



**Active
Prospects**

People leading **aspiring lives**



Active Prospects Supported Living Guide

Contents

About this guide	02
Executive summary	03
Part 1: Understanding supported living	04
Part 2: Housing, money and moving in	18
Part 3: Quality, practice and staff guidance	22
Part 4: Regulatory readiness and outcomes	38
Part 5: Practical appendices	42
Part 6: Reference and support	48

This guide is for people we support, families, professionals, advocates and staff.

It explains what good supported living should look and feel like at Active Prospects. It is a guide to support the understanding of rights, housing responsibilities, support expectations, quality checks and routes for raising concerns. We will use this guide as a practical reference for conversations, reviews, induction, supervision and quality assurance. Review it when legislation, regulation, organisational strategy or local supported living arrangements change.

How to use this guide

This guide is here to help everyone involved in supported living understand what good support should look like, feel like and achieve. It should be used by staff and managers as a practical tool for day-to-day decision-making, reflection, supervision and service improvement. Families can use it to understand the standards, values and outcomes they should expect, and to feel confident in asking questions, sharing views and championing what matters to their relative.

Professionals and partner agencies can use it to support joined-up working, clear communication and consistent expectations. Most importantly, the guide should keep the focus where it belongs: on each person's rights, voice, choices, safety, independence, relationships and aspirations.

Executive summary

Supported living is a rights-based way of supporting people to live in their own home, with care and support arranged around their choices, needs and aspirations. People should have clear housing rights, meaningful choice and control, and support that promotes independence, inclusion, safety and overall wellbeing.

For people we support, families, professionals, advocates and staff, the key message is that supported living should feel like someone's own home, with clear housing rights, lawful and least restrictive practice, and support shaped around their aspirations, wellbeing outcomes and Active Prospects' values: **Aspiring, Caring, Trusting, Including, Vocal and Ethical**.

Active Prospects Care and Support Strategy

This guide connects supported living practice with the Active Prospects Care and Support Strategy collating housing rights, person-led support, quality, outcomes and everyday practice to the organisation's wider care approach.

The strategy recognises that great care and support starts with understanding what matters to each person. It reflects our commitment to supporting people to lead aspiring lives and using lived experience to continually learn, improve and shape the support we provide.

The guide brings the strategy into supported living practice by focusing on:

- **The person test:** Will this approach improve the person we supports safety, dignity, rights, choice, wellbeing, sense of belonging or opportunities to achieve their aspiration?
- **The practice test:** Will this make it easier for staff and managers to deliver skilled, consistent, person-led support?
- **The impact test:** Can we evidence that the person's lived experience, wellbeing outcomes, quality, stability or learning has improved?

Part 1:

Understanding supported living

Rights, principles, support offer, capacity, safeguarding and what good supported living should feel like.

Introduction

Supported living enables people with care and support needs to live in their own home, with support arranged around their choices, rights, independence and inclusion.

At Active Prospects, supported living means supporting people to lead aspiring lives, make meaningful choices, build confidence, be included and do the things that matter to them. This reflects our values: **Aspiring, Caring, Trusting, Including, Vocal and Ethical.**

What is supported living?

Supported living means the person has their own home, usually through a tenancy, licence, lease or ownership arrangement, with care or support arranged separately. The person should be able to ask about changing support provider without automatically losing their home, even where the housing and support organisations are linked.

My rights in supported living

- ✓ The right to be treated with privacy, dignity and respect as a tenant, licensee or homeowner.
- ✓ The right to make choices and be supported to make decisions.
- ✓ The right to feel safe and protected from abuse, neglect and discrimination.
- ✓ The right to have visitors, relationships and be apart of a community, unless a lawful and proportionate restriction is in place.
- ✓ The right to understand rent, bills, support costs and financial arrangements.
- ✓ The right to advocacy, accessible information and support to speak up.
- ✓ The right to complain, raise concerns or ask for changes without fear of being treated unfairly.
- ✓ The right to lead a glorious ordinary life including work, education, hobbies, friendships and making a contribution to your community.

How is supported living different from residential care?



Supported living

- The person usually has their own tenancy, licence, lease or ownership arrangement.
- Housing and support are arranged separately
- The person has greater control over their home, routines, visitors and lifestyle.
- Support is designed around the person’s individual goals and choices.



Residential care

- The person usually lives in accommodation provided as part of the care service.
- Accommodation and care are normally provided together.
- Daily life may be organised around the routines of the care home.
- Support is provided as part of the residential care service.

The principles of supported living



Choice and control
People should be supported to make informed choices about where they live, who they live with, who supports them and how they spend their time.



Rights and citizenship
People should have the same rights, responsibilities and opportunities as other citizens.



Independence
Support should build confidence, skills and independence wherever possible.



Person-led support
Support should be based on what matters to the person, not on organisational routines.



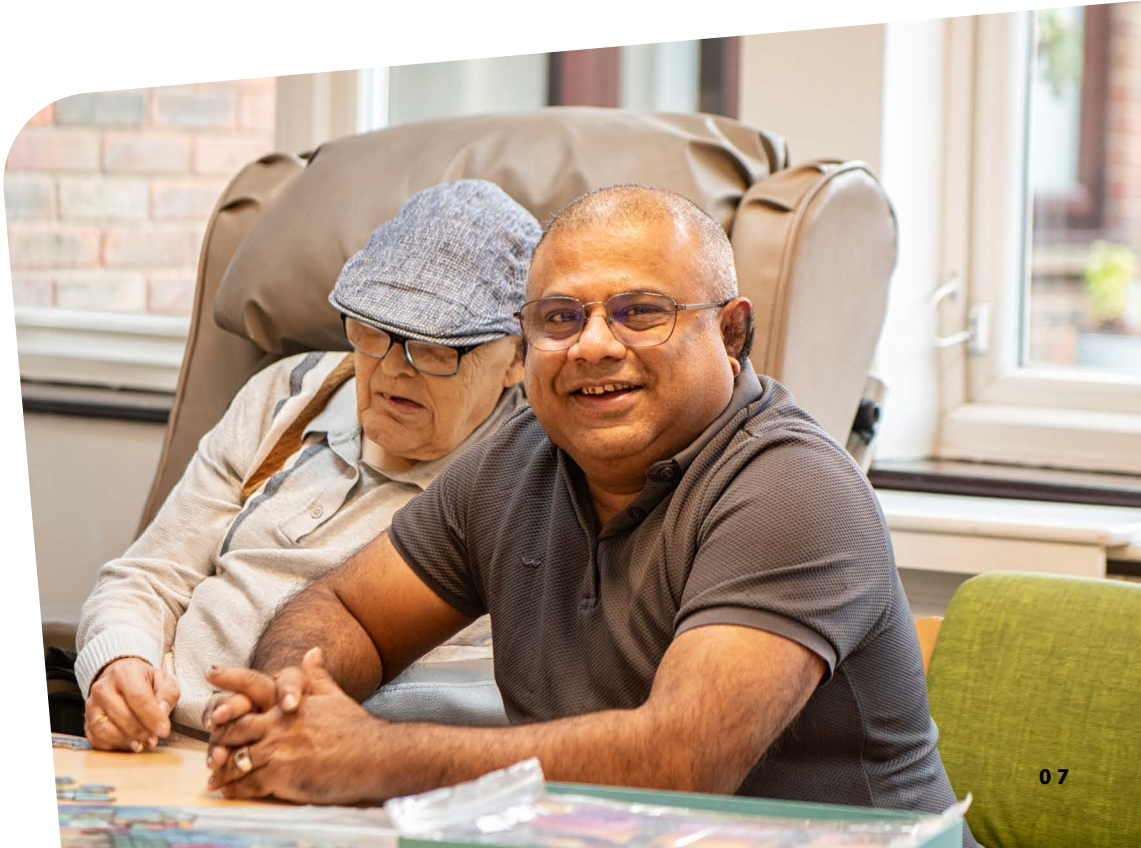
Inclusion
People should be supported to take part in local community groups, relationships, work, education, hobbies and social opportunities.



Safety with dignity
Risks should be understood and managed in ways that protect people without unnecessarily restricting their freedom.



Separation of housing and support
Someone’s home and their support arrangements should be kept separate, with clear rights and responsibilities.



