



## RIGHT TO INDEPENDENT LIVING: HOUSING SOLUTIONS FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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*Intellectual disabilities*  
*Accessibility*  
*Autonomy*  
*Independent living*  
*Social Services*  
*Housing solution*  
*Integration*

### ABSTRACT

*Article 19 of the International Convention on the Rights of Persons with Disabilities includes the "Right to live independently and to be included in the community", and in line with this, Article 49.2 of the Spanish Constitution establishes that "the public powers will promote policies that guarantee the full personal autonomy and social inclusion of people with disabilities". Along these lines, the Disability Law developed in this country sets out the "Principle of Independent Living". In the context of promoting independent living, "sheltered housing" is recognised as a valuable resource for individuals with cognitive impairments. However, the uneven development of such services, with responsibility for social services residing with the Autonomous Communities, is a matter of concern. This study aims to analyse the status of sheltered housing as a means of integrating people with intellectual disabilities and to assess the necessity for public policies to be implemented to support its development.*

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## 1. Introduction: A Brief Reference to the Evolution of the Rights of People with Disabilities

The current 'social model' of dealing with disability (as opposed to previous models, first of exclusion, and later medical-welfare or paternalistic) represents a total paradigm shift from previous models: it is now based on the consideration of disability as a characteristic of the person, which makes them different but not unequal, which implies a positive conception of that difference. This evolution has resulted in a total change in the way of understanding the place of the disabled person within our legal system, with the disabled now having a fundamental role in terms of the recognition of their rights (Lorenzo García and Pérez Bueno, 2020).

This novel conception rejects the position of previous models, in terms of considering disabled people as inferior or "non-normal" (Díaz Velázquez, 2017; Fernández Bernat, 2020). It is based on the political and social duty to support the disabled (Fernández Bernat, 2020). In this sense, public authorities bear the initial responsibility of ensuring that individuals with disabilities can exercise their civic rights in a manner consistent with those of other citizens. Furthermore, society at large is obligated to take measures to eradicate barriers that impede or hinder individuals with disabilities from interacting with and engaging in the social environment that fosters their development (Díaz Velázquez, 2017; Fernández Bernat, 2020).

This is the result of a global development: the various international human rights declarations have been taking special account of persons with disabilities for more than 50 years. Consequently, the necessity to advance the status of persons with disabilities within society and to safeguard their rights has been acknowledged at the international level. However, in the initial phase of this acknowledgement, this was primarily from a paternalistic or welfare perspective (Moreno Molina, 2014). It was not until the late 20th century that a discernible shift towards this novel conceptualisation of disability<sup>1</sup> was evident in the United Nations declarations, underpinned by a commitment to respect the dignity of disabled individuals and their entitlement to equal rights.

In summary, the actions of international organisations have been instrumental in recognising the rights of disabled people. Through their numerous declarations, these entities have been pivotal in shaping the social consideration of disabled individuals and their rights across different countries (Olarte Encabo, 2023). However, it is only with the Convention on the Rights of Persons with Disabilities (CRPD) – approved by the United Nations General Assembly on 13 December 2006 in New York – that the aforementioned paradigm shift is truly reflected. The Convention is based on the social conception of disability.

The CRPD does not establish new rights in favour of disabled people; rather, it describes rights that have already been recognised from a new perspective, obliging signatory states to recognise the possibility for persons with disabilities to enjoy and exercise these rights on an equal footing with other citizens. It also highlights the need to put an end to the discrimination suffered by this group for centuries (Jerónimo Sánchez-Beato, 2022). To this end, it introduces new necessary attitudes in this context, such as inclusion and consequent non-discrimination and, above all, the aforementioned need for accessibility, in order to guarantee full enjoyment by people affected by disability of the rights to which they are entitled (Pérez Bueno and Álvarez Ramírez, 2020).

