the mid 1980s Government plans to scrap 'Domestic Care Allowance', a State Benefit that people were using to fund the support they needed to live independently, was met with a campaign by disability activists that led to the establishment of the Independent Living Fund (ILF) (Evans, 2003). The fund was hugely successful and popular. More disabled people were enabled to live in the community rather than having to live in a hospital or residential care. The campaigners went on to challenge the situation whereby only the state could give people money to fund their support whilst local authorities were charged with providing or arranging services. In 1996 the UK government introduced Direct Payments, which could enhance ILF and also be offered to people without ILF who had eligible support needs. This increased opportunities for people, including those with high support needs, to live life as they wanted, allowing people to arrange their own support.

The new flexibilities enabled organisations like Partners for Inclusion (PFI) to develop and pioneer the use of Individual Service Funds (ISF) to tailor flexible support plans for people with 'complex needs' that were responsive to changing needs. People who relied on services organised by local authorities often found that whilst providers tried to adapt to their individual needs, they were in trouble if they didn't like the services commissioned on the basis of block-contracts. Even when individual care packages became the norm, it was not an easy process to change these as people's lives unfolded, and it was remarkable how similar one care package was to another. It was like having a personal shopper whose boss had already signed contracts with the stores they liked best and had negotiated

Groupon type deals that stipulated things like 'only applies to X range' and 'not redeemable on weekends'.

With ISFs, all the money that would have been spent on services was put into one pot for the individual. Working closely with families, PFI developed individual person-centered service designs, very often with people who were described as 'challenging' and had a long history of being excluded.

As PFI evolved it remained committed to its principles: each person has their own budget for support – it's not mixed in with other people's money; each person has support that suits them – no two support services are the same; and each person their own support staff matched to what they need and are interested in, in their own home. Most of the people PFI have worked for have tenancies with local authorities or housing associations and have been able to claim Housing Benefit to pay the rent.

2. Storm clouds

In 2009, the UK Government ratified The UN Convention on the Rights of Persons with Disabilities (CRPD). It looked as though disabled people could thenceforth expect to be treated as full and equal citizens and have their human rights respected. Organisations like PFI might become the norm and continue to rise or fall on the basis of how disabled people chose to realise their right to live their lives as they saw fit. This optimism was short lived. The ramifications of the 2007-2008 financial crisis revitalised an on-going debate about what could or should be afforded. Voices from various quarters encouraged us to compare what resources we have access to with those which others appear to consume. Cuts to public services and welfare heightened anxieties and compounded the suspicion that if we were 'all in it together' someone wasn't pulling their weight.

The gains steadily accrued after the post-WWII war consensus, are being undermined by an insidious anxiety culture. War, terror attacks, environmental degradation resulting from our desired lifestyles and an ephemeral global monetary system are fuel to anxiety culture. As we try to negotiate our personal, local and global concerns we risk losing sight of how far we have come, leaving the field open to reactionary forces. By this we mean conscious and unconscious measures that compromise the chances of the most vulnerable people. SPECTRUM were alert to this worry:

“Project 81 naively believed that once they had “done it” the flood gates would open and new horizons and opportunities would open for Disabled People. Sadly this is not the case and indeed one would have to say that we live in an even harsher climate today. One in which even the hard-won gains of Project 81 are threatened and questioned.”

SPECTRUM, 2013, p.4

As well as 'Welfare Reform' compromising the income of disabled people, and by consequence, their ability to live independently, in 2015 the UK ILF was closed, for ideological rather than economic reasons. Responsibility for ILF users in England passed to local authorities and recipients of the short-lived Welsh Independent Living Grant (WILG) will also see local authorities taking on full responsibility for funding people's support needs over the next two years. As Welfare Reform has deepened and cuts to local authorities funding have squeezed budgets for adult social care, disabled people's lives are increasingly subject to the whims of local priorities and politics.

3. Rays of light

But it's not all doom and gloom. In Scotland, instead of scrapping the ILF, the Scottish Government has established a new organisation, Independent Living Fund Scotland (ILF Scotland), to administer ILF for existing recipients of the fund in Scotland (they also cover Northern Ireland). Whilst attitudes to human rights, and by extension, disabled people's rights, are not concordant across the Union, all four administrations have enacted measures that at some level indicate agreement with broad principles of respect for dignity; non-discrimination; participation and inclusion. The personalisation agenda, might be regarded as an attempt at mainstreaming these principles, obliging agencies with responsibilities for arranging or providing social care, to do so in a manner that maximises choice and control for end users.