How Active Prospects supports people in supported living

Rights-based

Protecting tenancy and licence rights, privacy, dignity, choice, and lawful decision-making.

Person-led

Build each person's strengths, communication, relationships, routines, culture, risks and aspirations.

Outcome-focused

Measured by whether the person's quality of life is improving, not just whether tasks have been completed.

Creative and ambitious

Helping people move beyond simply maintenance support towards greater confidence, independence, belonging and opportunity.

Clinically informed

Drawing on positive behaviour support, trauma-informed practice, autism-informed support, communication support, health facilitation, active support, least restrictive practice and reflective practice.



Evidenced

Demonstrating through records, stories, feedback, reviews and wellbeing outcomes that support is making a meaningful difference to the individual.

Our commitment to people in supported living

Listen first

Start with the person's voice, communication, wishes, worries and lived experience before deciding what should happen.

Do with, not for

Support people to build skills, confidence and independence rather than taking over ordinary daily life.

Keep home at the centre

Treat the person's home as private space and avoid service routines, staff convenience or workplace habits taking over.

Challenge restrictions

Question blanket rules, unnecessary controls and risk-averse practice, and use the least restrictive lawful option.

Evidence outcomes

Record how support improves wellbeing, confidence, relationships, independence, inclusion and quality of life.

Learn quickly

Use feedback, incidents, complaints, safeguarding learning and good practice to improve support without delay.

The REACH Standards

The **REACH Standards** describe what good support for living should look like, with a focus on human rights, ordinary life, choice, community inclusion and support designed around each person. Below are the **9 REACH Standards**, with an overview of what each looks like in practice.

I choose where I live

The person is helped to explore real housing options, including location, community links, accessibility and what matters to them.

I choose who I live with

The person is supported to express their preferences about where and with whom they live, and their views are taken into account wherever possible.

I choose who supports me and how

The person has a say in their support arrangements, routines, staff matching, communication needs and how support is delivered.

I have my own home

The person has clear housing rights through a tenancy, licence, lease or ownership arrangement, and their home is respected as their private space.

I get help to make changes in my life

The person is supported to plan, try new things, move home, change support, pursue goals and make decisions about their future.

I choose my friends and relationships

The person is supported to maintain and develop friendships, family relationships, intimate relationships and social networks safely and respectfully.

I choose how I am part of the community

The person is supported to be visible, valued and included in local community life, activities, work, education and citizenship.

I choose how to be healthy and safe

The person is supported to understand health and safety, access healthcare, take positive risks and stay well without unnecessary restriction.

I have the same rights and responsibilities as other citizens

The person is respected as an equal citizen, with rights, responsibilities, legal protections and opportunities to contribute.

What supported living should feel like

- The person is treated as the tenant or homeowner, not as a visitor in a service.
- Staff knock before entering and respect privacy, dignity and personal space.
- The home looks and feels like the person's home
- Support plans are built around the person's preferences, routines, communication, culture, relationships and goals.
- People are supported to make choices, including choices that involve ordinary everyday risk.
- Families, advocates and professionals are listened to, while keeping the person's rights at the centre.
- Support promotes confidence, independence, wellbeing and community connection.

Where the person's choices and staff safety need balancing, the response should be person-led, lawful, proportionate and recorded, protecting staff from avoidable harm without restricting ordinary life.

Smoking or vaping

Smoking and vaping are prohibited within most Active Prospects properties. Residents who choose to smoke or vape should do so in designated outdoor areas, and in line with organisational policy.

Where another organisation or landlord owns the property, residents must also follow the terms of their tenancy or licence agreement.

Any exceptions to the smoking and vaping restrictions must be supported by an appropriate medical recommendation and approved.

Pets or animals

People may want pets, but permission must be

obtained first. Requests will be considered on an individual basis, in line with the tenancy or licence agreement and organisational policy.

Infection risks

People's choices about visitors, outings and routines should be respected while also protecting staff and others from avoidable health risks.

Manual handling or moving and assisting

People's preferences should be considered, but staff should not be expected to use unsafe techniques.

Violence, aggression, harassment or discrimination

People should be supported with dignity, but staff also have the right to work without abuse, threats or discriminatory behaviour.

Noise, sleep disturbance or night working conditions

People's lifestyle should be respected while staff safety, fatigue and lone-working risks are managed.

Lone working or unsafe environments

Support should remain person-led, but staff should not be placed in avoidable danger.

Environmental hazards

Clutter, poor lighting, trip hazards, unsafe appliances or fire risks may affect the safety of people and staff and should be addressed in a way that is proportionate to the level of risk.

Visitors or relationships

People have rights to visitors and relationships, but staff safety and safeguarding concerns may need planned and proportionate responses.

Roles and responsibilities

The person

Residents living in Active Prospects properties are expected to engage with and receive their agreed care and support services.

Our homes provide specialised supported housing, where housing and support are delivered together. If a resident no longer requires, or chooses not to accept, the agreed support, we will work with them and relevant professionals to identify more suitable accommodation, and their tenancy may come to an end.

Family and friends

To provide emotional support, share knowledge of the person where appropriate, advocate for rights and help maintain relationships.

Support provider

To deliver safe, person-led, respectful support that promotes independence, inclusion, wellbeing and choice.

Housing provider or landlord

To provide safe, suitable accommodation and uphold the person's housing rights and responsibilities.

Commissioners and social care professionals

To assess needs, arrange appropriate support, review outcomes and ensure that support is lawful, proportionate and person led.

Advocates

To help the person understand options, express views, uphold rights and challenge decisions where needed.

Questions to ask when reviewing supported living

- ❓ Does the person understand their housing rights and responsibilities?
- ❓ Is the person supported to choose where they live and who they live with?
- ❓ Is support flexible and based on the person's goals, routines and communication needs?
- ❓ Does the person have meaningful opportunities to build independence?
- ❓ Are restrictions avoided unless they are lawful, necessary, proportionate and clearly recorded?
- ❓ Is the person supported to maintain relationships and be part of their community?
- ❓ Are families, advocates and professionals involved appropriately, while keeping the person's wishes central?
- ❓ Does the home feel like the person's own home?

Who is supported living for?

Supported living can be suitable for adults with a wide range of care and support needs, including people with learning disabilities, autistic people, people with mental health needs, physical disabilities, acquired brain injuries, sensory needs or complex health needs. The focus should be on the support, housing and community arrangements that will help each person lead the life they choose.

Housing options in supported living

Supported living can be arranged in different types of homes. The right option should be based on the person's wishes, needs, location preferences, relationships, accessibility requirements, funding and the availability of suitable housing. People should be supported to understand and explore the housing options available to them wherever possible.

Shared supported living house

People have their own bedroom and usually share communal areas such as the kitchen, lounge, bathroom or garden with other tenants. People should be involved in decisions about who they live with, how shared areas are used and how shared costs are managed.

In shared accommodation where there is no separate office space, staff and visitors should be invited into the property by residents.

However, Active Prospects and Active Community Homes retain the right to access properties for health and safety checks, maintenance, and repairs, providing appropriate notice where required.

Self-contained flat or apartment

People have their own front door and private living space, such as a bedroom, bathroom, kitchen and lounge. Support may be provided individually or through a nearby support team, depending on the person's needs.

Cluster flats or core-and-cluster housing

Several people live in separate flats or rooms within the same building or nearby properties, with support available on site or close by. This can offer privacy while also providing access to shared support or community spaces.

Individual house or bungalow

People live in a house or bungalow that meets their needs, for example where they require more space, adaptations, ground-floor access, a garden or a quieter environment.

Existing family or private home

In some circumstances, support may be arranged around where the person already lives, if this is suitable, safe, lawful and meets the person's needs and wishes.

Housing may be provided through a specialist supported living housing provider, registered housing association, local council, private landlord or another lawful arrangement. Roles should be clear so people we support, families and professionals know who to contact about housing, repairs, rent, support, complaints or concerns.

Where the same organisation is involved in both housing and support, the roles should still be separated and any proposed change to support should be discussed openly with the person receiving support, commissioners, advocates, family members or representatives where appropriate.

