The 'HOLD' shared home ownership scheme as a route to independent living for disabled people

This paper describes an independent living / housing support plan for an adult living in England,[1] who has complex and profound impairments (which excludes him from conventional employment) – we will call him 'Frank'. This paper first appeared as a posting on this website (which can be accessed by clicking here). It could not have been written without enormous and expert input from Chris and Mary Busk, David Abbey of MySafeHome and other experts and parents.

Frank lacks capacity to make decisions about where to live, and his cognitive impairments and behaviours are such that he is eligible for NHS Continuing Healthcare (CHC) funding from an NHS Integrated Care Board (ICB). It is important to note that the scheme described, could equally have been facilitated by a local authority where it has funding responsibilities for an individual' care package. If this is the case, then references to a local authority should be substituted for references to an ICB in the analysis that follows.

Overview

Frank's Deputies, supported by a specialist agency, have been able to identify and secure a suitable home for Frank. This was done via a shared ownership scheme in which Frank obtained a mortgage that (together with his own funds) enabled him to own half of the property with the other half owned by a Housing Association. Frank's social security benefits cover the mortgage interest payments as well as the rent paid to the Housing Association (the rent and the service charge - less the part for buildings insurance - is covered by Universal Credit). The NHS ICB takes responsibility for funding Frank's domiciliary care and support needs.[2]

A note on terminology:

Shared ownership schemes

Shared ownership schemes are open to disabled and non-disabled people who cannot afford all of the deposit and mortgage payments for a home that meets their needs and whose household income is £80,000 a year or less (£90,000 in London). There are additional criteria, details of which can be accessed by clicking here. The scheme allows individuals to buy part of the property and to rent the remainder.

---

[1] Although there are no specific government initiative in Wales, equivalent to the 'Home Ownership for people with a long-term disability' (HOLD) scheme described in this paper, there is a programme of support of shared ownership schemes and there is scope for these arrangements being adapted to meet the needs of disabled people such as Frank, as the social security regime in Wales and England are aligned.

[2] Not infrequently, it can be major challenge to ensure that an appropriate care package is provided / funded by the ICB. This can be the case, even when there is a detailed 'Life Plan' in place (as discussed below – see 'Pre-requisites'). This paper does not however address this associated (but vital question). In this context, however, many families, express a strong preference for the ICB/LA taking responsibility to commission an independent provider with the expertise to recruit, retain and and coordinate a team of dedicated and skilled PAs.

The 'HOLD' scheme

For people with a long-term disability, a special English Government scheme exists, that provides financial support to enable them to buy a share of a home (typically between 40% and 60%) – known as the HOLD scheme[3]. The basic details of which can be accessed by clicking here.

Although the scheme is open to people who have savings with which to purchase their share of the property, this paper considers the process of taking out a mortgage to buy the majority of that share. In either case, it is generally considered essential that expert advice and assistance is obtained, as there are many additional conditions and considerations that need to be addressed in order to navigate this system.

Expert advisers / enablers

In Frank's case, his parents (his Court of Protection Deputies) used an expert agency 'MySafeHome' to help them negotiate the process. Agencies of this kind charge for their services – often an initial fee for getting agreement in principle from both a housing provider to purchase a suitable property and from a building society to provide a mortgage,[4] and a final fee when the entire transaction is completed.

Where it is a public body that is using the HOLD scheme to provide a comprehensive care and support package for the disabled person (for example a local authority, an ICB or NHS England) – they too will need to retain expert assistance of this kind.

Housing provider / Housing Association

The HOLD scheme requires a housing provider (such as a Housing Association) to purchase a suitable property and then to sell a share to the disabled person. In England the housing provider can benefit from a government grant (administered by Homes England[5]) of £100,000 to aid the purchase. The provider is required, in addition to contribute at least £40,000 of its own funds towards the purchase. In Frank's case his share of the property was purchased using a specialist mortgage. However, if a public body is coordinating the transaction, then it would use its own resources to fund this share (see discussion below).

Where the disabled person is acquiring a share in the property, they will need to contribute at least c. £15,000-£20,000 to the transaction (to cover their transaction costs and to buy a share of the equity), in order to obtain a Department for Work and Pensions (DWP) loan to help pay for the interest on their mortgage (the 'Support for Mortgage Interest (SMI) scheme - discussed below). Frank was able to contribute this amount from his own resources, however if this had not been the case, then other options would exist (see 'other costs' discussion at page 5 below).