## 2. Method

Article 19 of the CRPD asserts the "Right to live independently and to be included in the community". However, the realisation of this right necessitates the provision of adequate social resources, the responsibility for which, in Spain, lies with the state legislator and the autonomous community legislator, as outlined in our legal framework. Consequently, the resources that are required to guarantee the effectiveness of the "Right to Independent Living" of people with disabilities are those that are deemed suitable for the purpose. One such resource is the model of supervised housing or flats, which can be used as a habitual home in which the person who needs it can receive the appropriate complementary care for their condition.

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<sup>1</sup> In this sense, reference can be made to the World Programme of Action concerning Disabled Persons, adopted by the UN General Assembly on 3 December 1982

The objective of this paper is to analyse the significance of this resource in supporting individuals with intellectual disabilities through sheltered housing. This will be achieved by examining the regulatory framework and reviewing relevant studies. The paper will commence by defining "Independent Living" and analysing its relationship to the movement that gave it its name and other concepts related to disability, such as autonomy, dependence, quality of life and accessibility. Furthermore, an analysis of the regulatory framework pertaining to the "Right to Independent Living" in Spain will be conducted, with a particular focus on the specific nature of these resources, their respective merits and demerits, the extent of autonomy of the community in their governance, and the practical reality of these sheltered housing facilities. The objective of this comprehensive analysis is to identify the deficiencies observed in the present system and to emphasise the advantages of this social resource in empowering individuals with disabilities to lead independent lives.

### **3. Analysis: The "Principle of Independent Living".**

#### ***3.1. Theoretical Framework. The Independent Living Movement***

As demonstrated, the evolution towards a social consideration of disability and the assurance of the disabled person's quality of life are fundamental principles in this novel conception of disability (Cuesta et al., 2019), which accords significant importance to the quality of life of the disabled person. The concept of "quality of life" can be defined as the set of conditions desired by a person, in relation to their life at home and in the community, employment and health (Schalock, 1997). It is, therefore, a subjective view or conception of the most important conditions of existence held by the person concerned. It is evident that environmental and geographical factors significantly influence an individual's perception of their circumstances. In this sense, it is undeniable that living in a community, as self-sufficiently as possible, has a positive influence on the social inclusion and independence of people with disabilities, particularly those affected by cognitive impairment (Cantarero Prieto et al., 2021).

In summary, the degree of autonomy of an individual with an intellectual disability is contingent on their capacity to function independently and make decisions, even with the possibility of requiring external support (Puyalto Rovira, 2016). This is where the principle of accessibility becomes relevant, as it governs this novel conception of disability advocated by the CRPD. The principle of accessibility ensures that individuals with disabilities can fully exercise their rights on equal terms, as well as freely express their preferences, using appropriate supports if necessary. This necessary accessibility enables them to freely develop their personal autonomy in community life, in all their day-to-day activities, from the simplest to the most complex (Díaz-Velázquez, 2010). Consequently, the autonomy of persons with disabilities is contingent on the extent to which accessibility to rights is guaranteed, in addition to the provision of adequate support.

This evolution in the ideology and the consequent change in regulation is due, in part, to the Independent Living Movement, which influenced the new perception of disability by the public authorities and by the rest of the citizens. This movement emerged in the 1970s in the United States, driven by the demands of Ed Roberts, a disabled student at the University of Berkeley (California), who faced challenges due to the university's inaccessibility for disabled students. Roberts and other disabled students initiated a public campaign to demand their rights, which subsequently led to the establishment of the foundations for independent living. This initiative resulted in the formation of the Independent Living Movement, which subsequently spread globally (Urmeneta Sanromá, 2007).

The concept of "Independent Living" emphasises the entitlement of individuals with disabilities to participate directly in all aspects of their lives, on an equal basis with other citizens, thus fostering autonomy as an integral component of personal dignity. To this end, it is also necessary to make the administrations and society in general aware of this new social conception of disability, characterised by the self-determination of the disabled person. This self-determination is posited as a fundamental principle underpinning the philosophy of Independent Living, which is characterised, above all, by the recognition that the disabled person has the capacity to make decisions about themselves and the fundamental aspects of their existence (Vidal García, 2003).

