

The challenge of scaling-up social work innovations: A case study of Shared Lives schemes in England

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Abstract

Innovation is routinely presented as a response to pressure on public services. This article considers the development of Shared Lives (SL) schemes in English adult social care (ASC), a model of care that has been consistently promoted as innovative. SL seeks to replicate 'ordinary family life' for adults who need support. Evidence of positive outcomes for people supported, and of cost-effectiveness compared to other models, has attracted the attention of national policymakers and local authority (LA) ASC leaders. Most LAs now operate or commission a SL scheme. Despite this wide 'spread', SL remains a very small model that has not yet been 'scaled-up' to the extent that many have hoped. Drawing on interviews with fifty people involved in SL, including from four contrasting local schemes in 2021–2023, we highlight four interconnected sets of 'organisational capabilities' and resources needed for schemes to grow: (1) collaborative working with social workers; (2) leadership at different levels; (3) mechanisms to harness knowledge and evidence; and (4) investment in the workforce of scheme staff and carers. We propose these factors help schemes become locally embedded in communities. However, our study also highlights the fragility of the model to socio-economic changes and social work practice imperatives.

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Introduction

Innovation is routinely presented as a response to financial and demand pressures on public services in many advanced economies (Osborne and Brown 2011; Ayob, Fagan, and Teasdale 2016). Its prevalence in adult social care (ASC) policy discourse in England provides a clear example (Department of Health and Social Care (DHSC) 2021, 2023). However, we know surprisingly little about the ‘actors and mechanisms’ that drive effective ‘social’ innovations (Borzaga and Bodini 2014). Whereas innovation studies have traditionally been interested in the development of novel technologies and products (Pel et al. 2020), in the emerging field of social innovation research the focus is on the development of social relations, systems, or structures to address a social need (van der Have and Rubalcaba 2016; Purcell, Manthorpe, and Malley 2025). Social innovations can be entirely new but may also involve the importation of established ways of organizing into an alternative space or to address a different social need (Ayob, Fagan, and Teasdale 2016). In this article, we consider what we can learn from a case study of the development of Shared Lives (SL) schemes in England, a model of care that has been consistently promoted as an innovative cost-effective alternative to more traditional models including residential services providing accommodation, care and support (HM Government 2012; DHSC, 2021 2023). Whilst this model has successfully spread across England, currently covering most local authority (LA) areas, it has not been ‘scaled-up’ to the extent that its advocates had hoped. Although SL has been in place in some LAs for several decades, in our view, continued efforts to grow and diversify the model over recent years (Brookes and Callaghan 2013; Brookes 2017; Brookes and Kendall 2018) make it an appropriate social innovation case study.

Our investigation of the challenges faced by LA ASC leaders trying to scale-up schemes, builds on insights from research on the ‘organisational capabilities’ needed to drive innovation in an ASC context (Zigante et al. 2022). We draw on documents, observations, and interviews with fifty individuals currently or recently involved in SL, including those working for or with four contrasting local schemes. Findings suggest that the growth of SL schemes requires: (1) a focus on collaborative working with social workers; (2) leadership at different levels; (3) mechanisms for harnessing knowledge and evidence; and (4) investment in the workforce

of scheme staff and carers. However, we also acknowledge the wider constraints to innovation in the ASC context which may limit the possibility for scaling-up SL.

Shared Lives

SL seeks to replicate ‘ordinary family life’ by matching adults with care and support needs (as defined in England under the Care Act 2014) with self-employed carers willing to share their own homes and family life. Most of these carers provide long-term care, with individuals being invited to live with them and their families, although some offer more short-term arrangements and/or specialize in day care (Brookes et al. 2023). Referrals to SL schemes are generally made by social workers specializing in supporting people with learning disabilities (LD) (intellectual impairment). Across England 73 percent of people supported by SL schemes have LD, but other primary support needs include autism, mental ill-health, physical disability, dementia, and needs associated with older age (Shared Lives Plus (SLP) 2023). Funding comes from LAs and individuals’ social security benefits entitlements. The matching of individuals with carers is overseen by local SL schemes based within a LA or a voluntary sector organization commissioned by a LA. Schemes agree a fee to be paid to carers based on the needs of the individual receiving support. Scheme officers are also responsible for ensuring adequate training and support to carers and work with social workers to ensure that that agreed outcomes are being met. Schemes receive periodic inspections from England’s health and care regulator, the Care Quality Commission (CQC), to assess the quality and safety of care arrangements.

