Negotiating shared housing, care and disability: How housemates, staff and family members navigate ambivalent atmospheres of home-making☆

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A B S T R A C T

Feeling a sense of home has long been an aspiration by and for people in shared supported housing yet is often overlooked in its provision. In these settings, home is co-constituted through the interactions of housemates, care staff and visiting family members. However, the collective perspectives of these three groups remain underexplored, and this housing context is still marginal within geographies of care and home. This study examines how the atmospheres of such homes are shaped through the socio-material presence and practices of these actors, focusing on adults with intellectual disabilities living in staff-supported shared accommodation in England. Using a novel combination of photovoice with housemates and interviews with care staff and family members, we show how the routines, demands and material presence of staff are integral to home-making. Our findings reveal home-making as an ongoing relational competence involving multiple entanglements that unfold across bedrooms, shared spaces and the wider neighbourhood. We argue that attending to the relational atmospheres of home-making exposes how tensions, dependencies and everyday constraints can unsettle a sense of home, while also indicating how more positive atmospheres might be cultivated for housemates. These insights have relevance beyond this group, offering direction for broader work on how a sense of home is relationally made.

Accessible Summary.

- Feeling at home is often ignored for people in supported living.
- We found ways of home-making that were supported by staff and family.
- Things often got in the way of home-making such as staff taking shortcuts.
- We show how home-making can take place but needs to be given more priority.

1. Introduction

Over the past two decades, a growing body of literature has explored the meaning of 'home' (Blunt 2005; Blunt & Dowling 2006; Brickell 2012; Tang et al. 2022). Home is understood not only as a physical structure but as an imaginative and affective space—constructed through memory, attachment, and identity (Mallett, 2004; Easthope 2004). It may also extend beyond the dwelling to include communities as places of belonging (Boccagni and Bonfanti 2023).

Much of this work focuses on normative ideals of home as a site of rest, comfort, security, and self-expression (Gilman 1903 [2002]; Young 1997; Easthope, 2004). These ideals serve as benchmarks for what it means to 'feel at home' but also expose when people's experiences fall short (Collins 2015; Ortega-Alcázar & Wilkinson 2021). Baxter and Brickell (2014) note that home can also be *un*made through the loss of privacy, independence, or autonomy—a recurring theme in research on care and home (Twigg, 1999; Wiles 2003; Dyck and England, 2012). This work largely centres on private homes that become sites of care, whereas shared homes for people with complex needs are designed or commissioned as care settings at the outset. Here, care is woven into the

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architecture, routines, and materials—ramps, signage, staff presence—that shape everyday life.

While it is vital to recognise when a sense of home is unmade, idealised conceptions of home also carry problems. They often draw on essentialist notions of autonomy and domesticity that exclude non-normative experiences (Blunt & Dowling 2006). For disabled people, Imrie (2010) shows how ideals of autonomy and sanctuary can contradict lived experiences, limiting their agency in home-making. Yet, as newer work suggests in ageing geographies (Tang et al. 2022; Soaita & McKee 2019; Pazhoothundathil & Bailey 2021), people and their significant others including staff can co-construct meaningful senses of home in ways that challenge normative expectations. Much of this work is focused on the residents' or significant other person's perspective; accounting for how multiple parties co-constitute a sense of home is often poorly understood. Our study addresses this gap by examining how adults with intellectual disabilities (referred to as housemates), care staff and visiting family members collectively co-create a sense of home in shared housing and how they manage the tensions which can emerge. While these settings have been explored within disability studies and service evaluation research (e.g. Clement & Bigby 2010) which we cover next, they have been understudied in the geographies of care and home.

We address this by adopting a novel use of photovoice (detailed more in Chinn et al., 2024), involving photo-taking and in-situ mobile interviews with housemates, alongside interviews with staff and family members, to explore how home-making unfolds through socio-material relations in these hybrid living–working spaces (Svanelöv 2019). We use 'home-making' to denote the creation of a sense of home, distinguishing it from 'homemaking' as domestic labour. Home-making is *always* underway, yet here it unfolds through an ambivalent blend of socio-material relations among housemates, staff and families.

Drawing on Duff's (2016) notion of *atmosphere*, we conceptualise how a sense of home collectively emerges from these interactions and how boundaries—physical, institutional and interpersonal—shape home-making across bedrooms, communal areas, neighbourhoods and family relations. Each group's orientation toward the home—shaped by their respective power position—produces overlapping, and sometimes conflicting, atmospheres. These atmospheres form through their collective presence and competing demands, and can unsettle positive associations with the home, raising questions about how such spaces are governed. By attuning to the relational atmospheres of home-making, we highlight moments when it is overlooked in everyday staff practice and in regulatory approaches that sideline the material and relational dimensions of creating a home. The next sections situate the study within research on care homes, the geographies of care and home, and the atmospheric lens guiding our analysis.

2. Literature Review

2.1. Research in care homes and residential care settings

Across the Global North, twentieth-century policy shifts helped move the care of disabled people from large institutions to community settings. In England, this trajectory is exemplified by the Valuing People White Paper (Department of Health 2001), which affirmed the government's commitment to 'small-scale ordinary housing' (p.73) as key to independence and control for people with intellectual disabilities. The term ordinary runs through decades of UK policy—from the King's Fund (1980) call for homes 'with the facilities and homeliness an ordinary working family would ask for' to more recent guidance (Broadhurst 2017; Institute of Public Care 2020). Yet there remains little specification of what 'ordinary' means for people with intellectual disabilities who receive regular staff support.

Our research examines different forms of supported housing for people with intellectual disabilities in England—primarily residential care homes ('group homes') and supported living (NHS 2023), which vary in governance and ethos. Around 15 % of working-age adults with

intellectual disabilities receiving social care live in care homes, typically larger settings where the care provider also owns the home (NHS England Digital, 2022). 84 % of care home beds are owned by private companies; a rate that has risen over time (Blakely and Quilter-Pinner, 2019). Supported living, by contrast, involves individual tenancies and separate care providers, aiming to promote personal choice and control; around 23 % of adults with intellectual disabilities live in such settings (LDAHN, 2023). Half of those in residential care compared to two-thirds of people in supported living chose the place where they live (Blood et al. 2024). In both settings, conditions underpinning care work also significantly shape home-making. Care work remains among the UK's lowest-paid sectors, with median pay (£11.00p/h) below the national 20th percentile (£11.54p/h), which contributes to a high turnover of 27 % (Skills for Care 2024). These factors affect consistency in care relationships central to home-making.