Housing rights and tenancy responsibilities

People living in supported living should have clear information about their housing arrangement and what it means. This may include a tenancy, licence, lease or ownership arrangement. People should be supported to understand their rights and responsibilities in a way that is accessible to them

- ✓ Paying rent, service charges or bills where these apply.
- ✓ Reporting repairs, maintenance issues or safety concerns.
- ✓ Keeping the home reasonably clean, safe and well looked after, with support if needed.
- ✓ Respecting neighbours and shared spaces.
- ✓ Having privacy, personal space and control over visitors.
- ✓ Understanding what the landlord or housing provider is responsible for.
- ✓ Knowing what to do if they are unhappy about their housing or support.



Understanding your housing and support costs

In supported living, people usually pay the ordinary costs of living in their own home. What someone pays for depends on their housing agreement, benefits, income, support package and local funding arrangements.

Rent or housing costs

Payment for the person's home, usually set out in their tenancy, licence, lease or ownership arrangement. Some people may receive housing-related benefits or support with eligible housing costs.

Household bills

Utilities such as gas, electricity, water, council tax where applicable, TV licence where needed, internet, phone and contents insurance.

Groceries and household items

Food, drinks, cleaning products, toiletries, laundry products and other everyday items for the home.

Personal spending

Clothing, haircuts, hobbies, social activities, holidays, subscriptions, gifts and other personal choices.

Travel and community activities

Public transport, taxis, fuel contributions, entrance fees, meals out, leisure activities or other costs linked to going out and being part of the community.

Furniture and belongings

Bedroom furniture, soft furnishings, personal items, replacement items and decorations, depending on what is provided as part of the housing arrangement.

Shared household costs

In shared accommodation, people may agree to contribute to communal items such as cleaning products, shared food, broadband or household equipment. Shared costs should be voluntary wherever possible, clearly recorded, fair, reviewed regularly and should not remove individual choice.

Care and support charges

Some people may be financially assessed by the local authority or relevant funding body and may contribute towards the cost of their care and support, depending on their circumstances.

People should understand what they pay for, how money is managed and who is responsible for each cost. Support with budgeting, benefits, banking or bills should be clearly recorded and follow financial safeguarding procedures.

Shared shopping, ingredients or meals should be based on choice, fairness and transparency. People should still be able to buy their own food, eat separately and have dietary, health, cultural, religious or sensory needs respected. Where capacity is an issue, shared spending must be lawful, made in the person's best interests, proportionate, recorded and supported by appropriate financial safeguarding

If a person lacks capacity to manage financial decisions, a legally authorised person, appointee, deputy, attorney, local authority department, finance team or other appropriate body may support or make decisions in the person's best interests, with decisions recorded and reviewed.

How is my housing paid for?

Housing costs are usually separate from care and support costs. The person may be responsible for rent, service charges and household bills, and may be able to get help with eligible housing costs through benefits or local funding arrangements.

Rent

The rent is the payment for living in the home. It is usually set out in the tenancy, licence, lease or housing agreement.

Housing Benefit

Some people in supported or specified accommodation may receive Housing Benefit from the local council to help with eligible rent and some eligible service charges.

Universal Credit housing costs

Some people may receive help with housing costs through Universal Credit. In some supported, sheltered or temporary accommodation, housing costs may need to be claimed through Housing Benefit instead.

Eligible service charges

Some service charges linked to the building, communal areas or housing management may be eligible for help through benefits. This depends on the rules, the housing arrangement and the decision of the relevant benefit authority.

Personal bills and living costs

Personal costs such as food, personal utilities, TV licence, personal phone, internet, toiletries, clothing and social activities are usually paid by the person from their income or benefits, unless another arrangement is lawfully agreed.

Shortfalls or extra costs

If Housing Benefit or Universal Credit does not cover the full eligible rent or housing costs, the person may need advice about the shortfall, budgeting, discretionary support or whether the charge is correct.

Any shortfall remains the responsibility of the tenant or licensee. Support can be provided with budgeting, discretionary support applications, or checking that charges are correct.

Care and support costs

Care and support costs are separate from housing costs. A local authority or relevant funding body may complete a financial assessment to decide whether the person contributes towards their care and support.

The person should be supported to understand how housing is paid for, what charges are included, who receives payments and what they may need to pay themselves. Where capacity is an issue, housing payment decisions should follow lawful best-interest or authorised financial arrangements.

Housing payment arrangements can be complex. People and families should be encouraged to seek advice from the local council, benefits team, housing provider, appointee, advocate or independent advice organisation where needed.

Mental Capacity Act and decision-making

Supported living must respect each person's right to make decisions. Under the Mental Capacity Act, people must be assumed to have capacity unless it is established otherwise and must receive all practicable support before anyone concludes they cannot make a decision.

If a person lacks capacity for a specific decision at a specific time, any decision made on their behalf must be in their best interests and must be the least restrictive option available. This should be clearly recorded, regularly reviewed and involve the person as much as possible, alongside relevant family members, advocates and professionals where appropriate.

Capacity is decision-specific. A person may lack capacity to make decisions about money or complex paperwork but still be able to make choices about home, routines, relationships and daily life. Lack of capacity in one area should not exclude someone from supported living. Instead, the right support, safeguards and lawful decision-making should be in place to help them live safely and exercise their rights.

Positive risk-taking

Good supported living is not about removing all risk from someone's life. It is about helping people understand risk, make informed choices and experience ordinary opportunities in a safe and proportionate way. Positive risk-taking supports independence, confidence, learning, relationships and being part of a community.

- Start with what the person wants to achieve.
- Understand the benefits as well as the risks.
- Consider the person's views, communication and decision-making capacity.
- Put proportionate support, guidance or safeguards in place.
- Record decisions clearly and review them when circumstances change.
- Avoid using risk as a reason to unnecessarily restrict choice, freedom or ordinary life.



Safeguarding, restrictions and least restrictive practice

People in supported living have the right to live free from abuse, neglect, discrimination and avoidable harm. Everyone involved in providing support has a responsibility to recognise concerns, listen to people, report safeguarding issues promptly and follow local safeguarding procedures.

Any restriction on a person's freedom, choice, movement, contact with others, access to possessions, technology, money or community activities must be lawful, necessary, proportionate, clearly recorded and regularly reviewed. Restrictions should never be used for organisational convenience or because of a one-size-fits-all approach. The least restrictive approach should always be considered first.

Where arrangements may amount to a deprivation of liberty, this should be assessed using the current legal framework and relevant national guidance. Following the 2026 Supreme Court clarification, this requires a multi-factor assessment of each person's individual circumstances, including the type, duration, effect and implementation of any restrictions, alongside the person's wishes and feelings. Any required legal authorisation should be sought through the appropriate route, such as the Court of Protection for community arrangements.

What supported living is not

- ✗ Supported living is not the same as residential care.
- ✗ It is not a staff workplace where service routines take priority over the person's home life.
- ✗ It is not a model where people lose ordinary rights because they need support.
- ✗ It is not a placement where housing and care should be tied together without clear safeguards.
- ✗ It is not somewhere blanket rules should replace individual choice, rights and person-led planning.
- ✗ It is not about doing everything for someone when they could be supported to build skills, confidence and independence.

Part 2:

Housing, money and moving in

Planning the move, understanding costs, checking rights and spotting red flags.



Moving into supported living

Moving into supported living should be planned carefully and at a pace that suits the person we support. The process should help the person understand their options, make informed choices, prepare emotionally and practically, and move into their new home with the correct person-centred support and accommodation arrangements in place.

- Understanding the person's wishes, needs, communication, risks and aspirations.
- Exploring housing options, including location, accessibility, housemates and community links.
- Checking compatibility where people may share a home.
- Clarifying tenancy or licence agreements, rent, bills, service charges and benefits.
- Planning support, staffing, routines, health needs and risk management.
- Supporting visits, transitions, trial visits or gradual moves where appropriate.
- Agreeing who will help with belongings, furniture, finances, medication, utilities and paperwork.
- Reviewing the move after the person has settled in and making changes where needed.

Reviewing and changing support

Supported living should change when the person's life, needs, wishes, risks or goals change. Reviews should involve the person receiving support as fully as possible and should consider what is working well, what needs to change and whether support is helping the person to lead an aspiring life.

- Regular support reviews, including statutory reviews where required.
- Changes in support hours, routines, staffing or outcomes.
- Requests to change support provider or raise concerns about support.
- Changes in health, mobility, communication, behaviour, relationships or risk.
- Concerns about restrictions, quality, safeguarding or compatibility in shared housing.
- Use of complaints, advocacy, safeguarding or escalation routes where needed.