Personalisation in the form of Self-Directed Support (in Scotland) gives people four options – direct payment; an individual service fund; services arranged by the local authority; or a mix of these. All these options have been available for some years, but some authorities were more willing than others to relinquish control and many continued to invest heavily in block contracts. This is one reason why it was decided to compel local authorities to offer these choices.

Personalisation seemed to be an idea that could appeal to a broad spectrum of opinion. Liberals could endorse diversity and the emphasis on individual's having control of their own destiny; conservatives, the importance of family and strengthening natural supports; communitarians some notion of collective responsibility to not just safeguard, but to actively promote people's ability to exercise their rights. The dawn of the 21st century promised a 'new script' for publicly funded services in the UK. Negotiation between varying positions, not least theories of economics, would inevitably colour the way forward, but the ground was laid for disabled people to take their full part in society.

4. Back to the future?

There have always been some people uncomfortable with the idea of disabled people living in the community. Most are worried about vulnerability and loneliness, though there is plenty of evidence to indicate that life in an institution is by no means safe and most people who want company prefer that of their family and friends. Another common worry is money. Can we afford to allow disabled people to live independently? Surely our current circumstances are not so dire that we need to be sending people away again?

Article 19 of CRPD says that people with disabilities have the right to live independently in the community. Our administrations must put measures in place to ensure that people are able to choose where they live and with whom, and are provided with the support to make this a reality. Local authorities have the not inconsiderable challenge of delivering this within the context of other statutory responsibilities and diminishing resources.

Commissioning is generally perceived as the mechanism by which this circle can be squared but commissioning cultures and practices vary from one area to another. The closer commissioning occurs to the end user, the greater the likelihood of customer satisfaction, however, some authorities may worry that the further commissioning occurs from their direct control, the greater risk of financial mismanagement.

In-depth analysis of the commissioning process is beyond the scope of this article and so we simply make a personal observation. As personalised commissioning has become a requirement, a shift towards self-commissioning seems to have been met with even more bureaucratic and controlling commissioning activity from authorities. There may be many reasons for this, including the desire to protect vulnerable people and obtain best value for public funds. Whatever the reason, a critical factor that can stand in the way of people getting to live the lifestyle of their choosing is access to housing. There are increasing signs that local authorities are choosing to invest in schemes that by their very existence reduce people's ability to access ordinary housing.

Our lives have always involved experience of long-stay hospitals, people discharged from similar establishments and people at risk of institutionalism and one thing that is apparent is that when institutions get created there is always a vested interest to not just fill them, but to entrench and expand them. It is like Parkinson's Law of bureaucracy, which says that, "work expands so as to fill the time available for its completion" (Parkinson 1958).

We recall stories such as a man telling how the 'Rat-catcher' got him when he was about 12 years old and took him from his overcrowded home to a hospital where he stayed until he was 70. This was a colloquial term for the psychiatrist. The story we heard from various sources was that a psychiatrist, accompanied by 'muscle' would visit poor neighbourhoods and identify 'subnormal' or 'problem' children and persuade families that it was better for everyone if they were taken to live in an institution. In another town, many adults with minor disabilities had been going to a day centre for years, only because their special school had referred them there. In both these instances, there was a strong indication that at least one of the reasons for their circumstances was the very existence of these establishments, not any issue inherent to them. Thus, the hospital and the special school were built at considerable expense, and they needed to be populated. Whilst there were some people, who, at a certain time in history, arguably had little alternative than reside in such places, there were plenty of others who had no business being there.

These institutions were not cheap options. Just as special 'units' for people labelled with 'challenging behaviour'; 'extra-care' housing complexes utilising fancy technology; high security private hospitals and 'autism specific' communities are not cheap options. However, there is a risk that commissioners will be swayed by the false promise of economies of scale and perhaps the relative ease involved in consigning someone with complex care needs to a special place where everything is in situ. Even more concerning, are indications of the clocks being turned back on rights for people with a learning disability (Greig, 2016) with the indication that some commissioners are favouring residential care on supposed cost grounds for people who need fairly basic support to live independently.