Only services that provide personal care or other regulated activities need to register with the Care Quality Commission (CQC). If tenants are getting only 'social support', they are not regulated. The CQC's inspection and regulatory regime tends not to explicitly prioritise the sense of *home* (in the sense of comfort, belonging, individualisation, atmosphere). Many of their regulatory criteria are on what can be *measured* or *audited* (safety checks, records, procedures) rather than what is *felt* (comfort, personalisation, atmosphere). Although the 'environment' (physical layout, cleanliness, hygiene) is considered, the emphasis tends to be on safety and accessibility rather than aesthetic or relational qualities of home-making (e.g., décor, residents' personalisation, interplay of materials/objects). Meanwhile, the REACH Standards (Paradigm, 2013) are the most widely recognised UK framework for supported living, comprising nine voluntary standards to ensure people can live 'with the same choices, rights, and responsibilities as other citizens.' Examples include 'I choose who I live with' and 'I choose who supports me.' The standards have been informed by the policy of personalisation, an approach that seeks to give individuals choice and control over their care and support plans based on their specific needs, wishes, and what matters to them. While these standards promote self-determination, they frame autonomy as individual and pre-existing, overlooking the relational and collective processes through which home is actually made, which we explore here.

Research on home-making in congregate settings, particularly in elder and dementia care, has begun to reverse earlier assumptions that institutional care inevitably *un*makes home. Studies show how residents and staff can together create homely, personalised environments (Pazhoothundathil & Bailey 2021). Leinonen (2021) meanwhile examines the complex boundary work carers undertake to maintain their sense of privacy within adult foster homes for older people. Within disability service research, attention has focused more on material quality and institutional characteristics than on how residents themselves feel at home (Felce et al. 2008; Series 2022). Recent studies have sought to counter this (Bigby & Beadle-Brown, 2018; Ribenfors et al. 2025; Chinn et al. 2024) by seeking to reveal that residents' sense of home is multi-dimensional, linked to identity (personal home), physical comfort (physical home), and relationships (social home). This work offers a bridge towards the critical geographies of the home and care, which has helped develop deeper understandings of how material, affective, and relational dynamics shape the experience of home.

2.2. Geographies of home and care

Cultural geographies of home have long argued that a secure place to live is central to one's ontological security (Easthope 2004; Hiscock et al. 2001). This idea is accompanied by calls to extend the positive value of home to those at the margins of housing security (Bennett 2011). Like Bennett, we do not reject the ideal of home but contend that its associated values should also be attainable for people with intellectual disabilities. Yet these values are deeply contingent upon embodied and socio-political processes operating within and beyond care settings.

Critical geographies of home have sought to expose the varied ways home can be *un*made, in both severe and everyday contexts (Brickell & Nowicki, 2014). This includes inequalities in housing access and experiences that diminish belonging (Ortega-Alcázar & Wilkinson, 2021). Research shows how neoliberal marketisation has constrained suitable housing for disabled people (Power & Gaete-Reyes, 2018). Home *un*making is also a recurrent (but often implicit) theme in geographies of care scholarship, which typically focuses on people receiving care in their own homes. Here, care is often portrayed as a disruptive force, compelling residents to 'refigure' their homes as their health changes (Dyck 1998; Wiles 2003; Dyck and England, 2012). Milligan (2009) demonstrates how care technologies—catheters, hoists, wheelchairs—can 'institutionalise' the home, while later work (Padilla-Altamira 2017; Budworth 2024) recognises that families often domesticate these elements, making home a simultaneous site of care and comfort. These dynamics underscore the home as a site of negotiation between comfort and control, intimacy and intrusion. This sense of ambiguity is echoed in Lowe and Deverteuil's (2022) work, which shows how home for people with mental ill-health can range from a place of retreat to one where distress intensifies and entrapment occurs.

Studies of home unmaking in residential care settings for older adults and for people with intellectual disabilities has focused on the pull towards institutional and depersonalising practices that develop in settings where the care recipient's home is a workplace for staff (Hellzen et al 2018). Staff have shift patterns and must accommodate externally imposed standards of health and safety that enforce schedules for meals and activities irrespective of individual preferences (Benoot et al, 2025, Svanelöv, 2019). Residents experience their homes in ways analogous to hotel guests, with little involvement in the domestic tasks that constitute everyday homemaking (Chinn et al., 2024).

Our analysis aligns with this approach, recognising the ambivalent tensions in the socio-materiality of care, while turning our attention to the 'micro-geographies of deinstitutionalised landscapes' (Parr 2000). As noted, most studies in this field consider either the carer's or the care recipient's perspective. Our study sought to examine how three actors—housemates, family members, and care workers—each contribute to a collective sense of home and extending the analysis beyond the house to the surrounding neighbourhood. Taking this wider lens, we recognise how a sense of home can relate to a wider sense of belonging (Kaley et al. 2022). We take this approach forward by adopting an atmospheres framing to examine how home is felt and how boundaries are enacted and complicated through these entangled social and material relations.

2.3. Cultivating a socio-material atmosphere of home

Within the geographies of care and health, the concept of *atmosphere* (Anderson 2009; Duff 2016) has been used to make sense of the affective, sensory, and material relations that shape everyday environments. Atmospheres offers a helpful lens to capture the particular quality of spaces as a collective constellation or 'assemblage' of bodies and objects that 'envelopes' and 'presses upon' the lives of those within that space; 'Atmospheres inhere in encounters between spaces and bodies, objects and subjects, whereby a particular set of properties or qualities emerges' (Duff, 2016: 63).

We draw on this concept to understand how home-making unfolds in shared housing for people with intellectual disabilities. In these settings, home is a space characterised as a distinctive form of 'envelopment' (Anderson, 2009: 80) by multiple presences and overlapping purposes: it is simultaneously a dwelling, a workplace, a space for visitors, and a site of care. Here, a sense of home arises through socio-material relations that include both human and non-human actors—the residents, staff, family members, and the physical and material artefacts that constitute daily life.

Rather than merely co-occupying the home, each constitutive actor is involved in relationally scaffolding the sense of home for housemates. We build on Davy's (2015) feminist conception of relational autonomy, in which 'the agency and autonomy of individual persons only emerges relationally through the support and enablement of others' (Davy, 2019: abstract). Here, we approach interdependence and the need for support as a *relational competence* (Mackenzie, 2019); not simply a set of 'skills' but an orientation that involves recognising and negotiating relationships, vulnerabilities, and dependencies in ethically responsible and context-sensitive ways. This perspective challenges dominant personalisation frameworks in supported living that position autonomy as an individualised ideal (Paradigm, 2013). Instead, we seek to highlight how autonomy is achieved collectively, through negotiated relationships and shared practices that sustain the home.