In Spain, the 1978 Constitution explicitly acknowledges people with disabilities. Subsequent to its enactment, a significant associative movement of people with disabilities and relatives of disabled people emerged, to a certain extent assimilating itself to the Independent Living Movement. This was

due to the fact that it sought to raise social awareness of the reality of disability, as well as to promote a change in public policies aimed at recognising the rights of disabled people. In 1997, the Spanish Committee of Representatives of the Disabled (CERMI) was established, unifying the demands and aspirations of this associative movement of disabled individuals (Maraña and Lobato, 2003). Concurrently, in 2001, the "Independent Living Forum" was established by a group of disabled individuals, with the objective of disseminating the ideology of the Independent Living Movement to the general population and public administrations (Urmeneta Sanromá, 2007).<sup>2</sup>

### **3.2. Legal Framework of the Independent Living Principle**

As the public conception of disability has evolved, so too has the normative framework surrounding self-determination for individuals with disabilities, particularly those with intellectual disabilities. The new social conception of disability emphasises the importance of empowering individuals to make their own decisions, moving away from a paternalistic model that often placed individuals with disabilities in a passive position regarding their own lives, often having their will superseded.

As has been demonstrated, the Spanish Constitution of 1978 establishes a general mandate for public authorities to prioritise the enhancement of quality of life for both citizens and individuals living with disabilities<sup>3</sup>. However, the foundational point of this evolution is to be found, as previously indicated, in the International Convention on the Rights of Persons with Disabilities, which, as previously discussed, expressly includes in Article 19 the "Right to live independently and to be included in the community". Consequently, the States that ratified the CRPD, including Spain, have acknowledged the entitlement of persons with disabilities to be regarded as equal to any other citizen in terms of community living. Consequently, these states bear the responsibility to implement the requisite measures to foster the inclusion of persons with disabilities in society on an equal basis, thereby promoting their self-determination and engagement within the community.

The objective of the present declaration, as set out in the CRPD, is to ensure that disabled people have the capacity to make choices regarding their own lives, including their place of residence and the composition of their household, on an equal basis with other citizens. This approach is conducive to the process of deinstitutionalisation, since it is a prerequisite that individuals should not be compelled to maintain a particular mode of existence against their will.

This naturally implies that the authorities should facilitate access for people with disabilities to a series of public services or resources for this purpose, in order to promote their inclusion in the community, such as home or residential care, among many other possible options. To this end, there are various regulatory texts, the first of which is Law 39/2006, of 14 December, on the Promotion of Personal Autonomy and Care for Dependent Persons (Promoción de la Autonomía Personal y Atención a las Personas en situación de Dependencia. Hereinafter, LPAPAD), whose main objective is to recognise a system that guarantees the necessary benefits to attend to situations of dependency<sup>4</sup> and promote personal autonomy.

This Law presents a series of significant concepts pertaining to self-determination and independent living. Notably, it encompasses the notion of "autonomy" within its provisions. Autonomy is defined in article 2.1 as the capacity to make personal decisions about how to live according to one's own rules and preferences, as well as to develop the basic activities of daily life. These are understood as elementary tasks that allow the person to develop with a minimum of autonomy and independence, and include personal care, basic domestic tasks, essential mobility, executing orders or simple tasks, etc. (Article 2.3). The term "personal assistance" is defined as the service provided by a personal assistant who performs or collaborates in the daily life tasks of a person in a situation of dependency, with a view to fostering their independent living, promoting and enhancing their personal autonomy (Article 2.7).

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<sup>2</sup> Thus, the Forum favoured the holding of the 1st Congress on Independent Living in Tenerife in 2003, with the ultimate aim of making known the postulates of the MVI, which were set out in the Manifesto of Tenerife.