People's voice, advocacy and family involvement

Being Vocal is central to good supported living. People should be supported to understand information, express views, make choices, raise concerns and influence decisions about their home, support, relationships, money and daily life.

Families, friends, advocates and representatives should be involved where people want this, or where lawful decision-making arrangements require it, while keeping their consent, privacy, confidentiality, capacity, wishes and rights central.

Transition from residential care or family home

Moving into supported living from residential care, hospital, another placement or the family home can be a significant life change. The transition should recognise both practical and emotional needs and should be planned with the person receiving support, and with family members, advocates and professionals where appropriate.

- Helping the person understand what will be different and what will stay the same.
- Planning familiar routines, relationships, activities and community links.
- Supporting visits to the new home and local area.
- Preparing belongings, furniture, photos, sensory items or meaningful possessions.
- Agreeing health, medication, communication, behaviour support and risk plans before the move.
- Planning family contact, visiting arrangements and emotional support.
- Reviewing the transition after moving in and making adjustments quickly where needed.

Signs that support may need reviewing

The following may suggest that supported living is not working as it should and that support, concerns or decisions may need to be reviewed or challenged.

- The home feels like a care home, office or staff base rather than the person’s own home.
- People do not understand their tenancy or licence agreement, rent, bills or rights.
- Housing and support are tied together so the person feels they cannot change provider without losing their home.
- People are not involved in choosing where they live or who they live with.
- Blanket rules are used instead of individual planning and risk assessment.
- Restrictions are in place without clear legal basis, recording or review.
- Shared costs are unclear, not recorded or not based on choice and fairness.
- People do not know how to complain or access advocacy.
- Families or representatives are either excluded without reason or allowed to override the person’s wishes without lawful basis.
- Staff routines, convenience or risk avoidance take priority over the person’s rights and ordinary life.

Quick checklist before agreeing to supported living

?	Does the person understand, as far as possible, what supported living means?	☐ Yes	☐ No
?	Has the person been supported to choose where and with whom they live with?	☐ Yes	☐ No
?	Are the housing provider and support provider roles clear?	☐ Yes	☐ No
?	Are tenancy or licence agreements, rent, bills and benefits explained in an accessible way?	☐ Yes	☐ No
?	Are shared costs, if any, voluntary, fair, recorded and reviewed?	☐ Yes	☐ No
?	Is the support plan based on the person’s goals, routines, communication and culture?	☐ Yes	☐ No
?	Are risks managed proportionately without unnecessary restrictions?	☐ Yes	☐ No
?	Is advocacy available where needed?	☐ Yes	☐ No
?	Are family or representatives involved appropriately, with the person’s rights at the centre?	☐ Yes	☐ No
?	Is there a plan for review after the person moves in?	☐ Yes	☐ No

Notes:

Part 3:

Quality, practice and staff guidance

Governance, co-production, staff practice, outcomes, health, safety and evidence.

Quality assurance and governance

Good supported living should be monitored and improved through effective oversight, using feedback, reviews, audits, complaints, safeguarding learning, incidents, compliments and outcomes to understand what is working and what needs to change.

Oversight should help show how organisational commitments are reflected in everyday support. Service visits, audits, supervision, meetings, incidents, restrictions data, wellbeing outcomes and lived experience feedback should all help answer:

Is support helping people live the life they want?

- Regular service reviews and quality checks.
- Listening to people supported, families, advocates, staff and professionals.
- Monitoring safeguarding themes, incidents, complaints and restrictions.
- Checking whether support is helping people achieve meaningful outcomes.
- Recording actions, learning and improvements clearly.
- Making sure senior leaders and managers understand risks, quality and progress.

Staff skills and training

Staff working in supported living should understand that they are providing support in someone's home. Training and supervision should help staff work in a rights-based, person-led and least restrictive way.

For example:

- Supported living principles, tenancy rights and the separation of housing and care.
- Mental Capacity Act, best-interest decisions and supported decision-making.
- Safeguarding, whistleblowing and professional boundaries.
- Positive risk-taking and least restrictive practice.
- Communication support, accessible information and advocacy.
- Learning disability, autism, mental health and trauma-informed practice.
- Medication, health support, infection prevention and safe working practices.
- Equality, diversity, inclusion, culture, identity and anti-discriminatory practice.
- Oliver McGowan Mandatory Training on Learning Disability and Autism, in line with the relevant Code of Practice and role requirements for staff working in CQC-regulated services.

Co-production

Co-production means people we support are involved in shaping the things that affect their lives and the services they use. This should go beyond consultation by creating real opportunities for people to influence decisions, information, recruitment, reviews, policies, training and service improvement.

Co-production links closely to the values of Vocal and Including, because people should be supported to speak up, be heard and take part in decisions in ways that are meaningful and accessible to them.



The Active Prospects care practice model

Our Care and Support Strategy is built around a shared care practice model:

- Assess:** Understand the person’s strengths, needs, communication, health, risks, relationships, history, environment and aspirations.
- Plan:** Create clear person-led support plans covering routines, outcomes, risks, medicines, capacity, consent, communication and review points.
- Deliver:** Provide consistent, respectful, safe and enabling support in the person’s own home.
- Observe:** Notice changes in wellbeing, behaviour, health, confidence, relationships, engagement and environment.
- Review:** Use feedback, data, incidents, outcomes and lived experience to check whether support is working.
- Learn:** Share what works, coach practice, update plans and embed improvement across teams.

In supported living, these principles should be reflected in everyday support. This model helps staff and managers translate specialist practice into day-to-day support.

Practical day-to-day advice for support staff

Day-to-day practice should protect rights, promote independence, respect privacy and help the person lead an aspiring life in their own home. The table below shows what Active Prospects’ values should look like during everyday supported living practice.

 Aspiring Staff notice strengths, encourage goals and support the person to try new opportunities, not just complete daily tasks.	 Caring Staff show kindness, patience and respect, especially when the person is distressed, unwell or finding communication difficult.
 Trusting Staff are reliable, honest and consistent, follow through on agreed actions and build confidence through predictable support.	 Vocal Staff help the person speak up, use their preferred communication, raise concerns and be involved in decisions.
 Ethical Staff protect rights, challenge poor practice, record honestly and use the least restrictive lawful approach.	 Including Staff support relationships, community presence, cultural identity and ordinary opportunities so the person is not isolated.

Everyday practice area	What support staff should do
Entering the person's home	Knock, wait to be invited in where possible, explain who you are and respect that this is the person's private home, not a staff workplace.
Language and attitude	Use respectful, adult-to-adult language. Avoid talking over the person, speaking as if they are not present, or using labels that reduce the person to a diagnosis or behaviour.
Choice and control	Offer real choices, give enough time, use the person's preferred communication methods and support the person to make everyday decisions about routines, food, clothing, activities, visitors and support.
Promoting independence	Do with, not for. Encourage the person to build skills, take part in tasks, try new things and use their strengths, unless there is a clear reason why this is unsafe or not wanted.
Respecting routines	Follow the person's preferred routines wherever possible. Staff rotas, tasks or convenience should not take priority over the person's ordinary home life.
Privacy and dignity	Protect privacy during personal care, medication, finances, phone calls, visitors, relationships and personal time. Do not discuss personal information in shared areas unless necessary and appropriate.
Money and possessions	Follow financial procedures, keep clear records, support the person to understand spending where possible and never use or borrow the person's money, food, belongings or household items.
Meals and shopping	Support the person's choices about food, shopping, cooking and shared meals. Respect dietary, health, cultural, religious and sensory needs and ensure shared costs are agreed and recorded.
Community life	Support the person to be part of their local community, maintain relationships, use local facilities, access work or education where relevant, and build ordinary social opportunities.