Attending to the *social* dimension of an atmosphere emphasises how these settings are structured by relationships and by the cultures of care affected by institutional regulation and action (Greenhough et al., 2022) within which they operate. The *material* element draws attention to the agency of everyday objects and infrastructures—furniture, documentation, care technologies, signage—that shape the atmosphere of a home (Bennett 2004; Holmes 2024). Here we recognise the durability and 'stickiness' (McCormack, 2018) of socio-material atmospheres, particularly in our context of shared homes, where a sense of home is shaped by intellectual disability, enduring staff presence, and embedded care practices—challenging views of atmosphere as an 'always-unfinished event' (Duff, 2016: 58; see also Duff, 2023). Within such cultures, particular atmospheres may be intentionally cultivated or 'staged' (Bille et al. 2015), which can give rise to ambivalent encounters and interactions, echoing Perski et al.'s (2020) account of mental health employment training centres as simultaneous sites of recovery and stress. Recognising these ambivalent qualities allows us to see home-making not as a fixed outcome but as a continual 'sticky' process. Moreover, this recognition can help address the more general problem identified by Duff (2023) of identifying the affective and material character of an assemblage such that one may distinguish 'therapeutic' from 'oppressive' arrangements.

The concept of atmosphere thus provides a productive way of capturing how ambivalent feelings of belonging and comfort, as well as frustration or exclusion, are generated through embodied and material interactions that cross different spatial domains from bedrooms to shared communal areas and outwards to the surrounding neighbourhood and family boundaries. Understanding shared homes as atmospheric spaces allows us to explore how care, materiality, and everyday life together shape what it means to make a sense of home. To explore how these socio-material atmospheres are produced and experienced in practice, we adopted a qualitative, participatory research design drawing on Photovoice and interviewing methods.

3. Methodology

3.1. Research Design and Ethics

Our research methodology was designed to ensure people with intellectual disabilities living in shared housing could give an account of

their experiences of what helps them feel at home where they live, and what gets in the way. We designed a photovoice research methodology with a co-researcher with lived experience (detailed more in Chinn et al., 2024), involving guided photo-taking and walking interviews with housemates. This was complemented by interviews with family carers and staff, outlined below.

Ethical approval for the study was given by an NHS Research Ethics Committee (REC ID 1/IEC08/0025') and our respective University ethics panels. We shared Easy Read information and an animation with housemates about taking part during face-to-face meetings to inform potential participation. People who were able to give informed consent filled in an Easy Read consent form. For individuals with more profound disabilities, who we understood were not able to give informed consent, we approached a Personal or Nominated Consultee, in line with the UK Mental Capacity Act code of practice (Department of Constitutional Affairs, 2007), and shared information about the study and the nature of participation to the Consultee, who made a best interest decision on behalf of the housemate to take part.

3.2. Photovoice

Photovoice is a participatory arts method which engages community members in photo-taking and discussion about their social and material conditions (Wang and Burris, 1997). It has many advantages as a research approach suitable for people with intellectual disabilities, as it allows participants to express themselves through visual images, which create a concrete focus for further discussion and encapsulate a wealth of everyday detail (Chinn and Balota, 2023). It was also well suited to exploring how place and people's relationships with objects and spaces (as represented in participants' photographs) as well as practices that constitute the lived experiences of disability within the home.

We adopted a novel application of the 'guided photovoice method' (Overmars-Marx et al., 2018) in which a co-researcher with lived experience informed the design and helped deliver photo-taking workshops. Each participant took the researcher on a guided tour of their home either taking photographs themselves or directing the researcher to do so. Throughout the study we were engaged with our participants in discussion of ethical issues relating to consent, privacy and control over personal information. This included exploring seeking consent when photographing others and sharing photographs.

A diverse group of 19 people with intellectual disabilities living in different shared accommodations with staff support participated in the photovoice study (11 men and 8 women). They were recruited through learning disability support organisations in London and South East England. Most were White British (13/19). Five housemates lived in care homes, and the others in supported living. Their residences housed between 2 and 9 housemates. Participants took photos in and around their homes and discussed them in individual walking interviews through their home with a researcher. Group sense making workshops were co-facilitated with the co-researcher with lived experience. The photographs were intended to foster participation and elicitation among housemates with varying levels of need about their experiences of home. Walking interviews were audio recorded and manually transcribed, and photographs were incorporated into transcripts.

3.3. Interviews

The interviews with family carers and staff were designed to entail a series of questions about homemaking, such as 'would you be happy to live here?', 'how does your care work or family involvement shape the home-making'? Questions also explored the administrative procedures, rules and regulations in the shared home. A sample of 9 family members (2 sisters, 2 fathers and 5 mothers) of people with intellectual disabilities living in shared accommodation and 20 residential support staff participated in interviews online using MS Teams. Interviews were recorded and transcribed by MS Teams and the transcriptions were sense-checked for accuracy.

3.4. Analysis

Data was analysed using reflexive thematic analysis (Braun and Clarke, 2022), undertaken collaboratively as a team. This involved reading transcripts together in group analytic sessions, while examining our own assumptions of home and positionalities as geographers, clinical psychologists and home-owners in dialogue with our co-researcher with lived experience in supported living. This analysis proceeded iteratively, using both inductive and deductive coding to generate themes relevant to our research aim.

For this paper we seek to present different voices of each of the three actors (housemates, carers and staff) in recognition of the co-constitution of the sense of home. Where possible, we have included quotes from the housemates alongside their photographs, however in some cases, verbal dialogue was limited among those with more profound intellectual disabilities; their engagement in the study was predominantly captured through the photographs, which we prioritise in our findings alongside the staff and family interviews. The approach, Aldridge (2007) argues, allowed a focus on the capacity rather than incapacity of all housemates, enabling them to show rather than tell of their experiences, with many of the photos speaking for themselves as much as needing to be interpreted. For more details of our methodology and analysis, these are outlined in our paper (Chinn et al., 2024). All participant names have been changed with a label to denote their orientation: /housemate/staff/family.

4. Findings

Our findings illustrate how home-making is continually enacted through material, social, and emotional relations within shared homes. We explore these processes across three domains which, although interconnected, demonstrate distinct atmospheres: the bedroom, the communal spaces, and the neighbourhood and family boundaries.