In England one particular housing provider, Advance Housing and Support, specialises in HOLD scheme purchases. Each year it is able to process about 45 applications (on a first come-first served basis). It provides support for disabled people in most of England (from Lincoln to Cornwall). The government's HOLD

[3] Home Ownership for people with a Long-term Disability.
[4] To provide a mortgage for the disabled person to purchase their part share.
[5] Homes England is the government's housing and regeneration agency.

grant can, however, be claimed by any other English housing provider. It follows that if a home is needed outside Advance Housing and Support's area, it will be necessary to approach housing providers in that area to see if they are willing to provide equivalent support (ie to facilitate a shared ownership scheme and to seek a Homes England grant etc).Where an expert provider is retained, it should be able to provide advice if this issue arises.

Persons entering into these arrangements should understand that the Housing Association will expect the house to be owned for a minimum period of 5 years before it is sold again, otherwise their costs risk exceeding any gains they might make.

Mortgage provider

Where the disabled person does not have savings to pay for their entire share of the property (or where a public body is not paying for this element) a mortgage loan may be required. Although banks and building societies can provide loans of this kind, it tends to be a relatively small number of Building Societies that are comfortable operating in this field – and these will be known to the expert advisers (see above). A HOLD mortgage is an interest only mortgage with a 40-year extendable term.

Support for Mortgage Interest (SMI)

SMI is a DWP loan/benefit that helps towards interest payments on some disabled people's mortgages. For details, click here.

To be eligible, individuals need to be in receipt of Universal Credit (for over 3 months) or income-related Employment and Support Allowance (ESA) or Pension Credit. For those on Universal Credit SMI helps pay for the interest on mortgages of up to £100,000. The scheme pays the Building Society 80% of the mortgage interest (circa £305 per month at present) and the homeowner tops this up (circa £129 per month at present) using money from their own resources. The DWP payments are treated as a repayable loan (interest of c.4% per annum accrues on this loan) and are repayable when the property is eventually sold. As part of the scheme the DWP secures its loan by way of a second charge on the share owned by the disabled person, hence the need (mentioned above) that they have equity in the property of at least £10,000. When the property is eventually sold if the interest owed is greater than the value of the disabled person's share, the excess is written off by the DWP.

Pre-requisites

The most important pre-requisite for entering into such a scheme, is for the disabled person / their family to be aware of the options: to know that a disabled person's life chances are not restricted to a form of institutional care (ie residential / nursing home care; a 'group' supported living scheme; etc) or living at the family home.

Where the disabled person lacks the necessary capacity to understand and agree to the various legal transactions, it will be necessary for someone to be their Court of Protection Deputy, with Property and Affairs authority (and ideally, with Social Welfare powers too).

A detailed care plan will be essential – one that sets out the disabled person's agreed care and support needs. Ideally, this will take the form of a 'Life Plan' that identifies the key elements that must be in place to maximise their Independent Living opportunities – and if possible, this should be prepared by an Independent Expert. In Frank's case this was prepared by a Life Plan Facilitator who described the Plan in the following way:[6]

> A life plan is just what it says on the tin! It is a plan made by a person and the people that know them best detailing where they want to live (and what their house needs to be like), what they want to do with their life (jobs, hobbies, ambitions) and what help they need to live a great life (paid help, unpaid, family, technology). The plan when written up can be used by the person or family with a personal budget to set up what they need, or by commissioners to find a housing and a support provider and then use the plan to tell them what they want to commission and how much they have to spend.

The importance of an agreed care plan or Life Plan lies in it being centred on the person and involving them and the people that know them best and the independence of the Facilitator to pull the information together. Life Plans are of enormous assistance to funders, as they provide a blueprint for their commissioning work, ensuring that the necessary arrangements, personalised care and support are put in place to meet the disabled person's needs.

Navigating the process

In Frank's case, his parents only became aware of the HOLD option when they read the Life Plan Facilitator's report, which put them in touch with David Abbey of MySafeHome. Through dialogue and correspondence, they secured an offer in principle for a HOLD mortgage and were then put in touch with Advance Housing and Support as the Housing Association which covered their area.

Court of Protection

Although Frank's parents were his Property and Affairs Deputies, the standard Court of Protection Deputy Order does not permit the purchase of property. Accordingly, as soon as it was decided to explore the route of shared ownership, they applied to the Court of Protection for an amendment to the original Court Order, to allow for the purchase property. Such is the backlog within the Court it took over 6 months for this to be approved: something to be borne in mind by anyone who is contemplating using the scheme and needs such an Order.