In Scotland, there have been concerns that some local authorities have looked to use Section 13ZA of the Social Work (Scotland) Act 1968 to move people with learning disabilities from individual tenancies to care homes (Hood, 2014). Rochdale Council have been seeking £1.4m savings by 'transforming' supported living provision and replacing it with a range of residential care and other services (Rochdale Borough Council, 2017).

Offering choice under the guise of Self-Directed Support cannot in itself lead to people getting to where they want to be. A direct payment is not that useful if the local authority over-proscribes what can be done with it, or if there is nothing to spend it on but traditional type services, or if you are diverted from ordinary routes to housing into new institutions.

5. So can we afford it?

The National Development Team for Inclusion (NDTi) have been undertaking an important 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. Their initial findings indicate, that despite the huge amount of money invested over the years, there is insufficient, reliable evidence to inform decisions on the basis of cost (Harflett et al 2017). This means that whilst it may be difficult for organisations who champion the rights of disabled people to live independently to do so on the grounds of cost, it is equally difficult for commissioners to argue that investing in more life-limiting models will save any money. What the evidence does suggest is that the overall difference in cost of either approach is negligible.

Evidence from Partners for Inclusion

In 2015-2016 PFI benefitted from a Scottish Government Analytical Exchange project. The project provides third sector organisations with the services of a professional analyst to investigate available data and to offer advice on how to improve evaluation. This is a win-win offer, in that whilst helping the organisation, the Government is able to obtain in-depth data that is not easily available by other means. The resultant findings of this piece of work provide analytical evidence illustrating that overall, people supported by PFI become more independent over time, needing less support and by consequence, less expenditure.

Partners for Inclusion grew out of another organisation, Inclusion Glasgow, which has been established in 1996 to provide totally person-centred support for people leaving a long-stay institution (Lennox Castle Hospital). It was formally established as an independent charity in 2004 to provide tailor-made support for people with learning or mental health difficulty or both utilising ISFs.

An independent evaluation found Partners for Inclusion to be:

"An excellent example of an organisation offering individually tailored support. It is visionary, knowledgeable and thoughtful, unique of its kind, and has been designed and structured considerably to suit the people it supports."

Fitzpatrick, 2006

More recently an independent evaluation by Orenda Consulting in 2016 commented on a PFI individual support team:

“I can honestly say I saw some of the most outstanding support practice I have ever seen in my working life. I was jealous of that”

Judith North, Orenda

The organisation developed by word of mouth and became so popular Just Connections was established, which works in the same way with its own dedicated line management structure as close to the person supported. They also developed Linking Lives aimed at those who have less intensive support requirements and Dates and Mates Ayrshire (known as DM2), a friendship, relationship and social project run for and by people with a learning disability across Ayrshire. PFI has also delivered training and consultation to a range of organisations across the UK. The original service is now known as Partners. These four services are known collectively as the Partners for Inclusion Group (PFI).

The analytical exchange project did not focus on Linking Lives or DM2 as these were deemed too new to provide meaningful data over time. The study looked at data for Partners and Just Connections.

Analysis of findings

Yearly spend on support per person going back to the 2004-5 financial year was analysed. The financial data showed a strong negative trend in expenditure per person, which was more marked in those who had been supported for a longer time period with Partners (Figure 1) than people supported with Just Connections, which had been in existence for a shorter period (Figure 2).

The data also includes the early phase of support work. Some individual services show a sharp increase as a ‘full’ support plan came into operation after ‘the getting to know you phase’. For example someone leaving hospital or another institution may have a few hours per week support for an extended getting to know you phase’ to familiarise themselves with a locality and to identify suitable housing. Support costs then increase when the individual actually moves into their home. The data also includes some people who for positive reasons experienced quite dramatic reductions in support. However the overall trend is clearly to the left showing a reduction in cost (Figure 1).