4.1. The bedroom

For most housemates, the bedroom was central to feeling *at home*—a space they could make recognisably their own. Across photographs and interviews, housemates highlighted how personal items—family photos, medals, drawings, keepsakes, and furniture—contributed to a sense of identity and belonging. Such displays often represented valued relationships and achievements, producing an intimate geography of self through things (Rose, 2002). Ben/housemate photographed his bedroom wall (below) crowded with family photos, explaining simply: '*That's what makes it homely—people I like*'. Another took pride in arranging model buses and sports memorabilia, narrating his collection as a reflection of his identity and life story.
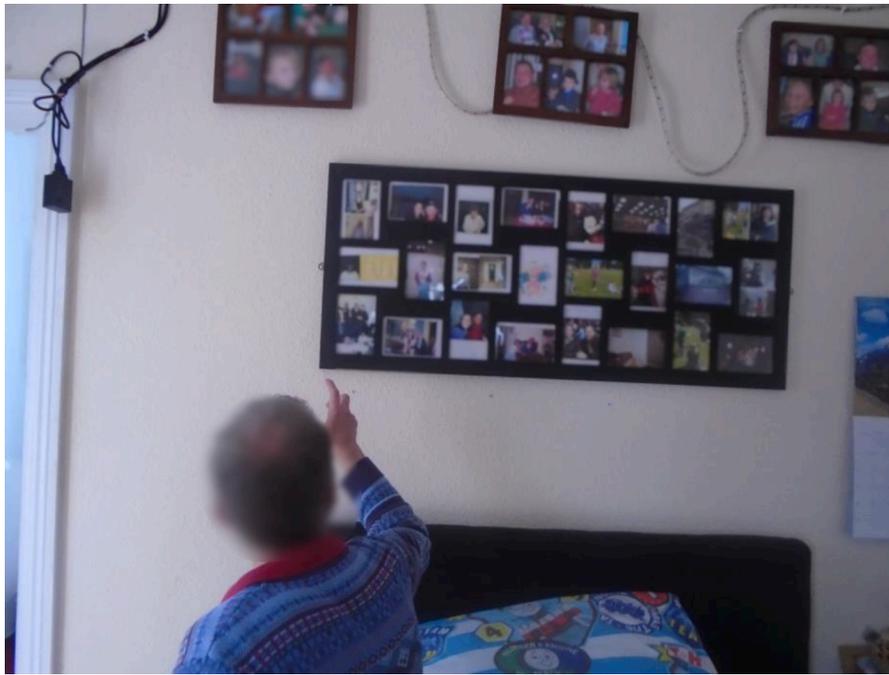
Source: Ben/housemate.

These personal displays depended on material and emotional support from staff and family who helped acquire, arrange, or maintain the items that gave bedrooms a personal quality, which a staff member commented, '*they definitely reflect their personalities*' (Sam/staff). The extent of choice in bedroom design was sometimes limited, for example by a selection of pre-selected paints by staff, highlighting a mediating role. In another example, we learnt from a housemate of a key worker who had helped her to develop a 'circle of life' and note to her late sister which she had pasted with blue-tac on her wall. *'that's the circle of life that my key worker did for me, and the habitat sign. She did this, and I liked this you know, [it helped] explain how I felt of the time'*. (Jen/housemate). In this example, the staff member had been attentive to the socio-material relations of home-making.

Source: Jen/Housemate.

Family members often played a similar role, helping their relatives choose furniture, colours, or bedding to reflect personality and comfort. A mother described spending a weekend redecorating her adult son's room with him, picking paint colours he liked, and reflecting overall that, *'I made it my mission'* (Kai/family). Such co-produced home-making echoed wider themes of relational autonomy (Davy, 2015) that characterise community-based living, where interdependence and care are continually entwined.

This relational home-making was also visible in transitions from larger congregate to community settings, where residents sometimes brought few possessions or found it difficult to assert preference, *'where there is nothing on the wall and everything is boarded up or locked up'* (Pat/staff). Staff described how time and gentle negotiation were needed to make the bedroom feel safe and personal.

> *So, when he came here and we had curtains and pictures and stuff, he removed all the pictures, literally, physically ripped them off the wall. So we didn't put them back up. All of our curtains in the bedrooms and the*

area as well, are on magnetic poles. So when he pulls them down, we just click [the] magnet and back up. … after about six months, the curtains didn't come down anymore…. So after about a year of that, we then went OK, well, we're gonna try pictures again. (Pat/staff)

This account illustrates how even small, slow acts of care can mark a shift toward ownership and comfort, however, it also suggests a more ambivalent form of disciplining or subjectification taking place, couched within the language of adjustment.

This ambivalence was more evident where challenging factors coalesced in shaping the housemate's feelings of their bedrooms. Sometimes, these experiences were direct outcomes of this co-constitution and the competing priorities of staff. Some housemates' photographs and interviews revealed bedrooms that were barer and more sterile. This was evident in the photo below and served as an example of where primary care needs had become dominant and taken preference over efforts to make the housemate feel more at home. Nonetheless, in this case, we learnt of the participant's appreciation of his comfortable bed, thus challenging normative domestic aesthetic norms that assume a mechanised bed automatically represents an institutionalisation of the homespace (Milligan, 2009).

look at these. They are in my bedroom. I don't know what they are for. I'm happy to have them in my room' (Paul/housemate). This example suggested a strong dual orientation towards getting *by* with the personal circumstances and getting *on* with staff.

Housemates' experience of their bedroom as a personal and individual space was sometimes undermined by the intrusion of objects

linked to routines of care. In Paul's room (below), for example, a locked medicine cabinet—operable solely by staff—symbolised this encroachment into personal space. This illustrated the ambivalence between regulatory aspects of care that permeated even the most private areas of home life. In this case, Paul was accepting of and relaxed about staff members' ongoing material presence in his bedroom and had found ways to accommodate this, evident in the accompanying caption, *'I don't*

Occasionally, this acquiescence tipped over into frustration when housemates felt frustrated but had to be resigned to waiting for things to get fixed in their bedroom, as illustrated in the photo and caption below.

Source: Alice/housemate.

*Crack in the wall. **When?** This happened quite a while ago. In my bedroom. No one did it, it just stays there. Just a crack, you get used to it. **Is it getting fixed?** It is upsetting… It is taking a while to fix it. It is frustrating, I want this to change* (Alice/housemate).

This ambivalent mix of resignation and frustration about issues with the bedroom reflected some wider tensions about how home-making, as an ongoing practice, was a lower priority for staff. This ambivalent sense became more pronounced in the communal areas of the household, which we turn to next.