<sup>3</sup> We find such references not only in art. 49, but also in other constitutional precepts, such as art. 1, art. 9.2, art. 41 or art. 50 CE.

<sup>4</sup> The law defines dependency as a permanent state of being for people who, for reasons of age, illness or disability, and linked to the lack or loss of physical, mental, intellectual or sensory autonomy, require the care of another person or persons or significant assistance to carry out basic activities of daily living or, in the case of people with intellectual disabilities or mental illness, other support for their personal autonomy (art. 2.2).

We are therefore faced with a body of legislation whose ultimate aim is to guarantee assistance to the most vulnerable people—who are vulnerable because they need help to carry out essential activities of daily living— so that they can act as independently as possible and thus exercise their rights more fully (Villanueva Oyarzabal, 2022). However, in relation to this independent living, the LPAPAD does not distinguish between the different ways of providing the residential care it offers, depending on the place where this care is to be provided, and Nores Torres (2009) points out that the regulation does not refer to this type of care in places of residence other than an institution, when in fact the regulation should extend its scope to other housing solutions, such as sheltered housing or flats, offered to a greater or lesser extent by the Autonomous Communities, and not restrict this residential care service exclusively to centres or residences.<sup>5</sup> However, a broad interpretation of the regulatory text could be taken to mean that this alternative accommodation is covered by the provisions of article 25 LPAPAD, since the provision is expressed in general terms when referring to residential care, which seems to include other forms of accommodation than residential care (Villanueva Oyarzabal, 2022).

In the context of promoting autonomy and independent living for persons with disabilities, Royal Legislative Decree 1/2013, dated 29 November, is also noteworthy. This decree approved the Consolidated Text of the General Law on the Rights of Persons with Disabilities and their Social Inclusion (Ley General de Derechos de las personas con discapacidad y de su inclusión social. Hereinafter, LGDD). Article 2 h) defines independent living as "the situation in which the person with disabilities exercises decision-making power over their own existence and actively participates in the life of their community, in accordance with the right to free development of personality"<sup>6</sup>. In this line of defence of the self-determination of the person with disabilities, Article 6.1 states that "the exercise of the rights of persons with disabilities shall be carried out in accordance with the principle of freedom in decision-making", and Article 22 expressly recognises, finally, in our legal system, the right of persons with disabilities to "live independently and to participate fully in all aspects of life".

In order to facilitate the exercise of this right, Article 50 establishes that people with disabilities and their families are entitled to certain social services for family support. These services are designed to promote personal autonomy, information and guidance, home care, support in their environment or residential services. Moreover, the legislation stipulates that regional regulations may encompass additional services and economic benefits for individuals with disabilities and their families in circumstances of need, where they lack the requisite resources to cope with it.

With specific reference to home care, Article 51 expressly refers to housing services in a broader sense, as it does make the express distinction that it makes no difference whether these services are residential care, sheltered housing, or other support accommodation for inclusion, indicating that the aim of these services is to promote the autonomy and independent living of persons with disabilities through cohabitation, as well as to foster their social inclusion. The legal framework stipulates that housing solutions, encompassing residences, day centres, and sheltered housing, are to be accorded priority protection by public administrations.

### ***3.3. Practical Reality: Public Authorities Responsible for Service Provision. Problems of Competence***

The well-known Welfare State, the fundamental purpose of which is to guarantee the satisfaction of citizens' basic needs and to protect their fundamental rights (health, education, housing, etc.) is reflected in our legal system in the regulation of certain aspects, such as social aspects (De la Vila Gil, 2015), including, obviously, social protection services for dependent persons, including persons with intellectual disabilities.

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<sup>5</sup> In fact, the White Paper on Care for People in a Situation of Dependency advocates the promotion of this alternative accommodation to residential homes, considering that innovative experiences in the field of heterofamilial foster care should be encouraged, as well as promoting the different examples of sheltered housing existing in Spain.