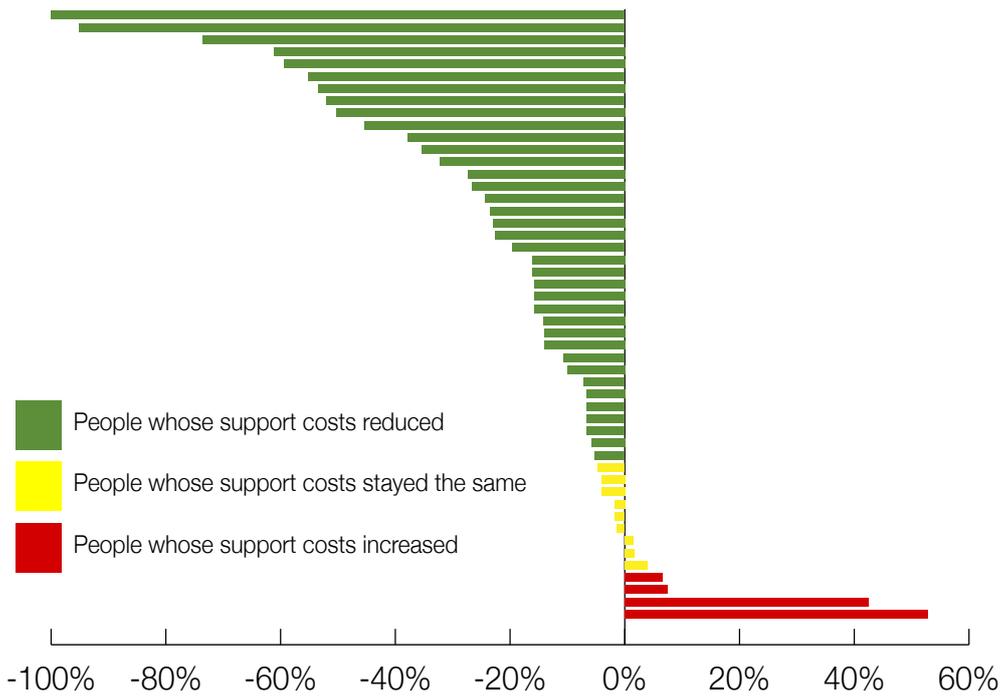


Figure 1. Partners: Change in Individual Expenditure 2004-2014 (Real prices)

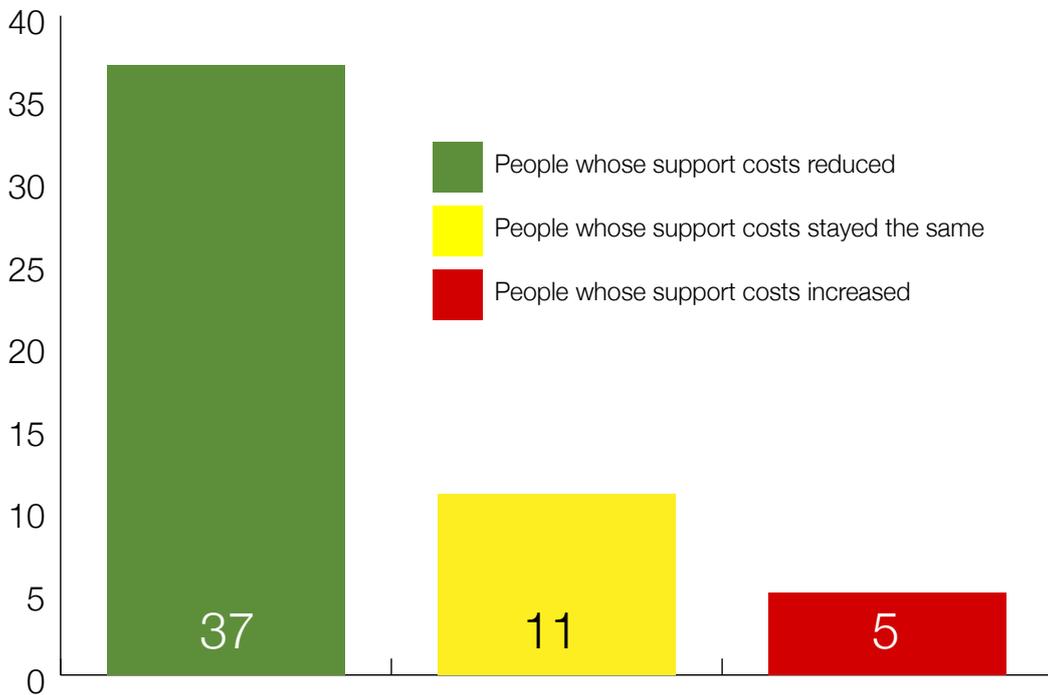


Figure 2. Partners: Cost Change for Individuals 2004-2014 (Real prices)