4.2. The communal spaces

In contrast to the more personal imprint evident in bedrooms, communal spaces like living rooms were contact zones where housemates, staff and visiting family members continually negotiated encounters and uses of space together. In some homes, housemates and staff had added decorative touches or used the living room for shared activities such as watching television or listening to music. These everyday practices of home-making appeared in housemates' accounts of group activities, which conveyed a convivial atmosphere, *'Just when we're all in a good mood and sitting and chilling watching TV or movies or playing video games, we all socialise and chat'* (Daniel/housemate). Family members echoed this, reflecting how their visits often centred in these areas, *'But yeah, usually [family members will] just they'll just use the communal spaces. Yeah, they'll just come on over, watch TV with them and have a chat'* (Val/family).

Source: Ash/housemate.

Although staff aspired to meet individual needs and interests, they described how sharing the communal areas required helping housemates identify common ground and make small compromises: '*So you've had that time on the telly. So now it's so and so's time or you can listen to music in your bedroom*' (Remi/staff). Examples included rotating film or snack choices on movie night, although as one housemate wryly noted, '*Sometimes. You've got to get in here first and put it on*' (David/housemate).

To support daily rhythms, many homes relied on fixed schedules (e.g. mealtimes). One staff member questioned whether this predictability served staff interests more than housemates: '*I think we have a perception that all people with learning disabilities love routine when in reality maybe we love the routine of it all*' (Sharon/staff). The comment points to how structured routines may conveniently privilege staff needs over housemates' autonomy.

House meetings, typically held in kitchens, were sometimes used to discuss activities, chores and household decisions. Several staff stressed wanting to avoid passive environments where housemates '*sit in chairs all day doing nothing*' and '*playing bingo*' (Alex/staff). This mediation work extended to managing the residents' behaviour and seeking to find common agreements over being respectful of each other, helping to give space when people needed it. Material traces of these efforts were visible in housemates' photos, shown below.

Source: Ash/housemate.

Sharing the communal spaces also involved finding space for accommodating ornaments that housemates or staff brought home or facilitating housemates to hang their artwork on walls. These are reflected in Daniel's photos and discussion below.

Source: Daniel.

Daniel photographed a set of wooden elephants gifted by a staff member and artwork painted by a fellow housemate, commenting, '*It just makes it homey… each thing is chosen by residents.*' Such artefacts reflected shared authorship of the communal space and an atmosphere of mutual care: '*We are a family here and we all look out for each other*'.

While the above account suggests a shared convivial atmosphere, it was not always harmonious. Housemates sometimes disliked each other and the ornaments and pictures in communal spaces. One staff member described how when a new housemate shifted the house dynamic entirely. The long-established group was described as a 'family' after 10 years together: '*So anyone new coming in, it was gonna be difficult. But this gentleman was a lot younger than them. Yeah. So it's just it did change the house massively*' (Remi/Staff). Home-making here involved staff mediating personalities and reassuring longstanding housemates, '*Yeah, this person is just like that sometimes and that's why they live here because we need to help them. And remember when you came and it was difficult or we're gonna get through it*' (Pat/Staff).

Some, like Gordon, expressed quiet resignation about communal décor, describing a picture in the dining room he disliked, '*I just have to get used to it. [It's] not really my taste. It might be [Paul]'s taste. You know what I mean?*' (David/housemate). Similar sentiments surfaced where participants drew attention to broken or non-functional possessions (e.g. Alexa and CD player) and furnishings that they felt obliged to live with. Housemates (and visiting family members) also navigated the embodied imprint of care workers, whose presence appeared through visible material objects like office chairs, paperwork, or the designated 'staff sofa'. Housemate Paul noted, '*I have sat on this sofa, but usually this sofa is for staff (researcher note – staff phone is charging)*'.

Housemates were generally accommodating or resigned to staff presence but family members sometimes sought to push back when they felt staff 'taking over' communal areas. Bobby (family) expressed this when a staff member left out a takeaway pizza in the lounge overnight, suggesting their relative's sense of home was being overlooked. This sense of what *un*makes a positive sense of home appeared in several photographs below taken by housemates. The three images highlight moments where cultivating a homely atmosphere had been neglected, and immediate care tasks dominated—seen in overflowing boxes, left-over paint pots, discarded mattresses, and other objects, sometimes spilling into the garden. In the latter case, Daniel (housemate) stated, *'it just doesn't make it look good, does it?' It's a bit dirty at the minute, the garden and a bit messy… and we've got an old mattress'.*


Source: Mike Source: Paul.

Source: Ken.

The sense of what detracts from feeling at home was also evident when staff made their presence visible through their use of the home as a workplace. In the following housemate's photo, staff are shown completing paperwork, an embodied reminder of their authority in shared spaces. In these moments, housemates and family members sometimes felt staff were 'taking over' the kitchen or living room. When asked if she felt comfortable making tea with her sister, one family member responded: '*Oh no, no, no… the kitchen is the staff's domain. Definitely.*' (Carson/family). Another family member echoed similar experiences: '*And he'll want to go through the kitchen for something and they say we're having a staff meeting. You can't come in.*' (Kit/family).

Source: Ken.

Some staff acknowledged this tension and sought to blur the boundary between home and work, for example inviting housemates to do shredding alongside their paperwork tasks. However, others reinforced this separation through office signage or controlled access, sometimes bordering on more punitive control, shown in the photograph below. This sign is emblematic of staff seeking to distance their work from the rest of the household which can inadvertently create more hostile atmospheres.
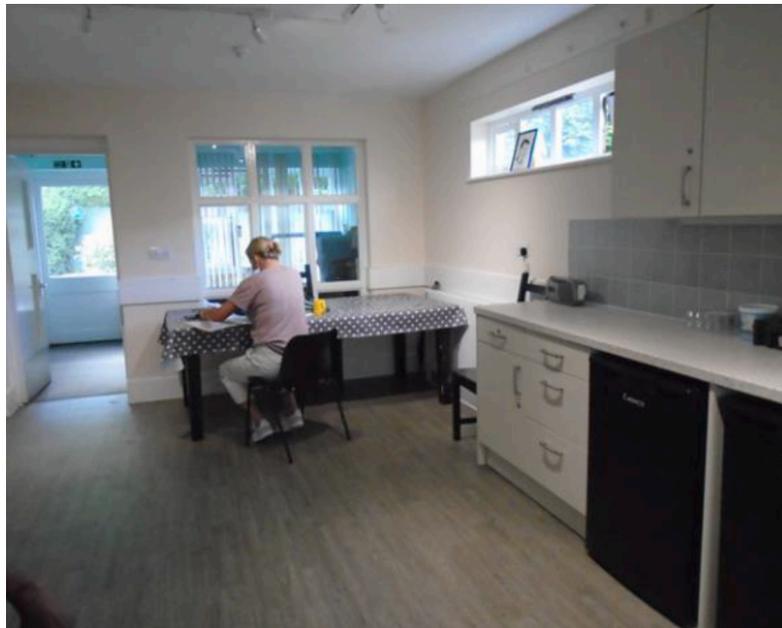
Source: Ash.