<sup>6</sup> Article 3 sets out a number of principles in this regard. Thus, paragraph (a) refers to "respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons"; paragraph (b) adds independent living; paragraph (d) refers to "respect for difference and acceptance of persons with disabilities as part of human diversity and humanity"; and paragraph (l) refers to respect for the development of the personality of persons with disabilities.

This necessary social protection for dependency is carried out through the "Social and Health Care" system. This can be defined as the "integrated set of social and health services and/or benefits, both public and private, which are aimed at the rehabilitation and care of people who are in different situations of dependency that prevent them from carrying out personal and/or instrumental activities of daily living" (Rodríguez Cabrero and Monserrat Codorniu, 2002, p. 13). Consequently, the domain of social and health care encompasses not only the provision of healthcare services, but also the facilitation of essential care requirements, with the aim of enabling individuals to engage in their daily activities. These services are organised through a system of social protection, ensuring the comprehensive management of individual circumstances (Pérez Gázquez, 2021).

With regard to the specific benefits of social and healthcare assistance, their nature and content, the LPAPAD stipulates that they may be of an economic nature or the provision of services (Article 14), with preference given to the latter. Article 15 sets out a catalogue of provisions, which includes care in residential centres, though, as previously mentioned, it does not explicitly refer to sheltered housing. However, it is crucial to recognise that the implementation of this catalogue of benefits is subject to various institutional levels, as the Public Administrations responsible for their provision vary. This is due to the distribution of competences on social assistance, as outlined by the Spanish Constitution, which delegates responsibility between the national government and the autonomous communities. This is considered a transferred matter<sup>7</sup> (Alonso Seco and Alemán Bracho, 2017).

It is acknowledged that the Central Administration must respect the powers of the Autonomous Communities. However, it is also acknowledged that the Central Administration may carry out coordination programmes to guarantee a more or less equitable provision of services in all the territories<sup>8</sup>. This possibility is expressly included in the LPAPAD, which distinguishes between the two in Article 7 between two levels of protection in the system —State and Autonomous Community<sup>9</sup>. Consequently, the Autonomous Communities are responsible for providing the benefits, but respecting the minimums set by the State, so that the benefits recognised by the LPAPAD are the minimums guaranteed by the Central Administration to any citizen who meets the requirements set for their enjoyment, but they may be extended by each Autonomous Community, charged to its budgets (Article 11.2). However, it is important to note that article 12 LPAPAD enables local authorities to engage in the administration of care services for dependent adults, in accordance with the regulations of their respective Autonomous Communities and within the competencies attributed to them by the prevailing legislation. This may result in the emergence of new inequalities, even within the geographical boundaries of an Autonomous Community.

The evident problem arising from this distribution of powers is that it results in the presence of 17 distinct autonomous models of social services within our country. These models are logically different from one another, which directly contradicts one of the fundamental principles of the LPAPAD. The LPAPAD is predicated on the principle of guaranteeing effective equality in the execution of social protection (Pérez Gázquez, 2021). Furthermore, this discrepancy hinders the effective coordination and management of services (Rodríguez García, 2002).

In summary, Autonomous Communities have been enacting their own regulations for the development of their social services and the resources assigned to them. However, it should be noted that not all the regulations governing Autonomous Community Social Services contain express references to the autonomy of disabled persons or to the principle of Independent Living. Indeed, as Villanueva Oyarzabal (2022) observes, there is a paucity of explicit inclusions of these principles. Notably, the Galician Social Services Act (2008) and the Basque Country Social Services Act (2008) both make reference to the integration of disabled individuals within their respective environments. The 2007 Social Services Act of Catalonia underscores the necessity to promote training in the rights of individuals with functional diversity, with a view to facilitating the adoption of a model of independent living. The Social Services Laws of Aragon (2009) and Castilla la Mancha (2010) underscore the

<sup>7</sup> Art. 148.1.20 of the Spanish Constitution.

<sup>8</sup> STC 146/1986, of 25 November, reccs. 50/84 y 465/85.