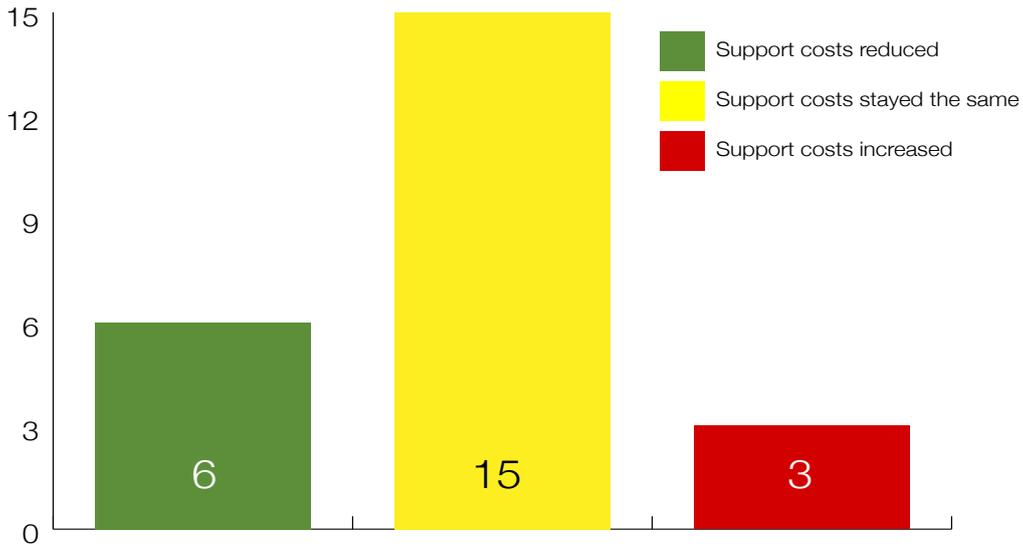


Figure 3 Just Connections: Cost Change for Individuals 2008-2014 (Real prices)

The changes do not reflect any change to the cost of support prior to people leaving other arrangements to live in their own home with their own support from PFI. In several instances the individuals concerned had ‘reputations to challenge services’ and were previously accommodated in secure or semi-secure facilities. On an anecdotal basis (and based on our professional experience of ‘high tariff clients’), the cost of full-time individual support for these individuals can be half the cost of specialist facilities.

The main reason for the reduction in costs suggested was that people developed stronger unpaid natural connections and became less dependent on paid support as their lives expanded and their confidence grew. The differentials in cost reductions between Partners and Just Connections seems to back up the suggestion that time experiencing a good quality of life in one’s own home, is a key factor. The overall picture represents a 20% reduction in costs over time for those supported by Partners and 4% for Just Connections (Tables 1 and 2).

Mean	-20%
Median	-15%
Minimum	-100%
Max	53%

Table 1. Partners: Change in Individual Expenditure 2004–2014

Mean	-4%
Median	-1%
Minimum	-64%
Max	46%

Table 2. Just Connections: Change in Individual Expenditure 2008-2014

Additional data on support came from Carista, an integrated electronic information management system, used by PFI to monitor how much support people are using and to keep track of individual budgets. The analyst looked at start dates for each supported person and analysed the hours of support provided for each person per week for the period 2010-2014. Figure 4 shows the combined Partners From 2004 and Just Connections from 2010 in measure of hours people were supported rather than the direct monetary cost. Inspection of the average change in the number of supported hours, showed that reduction in support hours was greatest for those who had been supported by PFI since 2004 or earlier.