Staff themselves recognised the contradiction. When asked, 'would you feel at home here?' they typically admitted they would not; one laughed at the question, inadvertently revealing the power imbalance. In the home with the garden waste, the dumped items had been removed by the next visit. Beyond these immediate reactions, some staff sought to justify their position by referring to how they are governed by external regulatory codes which do not prioritise a sense of home, as illustrated in the quote below and the following photo.

You've got all of your signs that CQC would expect you to see in buildings and a lot of it is health and safety stuff to be honest. You've got your filing stuff…, your escape routes… your instructional things, but you've got to bear in mind that a lot of those instructional things are for…, the service users are not going to be able to interpret some of those signs. You do have things that make the place look more institutional rather than a house. But it's legal compliance stuff that you've got to have (Alex/Staff)

Source: Ash.

These regulatory controls show how 'cultures of care' had become expressed through professionalism and regulatory compliance, echoing Greenhough et al. (2022). Most housemates did not consider these regulatory materials as automatically anathema to feeling at home, reflecting a general acceptance of such features. When asked '*does [the sign] help you feel at home?',* Ash (housemate) replied, '*Yes, it does. Because if there's a fire and you can't see it, it's always important to have signs up'.* We interpreted this less as genuine endorsement and more as being socialised into the shared home's regulatory culture.

Staff similarly felt they had little influence over these features, '*I think probably the reality is that they don't really notice the things like the fire signs and stuff. It just is. It's just always been'* (Sharon/Staff). This lack of control extended to the design and commissioning of the houses. One staff member explained that the housing provider is a for-profit company with directors in Dubai, and in some homes, this resulted in rules banning pictures in corridors, as shown in Ken's photo.

In response to external restrictions imposed upon some provider- or council-owned homes, family members noted how these features detracted from a sense of home, *'the place was designed in a way, which felt very institutionalized. The same carpet throughout. You know, you could make changes to your individual rooms, but in the communal spaces, it was very much a hospitalised environment and a clinical environment'* (Holly/family). Some family members sought to work around these constraints, using DIY tactics to hang temporary pictures. Staff also recognised the issue and explored small ways to 'personalise' spaces: *'But there's things like um fire signs everywhere and those kind of things that make it feel less homely. And I've seen other places where they, like, put a picture frame around a fire sign, you know, so you can make it feel a bit nicer'* (Sharon/staff).

Beyond communal areas, a final domain shaping the sense of home was the more peripheral spaces outside the immediate boundaries of the home, where housemates traversed the neighbourhood and where family members interacted with staff. Here, housemates' feelings of home depended on how staff mediated these relational spaces.

4.3. Traversing the neighbourhood and family boundaries

The nearby neighbourhood is an important domain that can contribute to (or detract from) a person's sense of home (Boccagni and Bonfanti, 2023). The extent and quality of encounters with neighbours was varied among housemates. There were a few instances of valued interactions with neighbours (which seemed to be initiated by the neighbours themselves) mentioned by our housemates, but most did not know their immediate neighbours and some admitted they would not recognise them or vice-versa to say hello. There were also examples of being met with negative responses, even discriminatory name-calling; part of a long history of people with intellectual disabilities being made to feel unwelcome in community settings (Borell & Westermark, 2018).

In one housemate's account, despite growing up in the area, he still did not know anyone on the street and merely stated he knew some people *'only down the road'* closer to where he had grown up (Harry/housemate). Another recounted that since moving to his new flat, he preferred where he used to live, suggesting the move was not of his choosing, *'back in my place, my old flat, I had my friends there'* (David/housemate)'. When we asked housemates more generally whether they 'feel at home' within their neighbourhood, many candidly stated 'no' or 'not really'.

However, while social encounters with neighbours were minimal, we heard many accounts of housemates going out in the community by themselves 'to relax' in the park or quietly in the church or at the beach, *'I love going to the beach in the summer and swimming in the sea and having picnics and just chilling'* (Daniel/housemate).

Source: Daniel.

Some spoke about going down to the local shops where shop keepers were familiar with them, including the pet shop (for fish food) or charity or pound shop for buying snacks or other low-cost purchases. Many were familiar with their immediate vicinity and seemed to go out regularly to their favourite sites ('*And that's near to the house where my sister was living… It's only a three-minute walk from here*' (Jen/housemate), echoing findings from Power and Bartlett (2018) of negotiating local safe havens within a wider context of exclusion.

This exclusion translated into a feeling of living on the margins—where both their homes and lives seemed shaped by a quiet remoteness from the community around them. A housemate gave a personal account of this sense of remoteness in the community when discussing a view from her bedroom: '*A gate where I go out into the road. There are other flats in the estate but I don't know the people who live there*' (Alice/housemate).

This sentiment was expressed by other housemates and provides a counterpoint to narrow understandings of 'privacy' as a solely positive value of home (Young, 1997). Family members echoed this concern, pointing out how the houses were being positioned on the periphery of towns and villages and were designed or commissioned without the housemates' right to a social life in mind, '*It's very much out of sight, out of mind, right? It perpetuates a general feeling that that people like my sister should be kept away from the rest of society and that it's not society's problem*' (Holly/family).

While the siting of properties was beyond the immediate control of staff, we found that staff nonetheless had an important mediating role in supporting housemates' wider community engagement. A staff member reflected on this socio-relational work,

> *you could be very good at running a home and having all clean and lovely and doing some lovely things. But if you're not out there in the world making connections and meeting people and and supporting people to develop relationships then I think you just make someone's world smaller and I think our job is the opposite is to expand experience.* (Alex/staff)

This extended to mediating the various housemate's more difficult encounters with people in the community.

> *Yeah, yeah, the connection. And sometimes they can become stressful for him and for staff because he doesn't always know how to interact correctly. Or he might, you know, there might be a group of young women with a dog or something, and he loves dogs and he loves young women. So… they initially give a bit of feedback, but then they're a bit uncertain because he can, you know, he's not very clear to understand and he can point, but it's not aggressive. Um so sometimes it's challenging that he's like that. But also I think he gets a huge amount of benefit from it too. So it's a mixture really. Yeah.* (Remi/staff)

To help bridge the connection with the wider community, staff sometimes organised trips out or invited performers to perform a show within the home (and to manage finite staff resources), as shown in the two housemate's photos below, which housemates enjoyed.