<sup>9</sup> Thus, Article 8 provides for the creation of the Territorial Council of Social Services and the System for Autonomy and Care for Dependency "as an instrument of cooperation for the articulation of social services and the promotion of autonomy and care for dependent persons", attached to the Ministry of Health, Social Services and Equality, as an instrument of cooperation between the two administrations.

necessity for public authorities to address the structural causes that give rise to exclusion or impede the development of an autonomous life. However, in the other cases examined, explicit references to this issue were not identified, although this does not necessarily imply an absence of promotion of self-determination among individuals with intellectual disabilities.

The unequal regulation of social services is also manifest in the unequal management and treatment with respect to the resource of sheltered housing for people with intellectual disabilities. While principles supporting the right to an independent life are acknowledged, the majority of services remain of an institutional nature, impeding the effective exercise of this right.

#### **4. Discussion: Effective Access to Independent Living for People with Intellectual Disabilities. Barriers vs. Supports**

As demonstrated, the exercise of the right to independent living for individuals with intellectual disabilities is contingent on their capacity to exercise autonomy in decision-making that impacts their daily lives. The absence of this capability precludes the possibility of independent living. Consequently, the capacity to exercise autonomy over one's own existence is pivotal to the self-determination of individuals with intellectual disabilities. However, this autonomy is often impeded by significant barriers that hinder their ability to realise an independent life.

In accordance with the assertions put forth by Puyalto Rovira (2016), who have identified the predominant barriers encountered by individuals with intellectual disabilities when making decisions that affect their lives, it is possible to identify several obstacles. Primarily, these relate to the attitudes of third parties towards those affected by an intellectual disability. The most prevalent of these barriers include, but are not limited to, a lack of confidence in their own capabilities, even from their own family, leading to an erroneous perception of their lack of sufficient capacity to make responsible decisions<sup>10</sup>. This results in them being regarded as vulnerable people who require supervision and control in decision-making (Parley, 2010). The necessity for others to make decisions on their behalf can, therefore, lead to a reluctance to express their wishes and wills, due to the suspicion that their needs will not be met (McGlaughlin et al., 2004).

A further hurdle that can hinder the development of an independent life for individuals with intellectual disabilities is the absence of adequate support systems, which hinder their ability to live with equal opportunities. This can be as elementary as a lack of information regarding their rights or the unavailability of alternative housing solutions to the family home. When the conventional alternative is a residence or institution, it appears that this does not provide adequate support for the enjoyment of the right to an independent life, due to the distinctive characteristics of these centres (Björnsdóttir et al., 2015). This paucity of information may also pertain to the functionality of these divergent options, such as sheltered homes, and the ramifications of these contingencies, as in many instances family members hypothesise that the individual concerned will not receive adequate care (Bowey and McGlaughlin, 2007).

Individuals with an intellectual disability frequently encounter economic constraints, stemming from their challenges in accessing the labour market, which often results in a lack of financial resources necessary for evaluating various options (Eley et al., 2009).

Consequently, the promotion of support mechanisms that foster self-determination among individuals with disabilities is paramount. Consequently, it is imperative that social services training and information on this matter for people with intellectual disabilities is made available, ensuring that individuals are aware of their rights and the possibilities available to them within their environment to enable independent life-planning. Furthermore, it is imperative that professionals providing support to individuals with intellectual disabilities possess the requisite skills to interact with them in a manner that is respectful and non-interfering (Dodevska and Vassos, 2013), and to offer assistance in decision-making without compromising the individual's autonomy. Furthermore, professionals should possess a comprehensive understanding of the operational mechanisms of support services, enabling them to

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<sup>10</sup> Choice and control: the right to independent living. Experiences of persons with intellectual disabilities and persons with mental health problems in nine EU Member States. Retrieved from: [http://fra.europa.eu/sites/default/files/fra\\_uploads/2129-FRA-2012-choice-and-control\\_EN.pdf](http://fra.europa.eu/sites/default/files/fra_uploads/2129-FRA-2012-choice-and-control_EN.pdf)

provide individuals with informed guidance regarding the most suitable solutions for their particular circumstances.