Similar models outside the UK are known as ‘adult foster care’ (Chammem, Domi, and Schott 2021; Leinonen 2021) or ‘adult family care’ (Mollica and Ujvari 2021; Munly, Roberto, and Allen 2023), although these tend to specialize in supporting older people. Indeed, the English development of SL started with ‘boarding-out’ schemes for older people (O’Shea and Costello 1991). However, SL schemes’ origins are generally traced back to the scheme established in Liverpool in 1978 by Sue Newton who worked for the charity the Personal Services Society (PSS). Although this scheme initially focused on older people it quickly expanded as a service for people with LD following long-stay hospital closures (PSS 2019). Hill et al. (1995) reported eighty-one similar UK ‘adult placement’ schemes in operation by 1992.

Originally established as the National Association of Adult Placement Schemes (NAAPS) in 1992, the organization currently called Shared Lives Plus (SLP) provides practical support to local schemes and individual carers and seeks to promote the model to national policymakers and

LA ASC leaders (see [Purcell, Manthorpe, and Malley 2025](#)). SLP has been able to point to impressive CQC inspection judgements and the positive testimonies of people supported and carers. Data suggesting that SL is more cost-effective than other models of care (see [Todd and Williams 2013](#); [PSS 2017](#); [Fox 2018](#)) has also made it attractive to ASC leaders. Moreover, SLP promotes SL as an alternative model suitable for supporting people with a diverse range of care needs, not just arising from LD. This has attracted national interest and SL has been highlighted as an innovative model of care by central government for over a decade ([HM Government 2012](#); [DHSC 2021, 2023](#)). Consequently, SLP and partner organizations have received substantial grant income over this period to help grow the model, including £3.3 m through two waves of National Lottery funding (2014–2024). Recently, SL was included as one of 12 ‘innovation projects’ promoted under the DHSC’s (2023) £42.6 m Accelerating Reform Fund.

The establishment of 123 schemes in England by 2022–2023, covering most LA areas (some voluntary sector-run schemes cover multiple LA areas), is indicative of strong support for SL amongst ASC leaders. However, despite this, ambitions to scale-up the model remain largely unmet. As [Figure 1](#) shows, the number of people supported is small and has declined over recent years. Although the number of carers in England has risen slightly since 2020 this also indicates how small the model remains—SLP reports that SL carers account for only 1 percent of the ASC workforce ([SLP 2023](#)). Yet, this picture obscures wide variations between schemes’ size and their recent growth. This prompted us to investigate the challenges that ASC leaders have faced in trying to scale-up SL and how schemes have sought to overcome these.

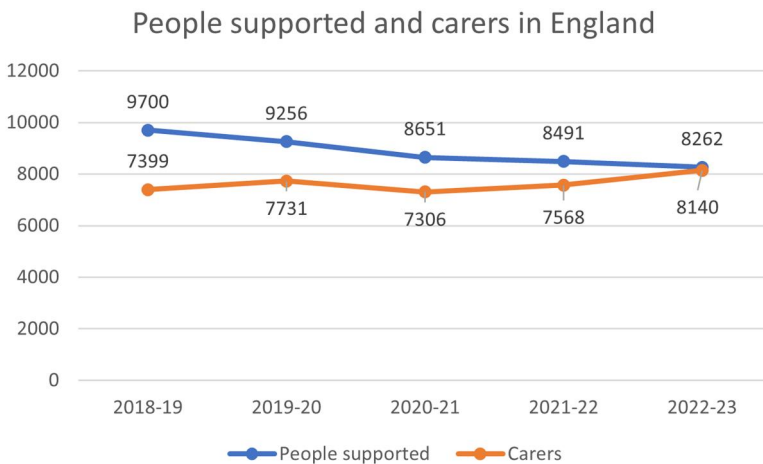


Figure 1. Numbers of people supported and carers by SL schemes 2018–23 (figures from SLP annual reports).

What organizational capabilities are needed for scaling-up innovations in adult social care?

Our case study of SL formed part of a wider study examining the process of innovation in ASC in England. Although ‘innovating’, or doing things differently, is consistently promoted in policy discourse as a response to many difficult challenges it is unevenly distributed across the sector, specific service areas and organizations. Thus, a central aim of this wider study has been to develop a deeper understanding of innovation processes to try to explain why promising innovations do not always grow and spread across the sector. The study’s initial phase included a literature review to capture research investigating the capabilities organizations need for the effective development, scaling and spread of ASC innovations (Zigante et al. 2022). This review used the resource-based view (RBV) of organizations to synthesize evidence from studies of ASC and to identify what organizational factors are important for innovation. From an RBV perspective, innovation is a strategic activity requiring both resources and the organizational capabilities to creatively mobilize, deploy and organize those resources (including knowledge and other assets such as the workforce, partnerships, etc) to confer advantages on the organization arising from innovation (Wernerfelt 1984; Barney 1991).