Source: Mike

Home-making within a wider community context is somewhat reliant on staff knowing the area and their willingness to build bridges with neighbours, but family members acknowledged that this was not always the case:

There was talk of inviting [the neighbours] round but that hasn't

happened. (Carson/family)

No structure, no life as such, not belonging to anything you know, no access to the community. And there was an expectation then that the service provider would create that life for the young person, well often they don't know [the area], you know, they might be new to the area.

They don't really know what's available, what supports, what activities there are. They don't know the families. (Jamie/family)

This final remark of knowing the families points towards another crucial dimension of home-making beyond the physical boundary of the house—the relational space that connects families and other visitors, staff, and housemates. These relationships often unfolded across the *threshold* of the home, through phone calls, rotas, and negotiations about who could be present and when. Because most housemates did not have mobile phones, contact with family and friends was frequently mediated by staff, who acted as gatekeepers and schedulers of social life. Housemates were thus reliant on family or friends contacting and arranging meetings with staff, as expressed by one staff member:

So you know you've got family coming at the same time as mine or how many people can we have in the house or. And so it is, that compromise all the time because they live in a communal setting, a shared property really. So, you know, if somebody has got the friends around in the lounge and then another person wants people round so where do they go, it does feel like we have to structure it and organize it a little bit. (Jo/staff)

Such accounts highlight how the housemates' sense of home—discussed earlier in relation to bedrooms and communal spaces—was underpinned by constant boundary work by staff mediating access, managing visits and negotiating encounters. This also occasionally extended to the management of relationships with boyfriends or girlfriends of housemates, which staff felt obliged to supervise or moderate.

Families also played a significant part in shaping this relational space. The extent of their engagement varied, with some families taking a more active role than others. For those more closely involved, their participation was driven not only by care for their relative's wellbeing but also by a desire to maintain constructive and supportive relationships with staff. This also influenced how family members dealt with concerns about what they perceived as staff failures to prioritise a sense of home for their relative or of an absence in staff leadership. Family members interviewed expressed empathy toward staff pressures and competing demands, particularly where medical needs were complex. Their concerns thus intersected with a more sympathetic appraisal of staff's competing demands.

Family members' empathy toward staff pressures coexisted with occasional frustration and worry, generating an atmosphere of contained conflict—where discontent and anxiety lingered but were rarely voiced. Their hesitation to raise concerns or 'rock the boat' reflects a sense of fragile trust, where families felt compelled to protect staff relationships to safeguard their relative's stability, even when care standards or the homeliness of the environment was in question.

This self-monitoring, deciding when to speak and when to stay silent, imbued everyday interactions with an affective sense of power imbalance. In some cases, this was driven by a reluctance to be '*the bad parent*' and being perceived as '*over concerned*' (F05), which further deepened this unease. Occasionally, this was driven by a fear of repercussions about their relative's place in the home or out of fear of losing their support. This delicate balancing act was described as a '*knife edge*' by one family member and made tangible when their resident lost their bedroom due to delays in social care funding:

And I went through social service and finally got this money. But before I got all that, they moved him out of this lovely bedroom and put him in the tiniest bedroom ever... And I did say why has this person who's new to the house, got the house and they said whoever shouts loudest gets what they want. (Kit/family)

The result was an atmosphere that felt anxious, constrained, and morally ambivalent, where goodwill must be carefully maintained and where genuine partnership in home-making is undermined by the structural constraints on care. This final insight offers a more troubled account of the way shared housing was being operationalised by commissioners (councils), providers and staff. This also enforced a more troubled sense of 'care' that family members felt they had to balance in seeking to advocate, without alienating staff or jeopardising their relatives' supported living arrangements. This reinforces the care work of family members, wrestling with these tensions. It also underscores how the work of home-making extends beyond domestic walls into bureaucratic and institutional systems which govern shared housing and must be navigated by families.

5. Discussion/conclusion

This paper has examined how a sense of home is co-constituted in shared homes through the socio-material relations between housemates, staff, and family members. The concept of atmosphere helps to capture how a sense of home emerges as a distinctive form of envelopment, drawing together the bodily presence, relationships, and material artefacts of all those involved within and beyond the home. We traced how each group's orientation toward the home—shaped by their respective power positions—produces overlapping, and sometimes conflicting, atmospheres.

For staff, power resides in their control of daily routines, access and their enactment of care cultures, which at times bordered on disciplining (Svanelöv, 2019). Their efforts to make spaces 'homely' were evidenced in their support for personalising bedrooms and shared areas, yet, their own embodied presence and their paperwork, linked to organisational practices (Quilliam et al. 2018), permeated life in more intrusive ways.

This tension highlights the ambiguous position of care professionals, who must navigate competing loyalties between housemates, families and the institutional systems that fund and regulate shared housing (Bigby et al., 2014; Fylkesnes, 2020; Series, 2022). Compliance, efficiency, and documentation (Baines et al., 2016; Mol, 2008) often overshadowed relational work, meaning home-making occurred in brief, improvised moments. With limited guidance on how to balance these demands, routines to maintain order—around nutrition, medication and hygiene—tended to take precedence. Although staff expressed clear emotional investment in residents' wellbeing, procedural obligations often overshadowed the work of creating a home. These dynamics show how the home's atmosphere is fundamentally shaped—and limited—by the institutional systems that structure care.

Housemates actively shaped home through curating personal objects—family photos, shells, ornaments—and by cultivating conviviality through shared activities. Their orientations reflected practices of 'getting by': managing differences, accommodating others, and sustaining a 'family-like' atmosphere. This spoke to a form of co-attunement, where the housemates adjusted their expectations, emotions, and behaviours in response to the affective cues of others. Here, compromise was not simply individual acts of concession; it emerged through collective orientations in how the housemates sensed, interpreted, and responded to one another. This functioned as a method of managing or maintaining the atmosphere by softening conflicts, diffusing tension, or preserving conviviality. Yet housemates also conveyed resignation toward constraints such as locked cupboards, imposed décor, and unresolved repairs. What staff framed as 'compromise' often masked power imbalances and subtle forms of subjectivisation.