Identifying a suitable property

Once Frank's parents were told that a HOLD mortgage was available, they began their search for a suitable home using the housing specification put together as part of the Life Plan and criteria from the Housing Association (covering things like the property's condition, the need for it not to be listed etc). Potential properties had to

[6] Sam Sly '*A Day in the Life of…….A Life Plan Facilitator*' at https://rightfullives.net/Stories/Sam.html see also Sam Sly | LinkedIn.

be approved by the Housing Association 'in principle' before Frank and his parents went to see them.

The HOLD scheme places various restrictions as to the properties that can be purchased[7] and Housing Associations will often have additional restrictions as to what can purchased. It is to be noted that the 'bedroom tax' is not applicable to shared ownership arrangements. Frank preferred the one eventually chosen. It has 3 bedrooms (as he needs two overnight PAs to be present, one asleep and one awake), it is light and airy with large windows and in a quiet, yet central and accessible, neighbourhood. An offer was then made by Advance Homes to buy the whole property from the seller, the availability of the HOLD mortgage was reconfirmed, the home purchase was completed by Advance Housing and, at the same time, it sold Frank's share to him.

Other costs

Although Frank was able to pay for the deposit for his share of the property,[8] as well as for the legal costs and the costs of the expert adviser, this will not be the case for many disabled people. Public bodies have the power to cover these costs and, as discussed below, in many cases they do – not least because of the significant cost savings that can result from such schemes.

Where such funding is not forthcoming, families and friends may be able to help cover such costs and to do so by repayable loans secured on the property (in many cases as, as a 3rd mortgage).

Inevitably there are many other aspects/ lesser costs to the scheme that have to be anticipated and these will be well known to the expert advisers.

Public body funding

Public bodies (including NHS England) have powers to provide the funding to secure properties using the HOLD scheme[9] and of course ICBs and local authorities have duties to provide care and support packages to meet the eligible needs of disabled people under the Care Act 2014 and the NHS Act 2006.

Public cost savings

MySafeHome has provided the following worked example of a not untypical costing:

- Total cost of HOLD Home (property purchase plus fees etc) £310,000
- Housing Association contribution and Homes England grant £140,000
- Public body's contribution £70,000
- Homeowner's interest only mortgage £100,000

[7] For the basic restrictions see https://www.gov.uk/guidance/home-ownership-for-people-with-a-long-term-disability-hold#homes-that-can-be-purchased.
[8] Typically, 5% or 10% of the total cost of the share being purchased.
[9] For example under sections 75 and 256 NHS Act 2006 and the associated regulations eg NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and well as the Localism Act 2011. It appears that these powers have been used to secure properties for individuals who were relocated after the closure of Budock Hospital in 2006, after the Winterbourne View first missed its target in 2015 and after the launch of NHS England's 2015 Building the right support national plan.

If one looks solely at the capital costs, this saves the public body £240,000 and when the property is eventually sold, the public body will recover £60,000 of its £70,000 contribution. This calculation assumes that £10,000 pays for the costs and fees associated with buying the home using HOLD and that the rest of the purchase cost amounts to £60,000 (after taking into account the homeowner's mortgage, the Housing Association's contribution and Homes England's grant). The £60,000 is secured using a second charge and repaid to the public body when the property is eventually sold.

In addition, Mysafehome note that the rent/ service charge, paid for through benefits, would be in the region of £670 per month – far less than any other housing solution.

In Frank's case, prior to the purchase of his HOLD funded property the ICB had been paying for his placement at a residential college costing in excess of £300,000 a year. Frank's stay had been extended for some years because of the absence of planning for transition. Because Frank now lives in a less expensive region and has been able to fund his deposit, conveyancing and expert advisers – the ICB has incurred no capital costs.

An important additional advantage for Frank is that the scheme separates his housing arrangements from his care arrangements. This means that he will have security of housing for life (providing the benefits system stays the same). Changes in care arrangements which are likely to occur during his life will not affect his ownership and residence in his own home.

Obligations on health and social service to consider HOLD arrangements

General public duty

A foundational principle of public law is that public bodies, such as ICBs and local authorities, must act reasonably. This entails reaching rational evidence-based decisions based on an understanding of their legal duties and powers, as well as all the relevant facts. Public bodies must be fully cognisant of the available options and must always be prepared to exercise their powers where circumstances require. Arrangements of the kind considered in this article are 'relevant facts' that must be considered when suitable accommodation is being sought for a disabled person. While a number of councils and NHS bodies have exploited the innovative opportunities offered by HOLD arrangements, it appears that many more are simply unaware that such options exist (or are unaware how to deliver such a package of support).