The international studies identified came from a variety of sources incorporating peer-reviewed journal articles and a variety of policy-focused reports or ‘grey’ literature. Although these studies offer important insights, in our view they do not constitute a strong body of evidence on innovation in the ASC context. Reflecting research on social innovations more generally (Pel et al. 2020) most studies have focused on individual or micro-level aspects of innovation processes. Moreover, within the more established field of technological innovation research the value of comparative and longitudinal perspectives to improving our understand of the ‘innovation journey’ (Van de Ven et al. 2008) has been demonstrated. This present research was one of a group of case studies seeking to examine the innovation journey of different types of ASC organizations in England involving innovative forms of care provision. Table 1 summarizes the framework of four sets of interconnected organizational capabilities derived from the literature review and used to guide this research. Applying this framework our research question was: *How can we explain variations in the development and scale-up of SL schemes in England?*

Methods

The research for this article formed part of a larger case study on SLs as an innovation, which included a historical perspective on SLs’ development in England over the past 40 years and four contemporary

Table 1. Key organizational capabilities for innovation in ASC (adapted from [Zigante et al. 2022](#)).

Organizational capabilities	Description
Collaboration	Collaborative working within and across organizations can be facilitated through a range of mechanisms incorporating carefully structured and formal partnerships through to loose and informal networks.
Leadership	Successful innovations require the effective leadership of an individual, or a group, committed to driving change. Leaders operate at different levels of an organizational hierarchy in formal and/or informal leadership positions.
Knowledge and evidence	Innovation requires capabilities for generating and mobilizing knowledge, evidence and learning.
Financial and human resources	Innovation requires the availability of financial and human resources, and time and slack in the organization.

studies of SL schemes (see [Purcell, Manthorpe, and Malley 2025](#)). Data are from:

- Documentary analysis (policy papers, evaluation reports, business plans, guidance documents and promotional materials)
- Observations of SLP's online conference in 2022 and a regional network meeting of local scheme managers
- 49 interviews involving 50 individuals currently or previously involved in SL.

To gain a broad perspective on the development of SL, participants were recruited from a diverse range of roles (see [Table 2](#)). We were influenced by [Checkland et al.'s \(2009\)](#) insight that the challenges people and organizations face when implementing initiatives tend to be similar, but the underlying 'organisational sensemaking' that leads to the problems emerging is often very different. What people choose to identify as problems preventing development and scale-up constitute a metaphorical window into their underlying sensemaking. Consequently, we sought to examine the innovation process from different perspectives within and across the case study sites to contrast the experiences, beliefs and values of different people involved in the schemes.

Alongside a focus on developments at the national level the research design incorporated four contrasting local SL schemes to maximize organizational heterogeneity. Anonymized details of the four schemes are provided below.

London Borough—LA scheme

This long established LA run scheme focuses on people with LD. An external LA-commissioned review of its LD services in 2017 had identified

Table 2. Interview Participants by role ($n = 50$).

Role	Number
SLP Chief Executive Officers	3
Other SLP staff/trustees	7
Public policy consultants	2
Scheme managers/officers (LA and voluntary sector providers)	8
LA ASC and commissioners	10
Voluntary sector senior managers	3
Self-employed carers	17

an ‘overuse of residential care’ and the potential benefits of expanding SL provision. Although a five-year action plan to scale-up SL was subsequently agreed the number of long-term SL arrangements stood at approximately thirty in summer 2021, lower than the forty at the time of the 2017 review.

Rural Counties—voluntary sector scheme covering two LAs

This scheme was set up in 2011 after being commissioned by two neighbouring large rural LAs. Dissatisfaction with the provider’s performance led to the scheme transferring to another more established voluntary sector provider in 2017. Subsequently, the scheme grew and by mid-2021 provided approximately 130 long-term arrangements, all for people with LD. However, most of this growth was concentrated in one of the LA areas.

Metro Region—voluntary sector scheme covering multiple LAs

This long-established scheme, run by the same voluntary sector provider as Rural Counties, primarily covers four LA areas, although other nearby LAs also spot purchase arrangements. In summer 2021, it had approximately ninety long-term arrangements, a modest increase on previous years. Arrangement types were more diverse than the other three schemes with four-fifths for people with LD and one-fifth for people with other care needs.

Northern County—LA scheme

This long-established LA run scheme is one of England’s largest, providing over 200 long-term arrangements for people with LD by early 2022. It enjoyed substantial growth during the mid-2010s following the LA investment of over half a million pounds in the scheme. However, at the time of this present research, growth had begun to stall.