Family members offered the most explicit criticism, especially when staff 'took over' communal areas or when homes felt peripheral to community life, revealing a more ambivalent atmosphere. Their involvement was shaped by structural limits on communication, dependence on staff as gatekeepers, and inequities in service provision. Yet, this criticism was tempered by caution. Families described walking a 'knife edge' in balancing advocacy with the need to maintain positive relations with staff. Their role thus extended beyond advocacy to emotional labour on behalf of staff, reflecting an ethic of care that encompassed both their relative and those paid to support them (Barken et al., 2017). These factors reveal how familial care continues in an attenuated form across the threshold of the home, as a relational

investment aimed at preserving fragile systems of support (Klostermann & Funk, 2024).

Taken together, the three perspectives reveal the ambivalence of atmospheres in shared supported living, echoing scholarship on the ambiguity of home (Lowe and DeVerteuil, 2022; Budworth, 2024) and ambivalent atmospheres (Perski et al., 2020). Ambivalence here emerged from divergent purposes of and power-differentiated orientations towards these spaces; *home* for residents, *workplace* for staff, and *site of visitation and advocacy* for families. Atmospheres were shaped by asymmetrical inter-relationality and by the institutional conditions surrounding the home. Our analysis extends Duff's (2023) call to map the 'ends' of health assemblages—where its affective and material character becomes more oppressive than therapeutic—by showing how these positions are often co-existent and variably enacted.

While we remained attentive to overt forms of coercion, oppression or neglect, what most undermined a positive sense of home were mundane oversights when home-making was overlooked. These everyday 'unmakings' were evidenced in photographs and accounts of staff occupying shared spaces in careless ways, clutter left unattended, and institutional reminders encroaching on domestic space. Atmospheres were also eroded when housemates and visiting family members felt disempowered by staff in personal encounters and lapses in care, and where all felt disempowered by regulatory frameworks which failed to prioritise home-making.

Our paper shows how atmospheres operate in *hybrid living–working environments* where home, workplace, and family visitation and advocacy overlap, emerging through these asymmetries, not despite them. The Photovoice approach with housemates, combined with staff and family interviews, demonstrates a way of empirically sensing these atmospheres across different actors and domains. While Anderson (2009) and Duff (2010; 2016) both develop relational accounts of atmospheres, neither offers a sustained treatment of how atmospheres are *bounded* or how limits are sensed, negotiated, or produced. For Anderson, boundaries are deliberately downplayed, while Duff's emphasis is on how atmospheres 'accumulate' or thin out, implying qualitative differences within atmospheric fields. Boundaries remain largely indeterminate and transversal. Our approach by contrast, takes boundaries as an empirical and conceptual underpinning in their own right. We understand the sense of home as holding together through an atmosphere *of* boundaries, understood not as a series of fixed lines, but as something enacted, sensed, and negotiated. We argue that atmospheres often cohere through porous but palpable limits—edges and thresholds that shape how atmospheres are inhabited, differentiated, and felt. Attending to boundary-work (Leinonen 2021), allows atmospheres to be understood not only as diffuse fields but as formations that are continually demarcated, negotiated, and reconfigured in practice.

Our analysis suggests how these environments can generate ambiguous atmospheres of affective contradictions and quiet constraint, linking to relational care and structures of care governance—regulation, documentation, routines, and institutional materialities (forms, cupboards, signage, staff presence). This frames atmosphere as something simultaneously affective *and administrative,* an outcome of how power, paperwork, and emotion intermingle in the home. Such atmospheres become internalised in daily routines, where tensions are normalised, and inertia or resignation take hold; this shows how atmospheres can slowly tip from generative to more oppressive.

In response, we argue that cultivating positive atmospheres requires recognising home-making as a complex *relational competence* (Mackenzie, 2019)—one that depends on ongoing interpersonal, social and organisational support to shape how different forms of agency are enacted and sustained. This shifts atmospheres from being background affective conditions to being dynamic, socio-material accomplishments. This framing requires acknowledging the corporeal and cognitive effects of intellectual disabilities and the scaffolding in supporting people's agency, echoing Hall and Wilton's (2017) call to recognise the specific capacities and limitations associated with impairment. To ensure these

capacities can be enriched and limitations supported, the socio-material relations underpinning the atmosphere of the home need to be made visible. Doing so helps clarify how each actor is positioned vis-a-vis each other and within broader structural constraints, and supports the identification of the relational competences required for more positive home-making. This aligns with the idea that 'home' is always negotiated—an embodied, ambiguous, and at times contested space (Lowe and DeVerteuil, 2022).

To ensure this relational competence can cultivate more positive home atmospheres, the governance of shared homes must involve recognising—and challenging—moments when home-making is overlooked, alongside advocating for clearer regulatory attention to the material and relational dimensions of everyday care. Current standards emphasising autonomy and choice remain largely aspatial and acontextual. They rarely prioritise a positive sense of home (as in CQC criteria) and assume that choice can be exercised independently of context, overlooking the constraints and dependencies that shape daily life (e.g., REACH Standards). We do not dismiss the value of choice in these standards; rather, we argue that it becomes meaningful only when accompanied by more complex considerations of how preferences in home-making are established, enacted and supported within interdependent relationships. Without this, there is a risk of reinforcing disempowerment over time. An atmospheres approach foregrounds interdependence and shows how agency, care, and belonging are enacted through affective and material entanglements. For people with intellectual disabilities, a sense of home depends not only on individual choice but on how staff, families and institutions collaboratively negotiate tensions, power and trust.

These insights extend beyond intellectual disability services, resonating across other forms of supported living, for older people, those with multiple long-term conditions, and mental health challenges, and carers themselves. Across these contexts, home is never singular or static; it is contingent, negotiated, and perpetually in the making. Rather than seeking to hold values of home in perpetual veneration, we argue for working with their tensions and putting them to use in more meaningful, situated and collaborative ways.

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Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work the first author used ChatGPT to aid in the clarification of our own writing, involving checking grammar and rephrasing parts of the paper. We have used this tool with caution. After using this tool, the author reviewed and edited the content as needed and takes full responsibility for the content of the published article.

CRediT authorship contribution statement

Andrew Power: Conceptualisation, Funding acquisition, Methodology, Investigation, Formal analysis, Writing — original draft, Writing — review and editing. **Deborah Chinn:** Conceptualisation, Funding acquisition, Methodology, Data curation, Investigation, Formal analysis, Project administration, Writing — review and editing. **Katy Brickley:** Conceptualisation, Methodology, Data curation, Investigation, Formal analysis, Project administration, Writing — review and editing. **Tony Levitan:** Conceptualisation, Funding acquisition, Methodology, Investigation, Formal analysis, Writing —review and editing. **Shalim Ali:** Conceptualisation, Funding acquisition, Methodology, Investigation,

Formal analysis.

Data availability

Data openly available at https://feelingathome.org.uk.

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