Everyday practice area	What support staff should do
Visitors and relationships	Respect the person's right to visitors, friendships and relationships, while following safeguarding, risk and support plans where concerns are identified.
Risk and safety	Support positive risk-taking. Do not stop ordinary choices simply because there is risk; manage risk proportionately, follow agreed plans and raise concerns promptly.
Restrictions	Do not introduce restrictions such as locking items away, limiting access, controlling money, stopping visitors or changing routines unless this is lawful, agreed, recorded, necessary and reviewed.
Health and medication	Support appointments, medication, health checks and wellbeing plans as agreed. Listen to the person's concerns and seek advice promptly where health needs change.
Recording	Record the person's voice, choices, outcomes, concerns, risks and progress. Avoid records that only describe tasks; show how support helped the person live well.
Professional boundaries	Be warm, respectful and consistent, while maintaining appropriate professional boundaries. Do not bring personal issues, opinions or conflicts into the person's home.
Working with others	Communicate respectfully with families, advocates, professionals, landlords and colleagues, while keeping the person's wishes, consent, confidentiality and rights central.
When something is not right	Raise concerns early with the manager or safeguarding lead. This includes poor practice, unsafe housing, unexplained injuries, financial concerns, restrictions, neglect, discrimination or the person not being listened to.

Staffing model and continuity

Good supported living depends on having the right staff, with the right skills, at the right time. Staffing should be planned around each individual's needs, preferences, communication, routines, risks and aspirations, so that support reflects what matters most to them, not organisational convenience.

For example:

- Staff should be matched to the person wherever possible, considering communication style, interests, culture, gender preferences where relevant, skills and support needs.
- Continuity should be promoted so the person is not repeatedly supported by unfamiliar staff without preparation.
- Rota changes, agency use or temporary staffing should be communicated clearly and sensitively where possible.
- New or unfamiliar staff should have access to essential information before supporting the person, including communication needs, risks, health needs, routines and what matters to the person.
- Staffing arrangements should be reviewed if they are affecting the person's safety, wellbeing, privacy, relationships or ability to lead an aspiring life.

Key worker or named worker role

A key worker or named worker can help coordinate day-to-day support and make sure the person's voice, goals and preferences remain visible. This role should support the person rather than take control away from them.

For example:

- Support the person to prepare for reviews, appointments and meetings.
- Help track personal goals, outcomes and what matters to the person.
- Coordinate communication with families, advocates and professionals where appropriate, with due regard to consent and confidentiality.
- Make sure changes in needs, risks, wishes or routines are shared with the right people.
- Check that the person understands how to raise concerns, ask questions or request changes.

Personalised care and support planning

Each person should have one joined-up personalised care and support plan that reflects what matters to them, their strengths, communication, health and wellbeing needs, risks, outcomes and agreed responsibilities. It should bring together care, support, health, housing, advocacy and family or representative involvement where appropriate.

The plan should be proportionate, accessible, regularly reviewed and meaningful to the person. It should show what the person wants to achieve, how support will help, who is responsible for actions, how progress will be measured and what should happen if needs, risks or wishes change.

Personal wellbeing goals and outcome tracking

Support should help the person move towards goals that matter to them. Goals should be person-led, meaningful and reviewed regularly, rather than being limited to tasks that staff complete.

For example:

- Goals may relate to independence, confidence, health, relationships, employment, education, hobbies, travel, communication, money, home skills or community involvement.
- Progress should be recorded in a way that shows what the person has achieved, what support helped, and what should happen next.
- Goals should be reviewed with the person and changed if they are no longer wanted, meaningful or realistic.
- Small steps should be recognised because they may represent significant progress for the person.

House and tenant meetings

In shared supported living, people should have opportunities to discuss shared living matters in a way that is accessible, respectful and not dominated by staff. Meetings should support people to feel heard and listened to, about their home and shared arrangements.

- Shared spaces, cleaning, noise, visitors, pets, shopping, meals and shared costs.
- How people want to use communal areas.
- Household routines, celebrations, activities or changes.
- Concerns about compatibility, privacy, respect or safety.
- Actions agreed, who is responsible, and when they will be reviewed.



Wellbeing outcomes in supported living

The Care and Support Strategy describes wellbeing outcomes as a key way of evidencing impact. In supported living, this means checking whether support is helping the person make progress across the areas that matter to their life. Wellbeing outcomes should be used in support planning, reviews, quality checks, supervision, service annual plans and governance reporting so there is clear evidence that supported living is improving people's everyday lives.



Spark

What gives the person energy, interest, purpose or motivation.



Environment

Whether the person's home and surroundings feel safe, comfortable, accessible and personal.



Relationships

Whether the person has meaningful relationships, family contact, friendships and social connection.



Physical health

Whether the person is supported to access healthcare, stay well and understand health choices.



Emotional health

Whether support helps the person feel safe, understood, calm, confident and able to cope.



Skills

Whether the person is building confidence, independence and daily living skills.



Belonging

Whether the person feels included, valued and part of their community.



Security

Whether the person has stability, safety, financial safeguards and clear support arrangements.

Neighbourhood relationships and community belonging

Supported living should help people be part of their neighbourhood and wider community. Support should encourage positive local connections, ordinary routines and good neighbour relationships.

For example:

- Support people to know local shops, transport, parks, faith groups, clubs and community spaces where they want this.
- Help people understand neighbour relationships, shared boundaries, noise, waste, visitors and local expectations.
- Support people to resolve neighbour concerns respectfully and early.
- Encourage community contribution, volunteering, friendships and ordinary local presence.
- Avoid presenting the person's home as a service or institution within the neighbourhood.

Behaviour support and trauma-informed practice

Behaviour should be understood as communication. Good supported living should seek to understand distress, unmet needs, trauma, communication barriers, pain, sensory needs, environmental triggers and relationship issues, rather than responding with punishment, blame or unnecessary restrictions.

- Support should be proactive, compassionate and based on understanding the person.
- Positive Behaviour Support plans should be person-led, least restrictive and regularly reviewed where used.

- Staff should understand trauma-informed approaches, including safety, trust, choice, collaboration and empowerment.
- Restrictive responses should only be used where lawful, necessary, proportionate, recorded and reviewed.
- Learning should be taken from incidents to improve support and reduce distress.

Medication and delegated health tasks

Where staff support medication or delegated health tasks, this must be safe, lawful, clearly assessed, recorded and reviewed. Staff should only carry out tasks they are trained and competent to complete, and where the task is included in the person's agreed support arrangements.

- Medication support should follow the organisation's medication policy and the person's support plan.
- Delegated health tasks should be agreed with appropriate health professionals and include clear instructions, training, competency checks and review.
- Staff should report changes, errors, refusals, side effects or concerns promptly.
- The person should be involved in decisions about medication and health support as much as possible.
- Health information should be treated confidentially and shared only with those who need to know.

Financial abuse prevention

People in supported living may need support with money, benefits, shopping, bills or banking. This support must protect their rights and reduce the risk of financial abuse, coercion, misuse or poor practice.

Some examples include:

- Staff must not borrow money, accept inappropriate gifts, use the person's belongings, or benefit personally from the person's money.
- Spending should be recorded clearly where staff provide support with money.
- The person should be supported to understand spending and choices wherever possible.
- Any concerns about coercion, missing money, unusual transactions, pressure from others or unclear shared costs should be reported promptly.
- Financial decisions made on behalf of a person who lacks capacity must be lawful, in their best interests, recorded and reviewed.

Shared living agreements

In shared housing, a simple shared living agreement can help people understand and agree how the home will work. This should be accessible, reviewed regularly and be based on choice, rights and respect. It should not replace tenancy or licence agreement rights, or be used to impose blanket restrictions.

- Visitors, noise, pets, smoking, cleaning and household routines.
- Shared shopping, meals, bills or household items.
- How disagreements will be discussed and resolved.
- How people will be supported to make changes if the agreement no longer works.

Tenant induction pack

When someone moves into supported living, they should receive information in a format they understand. A tenant induction pack can help the person and those supporting them know what to expect and who to contact.

Including:

- Tenancy or housing agreement and key housing rights.
- Rent, service charges, bills, benefits and payment arrangements.
- Repairs, maintenance, emergencies and landlord contact details.
- Support plan, key contacts, complaints and safeguarding routes.
- Local area information, transport, health services and community options.
- Information about advocacy, privacy, visitors, relationships and how to ask for changes.

Closed cultures warning signs

A closed culture can develop when people are isolated, not listened to, or when staff and systems become defensive, controlling or resistant to scrutiny. Supported living should be open, transparent and well connected to families, advocates, professionals and the wider community where appropriate.

Provider exit or failure planning

There should be clear planning for situations where support can no longer be provided, a contract changes, staffing cannot safely continue, or a service arrangement becomes unstable. The person's safety, rights, continuity and housing security should remain central throughout any changes.