In summary, it is evident that the primary support is to implement or augment the resources that enable disabled individuals to exercise their right to live independently. However, it is observed that our nation remains anchored in the institutional model. While certain advances can be perceived in this regard, they are contingent, as has been demonstrated, on the actions of each autonomous administration. Consequently, a significant challenge remains to provide disabled individuals with quality services that ensure the fulfilment of their rights, irrespective of centres or institutions. It is imperative to favour alternative housing solutions that are more aligned with the principle of autonomy, which should govern the life of the intellectually disabled.

## **5. Results: Another Housing Solution for People with Intellectual Disabilities. Sheltered Housing**

The concept of sheltered housing, which can be understood as a form of sheltered accommodation, has been identified as a significant resource in promoting the right to independent living for individuals with cognitive disabilities. This is due to the fact that assisted housing provides not only accommodation and maintenance services, but also support and assistance, thereby promoting self-help, living with others, and, consequently, integration into the community. Two levels of support can be distinguished: those that are properly under guardianship, living with other dependent people, organised with the help of social services, and those that are simply supervised, for disabled people who are not dependent and need less external assistance or support (Polonio De Dios, 2016).

It is evident that institutions, whether closed or Day Centres, do not exhaust the model of assistance to people with intellectual disabilities when they are unable to, or do not wish to, continue living in the family home. In this regard, the White Paper on Care for People in a Situation of Dependency underscores that residential care does not represent the sole existing model of housing solution for individuals with disabilities. The document emphasises the existence of alternative options that are deemed more favourable, as these provide not only the necessary assistance but also the opportunity to live in a more normalised environment compared to that of an institution. To ensure their functionality and adaptability to the needs of the user, these dwellings must be characterised by a homely design, diverging from the conventional residential model. They should be integrated into the network of social services and organised in small groups, subject to guardianship or supervision.

These residential care programmes typically encompass an array of services, including nursing or medical supervision, rehabilitation, recreational or cultural activities, psychological support, and family orientation. However, in contrast to residential homes, which provide this care on a permanent basis, in sheltered housing, the level of care may not be as comprehensive. The decision to utilise this resource is contingent on the degree of dependence exhibited by the intellectually disabled individual. Nonetheless, it is noteworthy that this type of housing constitutes a suitable solution for individuals with cognitive impairment who, due to their circumstances, are unable to live independently.

It is an expanding social resource that fosters the realisation of the right to an independent life for persons with intellectual disabilities. However, as previously mentioned, its implementation in Spain is heterogeneous, since these sheltered housing facilities are not uniformly implemented throughout the national territory, but their establishment and operation are different in each autonomous system of social services. Consequently, it is challenging to draw definitive conclusions regarding the overall status of this particular housing model in Spain.

The system is heterogeneous to the point that there is not even accessible information regarding this resource in all the Communities and Autonomous Regions. In the territories where it is provided, the type of service, the requirements for access, the costs or even the name do not coincide. In fact, they are called “viviendas tuteladas” (“sheltered housing”) in the Balearic Islands, the Canary Islands, Galicia or Cantabria. They are “pisos tutelados” (“supervised flats”) in Navarre, “viviendas de apoyo” (“Supported Housing”) in the Basque Country or Asturias, “Servicios de atención residencial” (“Residential Care Services”) in Andalusia - which can be provided in “casas-hogar” (“group homes”), “viviendas tuteladas” (“sheltered housing”) and “viviendas supervisadas” (“supervised homes”), a



distinction that is also made in Valencia, and which refers to the greater or lesser extent of external assistance, according to the needs of the users.