Duty to assess and meet need

Social services authorities and NHS bodies have a duty to assess and meet the needs of individuals including their health or social care accommodation needs. In so doing they are subject to the UN Convention on the Rights of Persons with Disabilities[10] Article 19 obligation to promote the rights of disabled people to 'independent living'. In this context, the Statutory Guidance to the Care Act 2014 states that 'supporting people to live as independently as possible, for as long as possible' is one of its guiding principles (para 1.19). The obligation brings with it the

[10] The UK ratified the Convention in 2009.

requirement that assessments be personalised. The 2022 CHC Framework, for example expresses this in terms of ICBs operating a 'person-centred approach to all aspects of NHS Continuing Healthcare, using models that maximise personalisation and individual control and that reflect the individual's preferences'[11] and the Statutory Guidance to the Care Act 2014 describes it in terms of promoting 'wellbeing, social inclusion, and support[ing] the vision of personalisation, independence, choice and control' (para 8.2).

Best value

Local authorities (including those with adult social care and children's services responsibilities) are under a duty to 'make arrangements to secure continuous improvement in the way in which [their] functions are exercised, having regard to a combination of economy, efficiency and effectiveness' (section 3 Local Government Act 1999) and the Statutory Guidance to the Act[12] stresses the importance of authorities 'being open to external challenge and scrutiny, including in the form of regular peer challenges' (para 16) and of acting 'as one, rather than in siloes'. In relation to the NHS, this obligation is to be found in the NHS Constitution (2023) principle 6 'The NHS is committed to providing best value for taxpayers' money'. The NHS has considerable powers to undertake budget sharing / 'responsibility transferring' arrangements with local authorities[13] and to make payments to them 'towards expenditure incurred or to be incurred by it in connection with any social services functions'[14] as well as to make similar payments to 'voluntary bodies'.[15]

Not infrequently, it appears that ICBs and local authorities lack the experience to deliver HOLD schemes: best value schemes that offer very substantial budget savings in return for an initial capital injection. As noted above, although they have the necessary powers to do this, these may be situations where advice from an expert agency may prove to be pivotal in bringing this about.

Children & Young People with Special Educational Needs and Disabilities (SEND)

The SEND Code of Practice (2014)[16] requires that ICBs and local authorities support disabled children and young people 'towards greater independence'; that this 'support needs to start early, and should centre around [their] aspirations, interests and needs'; and that all professionals working with them should have 'a good understanding of what support is effective' in enabling them to achieve their

---

[11] Department of Health and Social Care National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022) Para 186 – and see also NHS Constitution (2023) principle 4 'The patient will be at the heart of everything the NHS does'.

[12] Ministry of Housing, Communities & Local Government Statutory guidance: Best value standards and intervention: a statutory guide for best value authorities (2024).

[13] Section 75 NHS Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

[14] Section 256 NHS Act 2006,

[15] Section 257 – a 'voluntary organisation' is widely defined as 'a body the activities of which are carried on otherwise than for profit, but does not include any public or local authority' – section 275 NHS Act 2006.

[16] The Code is 'Statutory Guidance' to which local authorities and ICBs (among others) 'must have regard to when exercising' their SEND functions (section 77(4) Children and Families Act 2014). Which means that they must be able to explain any departure from the guidance in the Code (page 1 of the Code).

ambitions (para 8.1). This means that local authorities and ICBs should 'ensure that there are pathways into' (among other things) 'independent living, participation in society and good health' – and that such pathways should 'set out clear responsibilities, timescales and funding arrangements' (para 8.3).

Further reading

The Challenging Behaviour Foundation *8 Ways to Get a House* (2017).

Lane L, Provan B, *Disabled people's lived experience of housing in the UK: an evidence review* Office for Equality and Opportunity 29 January 2026.

Local Government Association and ADASS *Home ownership for people with long-term disabilities (HOLD) Factbook* (2018).

HM Government *Home Ownership for people with a long-term disability (HOLD)* (2025).

Mencap *Over half a billion pounds a year is spent locking up people with a learning disability and / or autistic people in mental health hospitals in England* Mencap (2024).

NHS England *Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition* (2015).

NHS England *Amy's story: Amy talks about how she has directly benefited from a life plan* [developed with Cornwall & Isle of Scilly ICB and Cornwall Council] (2024)

NHS England *Building the right home: NHS housing capital guidance* (2024).

NHS England *Supporting autistic people and people with a learning disability to live well in their communities* 14 July 2026.

MySafeHome Case studies at https://mysafehome.info/testimonials/downloads

Sproson K *How to claim the 'severely mentally impaired' Council Tax discount* Money Saving Expert (2026).