- Commissioners, providers and housing partners should communicate early and transparently.
- The person, family and advocate should be involved appropriately and given accessible information.
- Contingency plans should protect care, medication, health appointments, staffing, housing and safeguarding arrangements.
- Changes should not be rushed unless there is immediate risk that requires urgent action.
- Learning should be captured where provider failure or service withdrawal affects people supported.

Data protection and confidentiality

People's personal information must be respected in supported living, especially where people share homes or where families, advocates and professionals are involved. Information should only be shared where there is consent, a lawful basis, safeguarding need or other legitimate reason.

- Do not discuss personal information in communal areas unless necessary and appropriate.
- Do not share photos, messages or updates without consent and a lawful basis.

- Use secure systems for records and communication.
- Be careful with group messages, informal chats and social media.
- Respect privacy around health, finances, relationships, visitors and personal routines.
- Balance confidentiality with safeguarding duties where someone may be at risk of harm.

Technology and digital inclusion

Technology can reduce isolation and help people stay and feel included, manage daily life, access services and increase independence. Support should consider the person's wishes, digital skills, privacy, safety and any risks linked to online activity or financial management.

- Using phones, tablets, video calls and online appointments.
- Online shopping, banking, benefits, emails and digital records.
- Assistive technology, alarms, reminders, communication aids or smart home equipment.
- Online safety, privacy, scams, consent and financial safeguards.
- Supporting people who do not want to use technology or need alternatives.

Health inequalities and wellbeing

People using supported living may experience barriers to good health, including communication barriers, diagnostic overshadowing, difficulty accessing appointments, health anxiety, transport issues or lack of reasonable adjustments. Good support should actively reduce health inequalities and help people access the right care.

- Registering with a GP, dentist and optician.
- Annual health checks and health action plans where eligible.
- Medication reviews and support to understand treatment choices.
- Screening appointments, vaccinations and routine health checks.
- Hospital passports, communication passports or reasonable adjustment plans.
- Support for mental health, wellbeing, relationships, sleep, nutrition and physical activity

Equality, diversity and cultural identity

Supported living should respect each person's identity, history, beliefs, culture, communication, relationships and personal preferences. Support should never be based on assumptions, stereotypes or blanket approaches.

Some examples include:

- Culture, religion, language and spiritual needs.

- Food preferences, routines, celebrations and important dates.
- Relationships, sexuality, gender identity and personal expression.
- Disability, sensory needs, communication needs and reasonable adjustments.
- Personal history, trauma, grief, family connections and community identity.

Environmental sustainability and home safety

Good supported living should help people live in homes that are safe, comfortable, well maintained and environmentally responsible. Support should be practical and proportionate, helping people understand home safety without taking away their choice and control.

- Fire safety, safe appliances, smoke alarms and evacuation planning.
- Safe storage of medication, cleaning products, food and personal information.
- Managing clutter, trip hazards, lighting, heating and ventilation.
- Energy use, recycling, waste, water use and affordable warmth.
- Infection prevention and maintaining a clean, comfortable home.
- Reporting repairs and maintenance promptly.

Endings and moving on

Supported living should include clear planning for times when someone wants to move, needs a different type of support, wants to change provider, or when their current arrangements no longer meet their needs.

Some services may provide short-term or transitional support, where moving on to a longer-term tenancy or licence arrangement is an expected and positive outcome. Moving on should be handled respectfully, lawfully and with enough time for planning, wherever possible.

Things that should be considered:

- The person's wishes, rights, and tenancy or licence agreement should be central.
- Any notice periods, tenancy or licence agreement responsibilities, and funding decisions should be explained clearly.
- Advocacy should be offered where needed.
- Risks, safeguarding concerns and wellbeing should be considered.
- Transitions should be planned to reduce anxiety, disruption and loss of relationships.
- Learning from endings should be used to improve future support.

Plain-language disclaimer

This guide provides general information about supported living and good practice. It does not replace legal, benefits, housing, social care, financial or clinical advice. Individual circumstances, local arrangements, funding rules, tenancy agreements

and legal duties may vary, so people should seek appropriate advice where needed. Before approval and circulation, the document should be checked to confirm that legal, regulatory and organisational references remain current.

Evidence of good practice

Records should show how supported living is working in practice. They should evidence the person's voice, choices, outcomes, rights, risks and progress, rather than only recording tasks completed.

Examples of good practice include:

- The person's views, communication and preferred outcomes.
- Choices made by the person and how they were supported.
- Best-interest decisions, capacity assessments and least restrictive options where relevant.
- Risk decisions, positive risk-taking and agreed safeguards.
- Reviews, complaints, compliments, advocacy and family or representative involvement.
- Evidence of community inclusion, relationships, health support and independence.
- Actions taken after incidents, safeguarding concerns or quality reviews.

Right support, right care, right culture

Good supported living should reflect right support, right care and right culture: maximising choice, control and independence; providing person-led, dignified care; and creating a culture where people feel confident, included, listened to and able to lead aspiring lives.

Local need and avoiding institutional models

Supported living should be designed around people, local communities and ordinary housing. It should avoid institutional, campus-style or service-led models where people are grouped together mainly because of disability, diagnosis, vacancy or service convenience. Housing and support should help people build ordinary community connections and access local opportunities.

Local supported housing strategy and market oversight

Supported living should align with local authority supported housing strategies, local needs assessments, commissioning intelligence and partnership planning. Statutory guidance published in February 2026 under the Supported Housing (Regulatory Oversight) Act 2023 reinforces the importance of local planning, needs assessment, quality oversight and partnership working.

Providers and commissioners should consider local supply, unmet need, future demand, quality concerns, voids, referral pathways, move-on options and the views of people with lived experience when developing or reviewing supported living arrangements.

Compatibility in shared living

People should not share a home simply because there is a vacancy. Compatibility should consider communication, routines, sensory needs, risks, relationships, culture, sleep patterns, visitors, lifestyle preferences and whether people want to live together. This should be reviewed as lives and needs change.

Housing quality and landlord standards

The person's home should be safe, suitable, well maintained and fit to live in. The landlord or housing provider should have clear responsibilities for repairs, maintenance, safety checks and responding to housing concerns. Where Active Prospects or Active Community Homes is the landlord, we are responsible for ensuring homes are safe, well maintained and meet the Decent Homes Standard, including carrying out repairs and meeting our legal health and safety obligations.

People should know how to report repairs, what timescales to expect, how urgent issues are handled and how to complain if housing standards are not met. Tenants and licensees should report repairs or concerns promptly so that appropriate action can be taken.

Accessible housing, adaptations and assistive technology

Housing suitability should include accessibility, sensory needs, mobility, communication, safety, privacy and each person's long-term aspirations. Adaptations may include ramps, level-access showers, wider doorways, accessible kitchens, specialist toilets, sensory adjustments, safe outdoor access, assistive technology, telecare or smart home equipment.

Occupational therapy assessment, housing provider permissions, local authority Disabled Facilities Grant routes and reasonable adjustment duties should be considered early, especially where adaptations affect the property, shared spaces, tenancy arrangements or the individuals ability to remain safely at home.

Reasonable adjustments

Reasonable adjustments should be made so the person can understand information, take part in decisions and access services fairly. This may include accessible communication, easy-read information, interpreters, communication aids, extra time, quiet environments, adapted tenancy sign-up processes, support at reviews, adjusted complaints processes, accessible appointments and changes to how support is delivered.

Support should not be conditional on compliance

People should not lose housing or support simply because they make choices others disagree with, decline an activity, raise concerns, complain, or need support in a different way. Any change to housing or support must follow a lawful, transparent and proportionate process. Risks should be managed through support planning, review, safeguarding or legal routes where needed, rather than using support as a reward or punishment.

Part 4:

Regulatory readiness and outcomes

Guidance on hospital discharge, contingency planning, transparency, quality-of-life outcomes and CQC registration.

Hospital discharge, admission avoidance and home not hospital planning

Supported living can play an important role in helping people leave hospital safely, avoid unnecessary admission and live in ordinary housing with the right support. This is especially important for autistic people and people with a learning disability who may otherwise remain in restrictive hospital settings longer than needed because housing is not planned early enough.