In general, the term refers to resources aimed at people affected by any type of disability. However, in the case of Andalusia, it is specified that, with regard to supervised housing and group homes, these resources are intended for individuals diagnosed with mental illness. With regard to the beneficiaries of these services, they are generally intended for individuals with any type of disability. However, in certain communities, these resources, or select ones, are specifically aimed at individuals with cognitive impairment. Aragon, for instance, has a specific programme, the 'supervised or assisted flats', which is dedicated to individuals with severe mental disorders, exhibiting a medium-low level of dependency and requiring residential support.

The financial aspect of these services is typically covered by a combination of public and personal contributions, although in the case of Asturias, the latter are available but in limited capacity. In Andalusia, the Residential Care Service is compatible with the Day Centre Service, which incorporates Occupational Therapy, and is guaranteed in Castile and León and the Balearic Islands. Notable disparities in the number of available places across different regions have been documented (Villanueva Oyarzabal, 2022).

In summary, as previously mentioned, there is a significant disparity in the type of service offered, the number of homes available, and the target population between one Autonomous Community and another. This makes it impossible to gain an overall understanding of the progress of these sheltered housing options in our country and, furthermore, contravenes the fundamental principle of equal access to the rights of disabled people that governs our legal system.

## 6. Conclusions

In consideration of the contemporary social conception of disability and the principles of accessibility, autonomy and independent living that govern it, it can be concluded that the residential model is not the sole option for individuals with intellectual disabilities who lack both a place of residence and a family environment. It is imperative to acknowledge the existence of alternative options that are more conducive to the needs of intellectually disabled individuals requiring support for their daily living activities. These alternatives should facilitate a more integrated lifestyle within the community, as opposed to the exclusive focus on residential care. However, it is evident that in our nation, there exists an inequitable administration and treatment with regard to the provision of sheltered housing for individuals with disabilities.

In this regard, the White Paper on Care for People in a Situation of Dependency advocates the promotion of novel models of accommodation that facilitate greater involvement in society for individuals with disabilities, without compromising the essential support they require. It is crucial to emphasise the public nature of these services and to ensure their equitable distribution throughout the national territory, proportional to each territory's demographic characteristics. This approach is essential to avoid the investment nature of privately owned resources, which is prevalent in most cases, as it hinders the accessibility of these services to all individuals in need. Consequently, conducting economic analyses that accurately reflect the costs of this service is imperative. This is because the model could be diversified, from predominantly residential to a mixed model, creating more accessible sheltered housing with the necessary support and care.

In summary, social policies should be implemented with the aim of facilitating, in a tangible way, the self-determination of people with disabilities, favouring their free decision-making, especially in such sensitive issues as the choice of their way of life and their place of residence. To this end, public institutions must prioritise the facilitation of autonomy for individuals with intellectual disabilities. This should encompass the promotion of access to the labour market, adequate training, and active participation in the community. In instances where an individual with intellectual disabilities expresses a preference for residential care, alternative housing solutions must be made available. Such solutions should facilitate interaction with the environment and ensure the fulfilment of the right to an independent life.

The "right to live independently and to be included in the community" should not be subject to limitations imposed by a lack of public resources, despite the existence of a demand that is anticipated to increase. Consequently, public authorities are obligated to establish the requisite mechanisms to

ensure the rights recognised to citizens with disabilities in general, and with intellectual disabilities in particular. These sheltered homes represent a highly valuable resource that has yet to be developed to its full extent. Despite its extensive potential and unquestionable benefits, it is currently used only as a residual resource by people with disabilities.

In summary, the current social and healthcare model must be reconsidered in view of the importance of the legal asset it serves and the principles of equality and social integration inherent to our welfare state. The violation of the rights of accessibility and self-determination of persons with disabilities is the result of this inefficient management of social services and the structural problem arising from the transfer of powers and the resulting territorial inequality in terms of access to essential resources. It is therefore vital that all Public Administrations commit to the establishment of a system of quality social services that guarantees access to resources that facilitate the inclusion of persons with disabilities in society, irrespective of their geographical location or economic status.

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