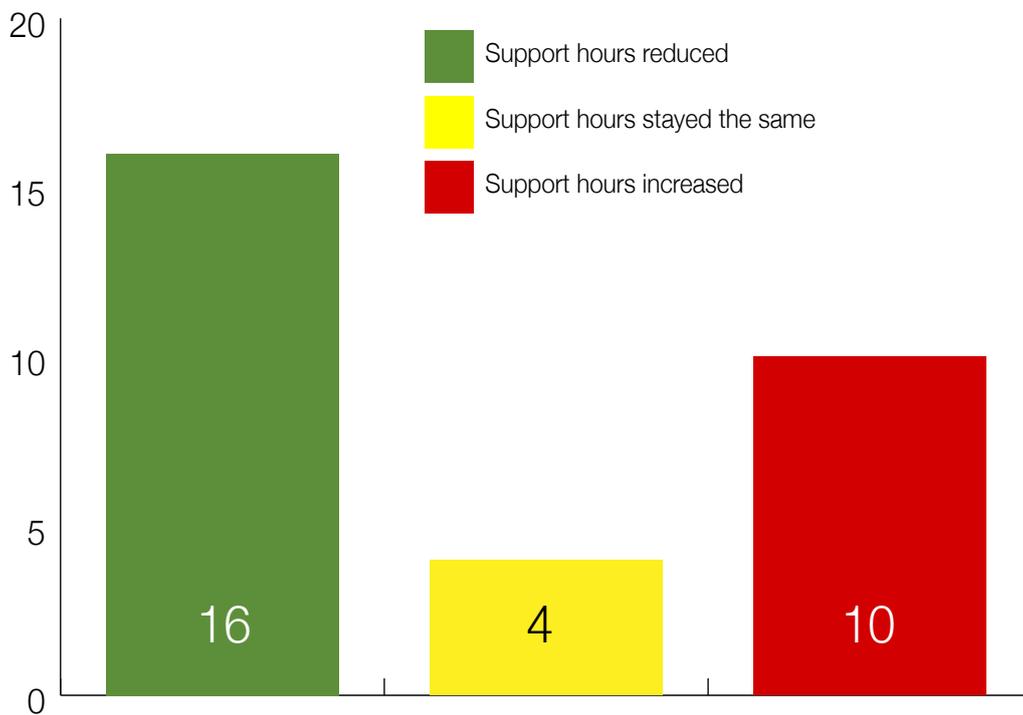


Figure 4. Partners and Just Connections: Change in Weekly Hours 2010-2014 (people supported since 2004 or earlier)

6. There's no place like home

People supported by Partners and Just Connections have experienced significant change in their support over time. One of the key performance measures for PFI is that people are afforded the scope to grow and develop in their lives and the analytical exchange project showed that people have not stood still. The data shows fluctuation in support costs through different periods in people's lives, reflecting a philosophy that paid support should seek to be a platform from which people can grow and not a static entity that constrains them. Most people supported by PFI have become more independent over time and this is more pronounced for people who have been supported for longer. Evidence in the wider social care sector suggests that this is not generally the case, where many people can have the same support for years.

Economics does play a part, but if I were short of cash, whilst I might go and stay with my sister, I would not move in with my neighbour or seek out a bunch of strangers my own age to go and live with. A commissioner once suggested to us that new schemes were nothing like the old institutions, they were more like student accommodation. Now that sounds fine if you are a student, or even if you need somewhere to tide you over in an emergency. But this is not emergency accommodation, but the result of planning and significant financial investment. Most students use specialist accommodation for the first year then go on to negotiate flat-shares (with all the learning that entails) until they hopefully find employment and can get their own place. This is student accommodation for students who will never leave, until perhaps they are 65 when they may get sent somewhere else since some schemes group residents by age.

Advocates of schemes promoted on the basis of cost cutting tend to focus on the savings achieved through reductions in individual support. Broadly, schemes are designed to allow less staff to support more people through the use of technology and containment. That may work if everybody has the same needs and those needs don't change (forget about individual personalities and what happens if you want to share a bed with someone), but we know that this is not the case and that some people will need additional support some of the time or all of the time.

In our experience, providers of expensive specialist services (including residential and supported living services) have frequently requested additional funding for 1:1 or 2:1 or even 3:1 support when they were struggling, sometimes on the advice of health professionals. Sometimes,

this additional support was needed because people hated where they were or they hated who they lived with (and sometimes because they hated the staff). There may be some technological innovation that could help, but it seems unlikely that a technological solution could resolve such issues.

One argument might be that some people need less support, freeing up time to support those needing more time consuming care (such as personal care involving assisting and lifting). But that begs the question what are these people with low support needs doing there? If someone has a pressing issue that staff must address, does this mean that other people have to sit in bed or wait on the toilet until staff are free? (When one of us worked on a unit in a long-stay hospital it was not unusual to find people in such circumstances when we came on shift due to staff being otherwise engaged.)

In order to achieve any cost-savings, these schemes have to be big. Some planners have suggested that now we have learned the lessons of the past, we can build new schemes that are non-institutional. But this is a misunderstanding of how the old institutions developed. Very often, their founders had benevolent intentions and inmates sometimes came to enjoy their lives in the closed communities that were created. The thing that did the serious damage (beyond heightened opportunities for abuse) was the act of labelling and segregating people on the basis of that label.