Good discharge and admission-avoidance planning should bring together the person, family or advocate where appropriate, commissioners, hospital teams, community health, housing partners, social care, support providers and positive behaviour or clinical specialists where needed. Planning should cover housing suitability, funding, staffing, health needs, risk, crisis support, medication, transitions, community links and review after move-in.

Contingency and emergency planning

Good supported living should include contingency planning so people remain safe and supported if something unexpected happens. Plans should be proportionate, understood by those who need them and reviewed when circumstances change.

- Staff absence, rota gaps or provider disruption.
- Housing emergencies such as loss of heating, water, electricity, fire or flood.
- Hospital admission, discharge or urgent health changes.
- Safeguarding concerns or sudden changes in risk.
- Breakdown in shared living arrangements or relationship difficulties.
- Loss of a provider, landlord issue or urgent need to change support.
- Emergency contact arrangements, out-of-hours support and escalation routes.

Value for money and transparency

People, families, representatives and commissioners should be able to understand what is being paid for and why. Rent, service charges, support hours, shared costs, personal contributions and any additional charges should be transparent, clearly explained, recorded and reviewed. People should be supported to challenge unclear or unfair charges and to access advice where needed.

Outcomes and quality of life

The quality of supported living should be judged by the difference it makes to the person's life, not only by tasks completed. Outcomes may include stronger relationships, confidence, health, independence, community presence, meaningful activity, communication, safer positive risk-taking and feeling at home. This should connect to Active Prospects' wellbeing outcomes.

What we should hear people say

These statements help us understand whether supported living is working from the person's perspective. They show what people should be able to say and what this tells us about their support.

People knock before they come in.

Privacy, dignity and tenancy rights are respected.

I can make choices about my day.

Routines are person-led rather than service-led.

I can ask for things to change.

The person has voice, influence and access to review or complaints routes.

People help me do more for myself.

Support builds independence, confidence and skills.

I know who to talk to if I am worried.

Safeguarding, advocacy and escalation routes are accessible.

CQC registration readiness evidence

Where supported living includes regulated personal care, managers should evidence readiness for CQC registration, inspection and ongoing assurance. Registration depends on the activity provided, not the label "supported living"; housing, tenancy support or social support alone do not automatically require registration. Evidence should show how housing and support are separated.

- Statement of Purpose, service user guide, business plan and financial forecast.
- Evidence of legal occupancy or clear housing arrangements.
- Staff training plan, staffing structure, rotas and induction records.
- Person-centred care planning, risk management and governance policies.
- Safeguarding, complaints, duty of candour, whistleblowing and reportable incident arrangements.
- Positive Behaviour Support and restraint policies where supporting autistic people or people with a learning disability and where these are relevant.
- Accessible information for people supported and families, including what the service can and cannot provide.

Welsh context

Where supported living is arranged in Wales, people, families and professionals may need to consider Welsh legislation, local authority social services arrangements, Welsh benefits and housing advice routes, and the role of Care Inspectorate Wales where relevant. Local arrangements may differ from England, so people should be supported to access advice that applies to their nation, local authority area and individual circumstances.

CQC registration and personal care

In England, supported living services that provide regulated personal care must be registered with the Care Quality Commission. Registration depends on the activity delivered, not the service label. Personal care is defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and may include support with washing, bathing, dressing, toileting, eating, drinking, oral care, and skin, hair or nail care where the person cannot do this because of age, illness or disability.

Active Prospects currently has three CQC-registered locations for supported living and personal care. Anyone receiving personal care in supported living should fall under the correct registered location where the regulated activity of personal care is included in the organisation's CQC registration. This helps ensure there is clear accountability for safe, effective, caring, responsive and well-led support, and that each service is monitored within the correct regulatory framework.

Not all supported living requires CQC registration. Housing support, tenancy-related support, social support, or prompting/supervising medicines may not require registration if no regulated activity is provided, but this must be checked as needs change. If personal care starts, the correct CQC registration must be in place before it is delivered.

Part 5:

Practical appendices

Decision pathway, escalation route, scenarios, staff guide and review tools.

Decision pathway for supported living



Escalation route if there are concerns

- If there are concerns about supported living, the person should be supported to speak up and access advocacy where needed. Concerns should be raised early, recorded clearly and escalated proportionately to the people or organisations responsible for acting on the issue and managing the level of risk.
- Speak with the support staff or service manager where this is safe and appropriate.
 - Contact the care and support provider’s complaints or safeguarding lead if concerns continue.
 - Contact the landlord or housing provider for tenancy, repair, rent or housing quality concerns.
 - Contact the commissioner, social worker, care manager or local authority adult social care team where support, funding, safeguarding or placement concerns need review.
 - Use independent advocacy where the person needs help to understand information, express views or challenge decisions.
 - Report safeguarding concerns to the local authority safeguarding team, and emergency services where there is immediate danger.
 - Contact CQC in England or the relevant regulator where concerns relate to regulated care quality or personal care.

What Active Prospects expects in every supported living service

- ✔ People are treated as tenants or homeowners with rights, privacy and control over their home.
- ✔ Support is planned around the person’s aspirations, communication, strengths, relationships, culture and routines.
- ✔ Staff act as respectful guests in the person’s home and do not allow service routines to dominate.
- ✔ People are supported to be Vocal, ask questions, raise concerns and take part in decisions.
- ✔ Risks are managed ethically, proportionately and with the least restrictive approach.
- ✔ Families, advocates and professionals are involved appropriately while keeping the person’s wishes central.
- ✔ Support promotes inclusion, community presence, health, wellbeing, skills and independence.
- ✔ Managers monitor quality, listen to feedback and act on learning quickly.

Practice scenarios

Scenario	Good practice response
A person wants to change support provider but keep their home.	Check the tenancy and support arrangements, involve the person and commissioner, avoid assuming the person must move, and review risks or practical issues transparently.
A person lacks capacity around money.	Do not assume supported living is unsuitable. Put lawful financial support, appointeeship, deputyship or best-interest arrangements in place and keep decisions recorded and reviewed.
People want to share shopping and meals.	Make sure this is voluntary wherever possible, fair, recorded and reviewed. People must still be able to buy their own food and make personal choices.
A person smokes in their own home.	Respect the person’s home and choices while protecting staff from avoidable harm through risk assessment, ventilation, agreed smoking areas, timing and proportionate adjustments.
A person is moving from residential care to supported living.	Plan gradually, involve the person, support visits, prepare routines and belongings, clarify tenancy and costs, and review quickly after moving in.

“Concerns should travel quickly to the people who can act, while keeping the person’s voice central.”



Staff do and don't quick guide

Golden rule

Supported living is someone’s home and someone’s life — not a service being delivered to them. Every action staff take should protect the person’s rights, increase their choice and control, and help them build the skills, confidence and connections that matter to them. If support starts to feel like staff are deciding, directing or doing everything, then we need to pause, reflect and change our approach.

Before you act, ask yourself:

- Have I involved the person in this decision?
- Am I doing this with the person, not simply for them?
- Does this respect their home, rights, culture, relationships and routines?
- Am I increasing independence, confidence and ordinary life opportunities?
- Have I balanced safety with dignity, choice and positive risk-taking?
- Would I feel proud to explain this support to the person, their family or a professional partner?

Examples of good and poor practice:

 Good practice	 Poor practice
Staff knock before entering , respect that this is the person’s home, and ask how the person would like support to happen.	Staff walk in without asking, talk over the person, or treat the home as a staff workplace.
Staff offer real choices , use the person’s preferred communication, and give the person time to decide.	Staff make decisions quickly for the person because it is easier or saves time.
Staff encourage the person to try tasks for themselves, offering prompts, guidance and reassurance where needed.	Staff automatically do tasks for the person, creating dependence and reducing confidence.
Staff balance safety with dignity , choice and positive risk-taking, using support plans and risk assessments to enable ordinary life.	Staff use risk as a reason to stop activities without exploring how the person could be supported safely.
Staff notice what matters to the person, support relationships and community connections, and celebrate progress.	Staff focus only on routines, tasks or records and miss opportunities to support aspirations and wellbeing.

What good looks like – practical checklist



Home and tenancy

The person understands their housing arrangement and is treated as the tenant or homeowner.



Choice and control

The person makes meaningful choices about daily life, routines, support and relationships.