PFI's philosophy is in part based on the principle that it needs to remain small in order to stay connected with and responsive to the people it supports. This is why it developed as a family of small organisations as demand grew. There is also an economic argument about size. We are all familiar with the line about public services apparently being uneconomical due to the wasteful practices associated with large-scale provision - this is broadly an argument about diseconomies of scale, where organisations become less efficient when they are too big. As well as the argument about the financial risks of investing in block services that might turn out to be unpopular, the bigger a project the more effort it is to maintain communication, co-ordination, motivation, responsiveness and keep bureaucracy to a minimum. We would hazard a guess that the companies seeking to persuade commissioners that their financial woes will be solved by investing in their big building projects are relatively quiet about the potential for hidden costs.

We have encountered some shared support schemes that have worked well. Where people have needed 24 hour supervision, these have been small, just

two or three flats, inhabited by people who get on okay but don't want to live in the same house. Keyring schemes (pioneered by the great social innovator Carl Poll) allow a community of people in a neighbourhood network (in Scotland Neighbourhood Networks) to share not just a paid worker, but also the skills and company they can gain from each other. Shared Lives arrange for people to stay with and sometimes live full time with a regular family. These latter schemes are cost effective, but many local authorities have been reluctant to pursue them.

We are not suggesting that PFI have discovered the perfect solution to the cost v. quality conundrum, indeed, a fundamental characteristic of the approach taken is the avoidance of any particular "model of care". The ordinary living principles PFI and similar organisations adhere to are grounded in everyday life and human rights. There is no clear relationship between cost of support and the quality of people's lives and it is not inevitable that people supported independently will be supported well. We do however claim that there is evidence to show that people are more likely to flourish and would prefer to live outside institutions.

There is evidence to suggest that use of ISFs can bring benefits in cost and quality. An independent evaluation of the use of ISFs, which had been in use for 18 years, showed significant improvements across a quality of life framework with quality of life outcome scores shifting from 2 to 6 as well as significant cost reductions (Animate, 2014). The *Better Lives* report, which looked at how a block contract in Southwark was transformed into 83 ISFs, showed a cost reduction of about 30% (Ellis, Sines and Hogard 2014). The use of ISFs allows resources to be deployed flexibly and quickly, reducing bureaucratic processes such as reassessment and significantly reducing the need for expensive transitional arrangements and emergency "placements" when a person undergoes change in their life. It is not simply a matter of process - attitudinal factors are at least as significant. PFI expects people to change and expects to change with them.

The evidence from the Scottish Government analytical exchange does indicate that cost savings can be achieved over time, simply by offering the opportunity for ordinary living, however, we are not under any illusions that this is a cheap option. We do suggest, that put in context with the NDTi study, broadly speaking, cost differentials between new institutions and individually tailored support are neutral.

Anxiety culture and the 'logic of austerity' are very real threats to disabled people who are at risk of being re-objectified and warehoused once

more (Brown, 2017). Disability United recently exposed via Freedom of Information (FOI) requests, 37 NHS clinical commissioning groups (CCGs) in England who are introducing rules about on-going care that may force up to 13,000 people with complex health conditions into care homes (Perry, 2017). Whilst we appreciate the pressures commissioners are under, we urge them to resist the temptation to pick off disabled people as 'easy targets' on the grounds of basic humanity and economics. We agree with Fleur Perry of Disability United:

“in the long term, good support costs less than bad”

Perry, 2017

In time, institutions may deliver a cheaper alternative by prioritising containment over support but we hope this is not the shape of things to come. In the meantime, we are clear that when it comes to people's (disabled and otherwise) choices about how to live their lives, there's no place like home.

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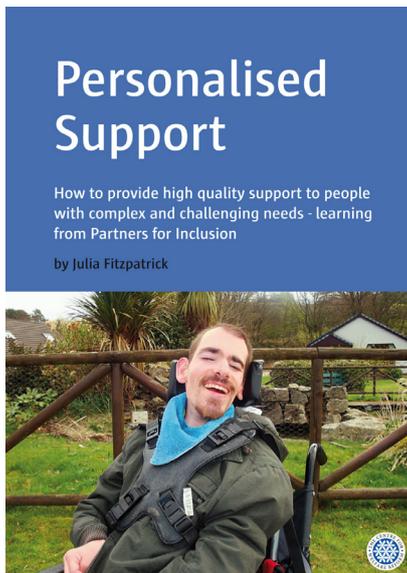
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