Privacy and dignity

The home is respected as private space, and staff follow respectful practice such as knocking before entering.



Support planning

Plans are person-led, outcome-focused, accessible and regularly reviewed with the person.



Community inclusion

The person has opportunities to take part in local community life, work, education, hobbies or social activities.



Health and wellbeing

The person is supported to access healthcare, stay well and make informed choices about health and safety.



Relationships

The person is supported to maintain and develop friendships, family relationships and social networks.



Risk and restrictions

Risks are managed proportionately, with restrictions lawful, necessary and reviewed.



Voice and advocacy

The person is listened to; has information in a format they understand and can access advocacy where needed.

Part 6:

Reference and support

FAQs, Active Prospects commitment, glossary, accessible summary and further support and guidance.

Accessible summary

What supported living means for you

- ✓ You have your own home.
- ✓ You have rights in your home.
- ✓ You can ask questions and get information in a way you understand.
- ✓ You can have a say in who supports you, where possible.
- ✓ You can choose how you spend your time and what is important to you.
- ✓ You can be part of your community.
- ✓ You can get help with money, bills and benefits.
- ✓ You can ask to change your support.
- ✓ People should not make all decisions for you.
- ✓ If you need help to make decisions, people should listen to you and act in your best interests.
- ✓ Support should help you be safe, independent and included.

Active Prospects commitment

Active Prospects is committed to supporting people to lead aspiring lives, with dignity, choice, control, opportunity and inclusion. Our approach to supported living reflects our current values: **Aspiring, Caring, Trusting, Including, Vocal and Ethical**.

These values guide how we listen, communicate, make decisions, support positive risk-taking, promote independence, work alongside families and professionals, and continually improve the quality of support we provide.

Gold standard statement

Gold standard supported living means the person **feels at home, is heard, is safe, belongs in their community and is supported to lead an aspiring life**. The home should feel like the person's private space, support should be shaped around what matters to them, and decisions should be lawful, ethical, inclusive and focused on the person's rights, choices and quality of life.

“

Our values should be seen in how people feel at home, make choices and are supported to lead aspiring lives.”

Frequently asked questions

Is supported living the same as residential care?

No. In supported living, the person usually has their own tenancy, licence, lease or ownership arrangement and receives support separately from their housing. In residential care, accommodation and care are usually provided together as one service.

Can supported living meet high support needs?

Yes. Supported living can work for people with a wide range of needs, including people who need high levels of support, as long as the right housing, staffing, funding, risk management and safeguards are in place.

Can someone live in supported living if they lack capacity around money?

Yes. Lack of capacity for financial decisions does not mean a person cannot live in supported living. Financial decisions may be supported or made by a legally authorised person, appointee, deputy, attorney, local authority department or other appropriate body in the person's best interests.

How is my housing paid for?

Housing costs are usually separate from care and support costs. Depending on the person's circumstances and type of accommodation, rent and some eligible service charges may be paid through Housing Benefit or Universal Credit housing costs. Personal bills and living costs are usually paid by the person from their income or benefits.

Who pays the bills in supported living?

The person usually pays for ordinary living costs such as rent, utilities, groceries, personal items and activities. Some costs may be supported by benefits or funding arrangements, and some people may be financially assessed for a contribution towards their care and support.

Who decides where the person lives?

The person should be supported to be involved as much as possible in decisions about where they live and who they live with. If they lack capacity for a specific decision, a best-interests process should be followed, involving the person and relevant others.

Can family members be involved?

Yes. Families can play an important role, especially where the person wants their involvement or where family members know the person well. The person's wishes, rights and privacy must remain central.

Can the person choose their support staff?

The person should have as much choice and influence as possible over who supports them and how support is provided. This may include staff matching, communication preferences, routines and support style.

What if there are risks?

Risks should be assessed and managed proportionately. Supported living should promote positive risk-taking, not remove ordinary life opportunities. Any restrictions must be lawful, necessary, proportionate, least restrictive and regularly reviewed.

Does supported living need CQC registration?

In England, supported living services that provide the regulated activity of personal care must be registered with the Care Quality Commission. For Active Prospects, anyone receiving personal care should fall under an appropriate CQC-registered location where personal care is included in the registration.

What does good supported living look like?

Good supported living feels like the person's own home. The person is listened to, treated with dignity, supported to make choices, included in the community and helped to live as independently and safely as possible.

Glossary of key terms

Supported living: a way of supporting someone to live in their own home with care and support arranged around their needs and choices.

Tenancy: a legal agreement that gives someone the right to live in a home and sets out responsibilities such as rent and looking after the property.

Licence: a legal agreement that gives someone permission to live in a property. It sets out their rights and responsibilities.

Landlord: the person or organisation responsible for providing the home and managing the housing agreement.

Support provider: the organisation or people who provide care and support to help someone live safely and well.

Commissioner: a person or organisation, often from a local authority or health body, that arranges or funds care and support.

Advocate: someone who helps a person understand information and express their views.

Best interests: a decision-making process used when someone lacks capacity for a specific decision, focused on what is right for that person.

Mental capacity: the ability to make a specific decision at the time it needs to be made.

Positive risk-taking: supporting someone to make choices and try new things while managing risks in a safe and balanced way.

Person-led support: support that is designed around the person's wishes, strengths, needs, communication, goals and what matters to them.

Further support and guidance

The organisations shown here are not all supported living services, but they may be useful sources of advice, information, regulation, safeguarding support or independent guidance for people living in supported living, their families, advocates and professionals.

They can help with different issues such as adult social care, rights, benefits, housing, complaints, safeguarding concerns, disability advice and emotional support. Contact details can change, so staff should always check the organisation's website before sharing information with a person, family member or professional partner.

Citizens Advice

Free, independent advice on benefits, money, debt, housing, employment, consumer issues and rights.

Adviceline England: 0800 144 8848

Consumer helpline: 0808 223 1133

w citizensadvice.org.uk

Surrey Adult Social Care

Advice and support about adult social care assessments, care needs, safeguarding concerns and local support options.

Information and advice: 0300 200 1005

Safeguarding concerns: 0300 470 9100

e asc.infoandadvice@surreycc.gov.uk

w surreycc.gov.uk

Healthwatch Surrey

Independent information and advice about health and social care, and a way for people and families to share feedback about services.

t 0303 303 0023

e enquiries@healthwatchsurrey.co.uk

w healthwatchsurrey.co.uk

Care Quality Commission

The independent regulator of health and adult social care in England. People can share concerns or feedback about regulated care services.

t 03000 616161

e enquiries@cqc.org.uk

w cqc.org.uk

Mencap Learning Disability Helpline

Advice and information for people with a learning disability, families and carers, including social care, housing, benefits, safeguarding and rights.

t 0808 808 1111

w mencap.org.uk

Scope Helpline

Free, independent disability advice for disabled people and families, including benefits, social care, housing, employment and equipment.

t 0808 800 3333

e helpline@scope.org.uk

w scope.org.uk

Age UK Surrey

Local advice and support for people aged 50+, families and carers, including information, care advice, help at home and wellbeing support.

t 01483 503414

t 07593 139560 (text)

e enquiries@ageuksurrey.org.uk

w ageuk.org.uk/surrey

West Sussex County Council

Adult Social Care

Advice and support about adult social care, assessments, care needs and safeguarding concerns for people living in West Sussex.

Adults' CarePoint: 01243 642121

Urgent adult safeguarding: 03302 227007 (OOH)

w westsussex.gov.uk

Brighton & Hove City Council

Adult Social Care

Information, advice and support about adult social care, assessments, care needs, safeguarding concerns and local support in Brighton & Hove.

t 01273 295555

e accesspoint@brighton-hove.gov.uk

e hascsafeguardinghub@brighton-hove.gov.uk

w brighton-hove.gov.uk

Samaritans

Confidential emotional support for anyone who is struggling or needs someone to talk to. Available day or night.

t 116 123

w samaritans.org

Active Prospects enables people with learning disabilities, autistic people and those with physical or mental health needs to lead full and aspiring lives.

email: info@activeprospects.org.uk

tel: 01737 924084

Find us at: 1 Castlefield Court, Church Street, Reigate, Surrey RH2 0AH

We are a Community Benefit Society (26618R) with charitable status.

activeprospects.org.uk