Interviews were undertaken between summer 2021 and early 2023 by video call ($n = 42$), telephone ($n = 4$), and face-to-face ($n = 3$). They were recorded and transcribed in full, although one participant declined to be recorded so detailed notes were taken. Ethical permissions were provided by the London School of Economics and Political Science. Informed consent was given by all participants. We agreed to anonymize the interviews but for some participants their unique role made this impossible. Attributable quotes and permission to use them were therefore agreed. Interviews were conducted by Carl Purcell, a male researcher with experience in local government services and policy research. Interview transcripts and documentary evidence were imported into NVivo and coded following a thematic approach (Braun and Clarke 2019) guided by the framework of organizational capabilities arising from the wider project literature review (Zigante et al. 2022). Coding was undertaken by Carl Purcell and subsequently discussed with members of the wider research project who have experience in social care research and voluntary ASC provision. Following further analysis of the data, draft findings were presented to the wider research team including service user representatives and key research participants to check for accuracy and to invite comments.

Findings

Working collaboratively with social workers

Evaluations of small-scale SL pilot programmes have identified difficulties in generating referrals from social workers (Brookes and Callaghan 2013; Kewley and Jupp 2019). In tune with this, schemes reported directing considerable energy towards trying to raise the profile of SL amongst social work teams. The Metro Region scheme manager acknowledged that this was not straightforward and that it was difficult to meet or even communicate with social workers in two of the LAs they covered. The Rural Counties manager had engaged more successfully with social workers, but nonetheless felt that SL's profile was not strong enough:

I had a conversation with a lovely social worker from [LA] ... last week, who basically said “Can you tell me what SL is? I've heard from one of my colleagues you might be able to help me out, but we have no idea what SL is.” ... SL has been here in [Rural Counties] since 2011—ten years ... where's this information not going? (Scheme Manager, Rural Counties)

More positively, in Northern County collaborative working between SL officers and social workers was identified as a major contributing factor to the scheme's growth. This collaboration was aided by stable

staffing and the co-location of SL officers and social workers, enabling close working relationships. Northern County social workers held informal conversations about people known to them who may benefit from SL without formally initiating the matching process. Furthermore, scheme staffs were on hand to support social workers with administrative tasks linked to the management of care for the people for whom they were responsible.

The successful growth of LA run schemes like Northern County fuelled a perception amongst some participants that the contracting-out of SL (where a voluntary sector organization is commissioned by a LA to run a scheme as an alternative to it remaining 'in house') made it more difficult to engage with social work teams. Moreover, one of the LAs that commissioned the Metro Region scheme had brought the scheme 'in house' after targets for growth had not been met. However, evidence relating to the Rural Counties scheme suggests that the contracting-out of SL does not necessarily prevent collaborative working nor growth, although more formal mechanisms may be needed. In one of the two LA areas served by the Rural Counties scheme the LA commissioner pushed for the introduction of a requirement that social workers consider SL as the 'default option' for people with LD as a primary care need. Commenting on the impact of this, the SL manager stated:

So, anyone going to a funding panel, they get asked the question "Have you considered SL?" If the answer is "No," or "What's SL?" they send them (social worker) away and say: "You need to speak to the team in [town in Rural Counties] about if SLs is an option or not." That's their default, so that has encouraged, clearly, a lot more workers to contact us and discuss people which is good. (Scheme Manager, Rural Counties)

A senior manager at the SL provider organization also identified the importance of LA commissioners taking a 'hands-on role' in facilitating collaboration with frontline social workers in the schemes that had grown the most.

However, it is not always a lack of awareness of SL that seemed to inhibit social workers from making referrals. The time taken by schemes over the matching process is a core feature of the SL model and the positive outcomes it can achieve for people needing support. But we encountered widespread acknowledgement that the time needed for matching could sometimes discourage referrals. As one commissioner explained:

Some of the feedback we've had from social work teams is how long the process takes to match an individual with an appropriate carer... it puts them off referring because quite often they're faced with situations where they need to place people quickly. (LA Commissioner, Metro Region)

Leadership at different levels

In all the LAs served by the four case study schemes, ASC leaders clearly shared the enthusiasm of national policymakers for SL. However, this is not enough on its own to guarantee growth. [Kewley and Jupp's \(2019\)](#) evaluation of the 'SL Incubator' pilot programme, involving investment in four local schemes, concluded that the leadership of an 'outstanding scheme manager' was necessary for schemes' growth. Similarly, we found strong evidence of the central role played by the scheme manager in the scaling-up of the Northern County scheme. This manager had worked in the SL scheme (previously adult placements) since the late 1970s and was well-known and respected by social workers within the LA and amongst schemes elsewhere. They had established collaborative working with social workers as already described, but also promoted the service and persuaded the LA to invest in it.

Whilst acknowledging the pivotal role that scheme managers must play, we also identified the leading role played by one of the LA commissioners in driving the growth of the Rural Counties scheme. We noted earlier that this commissioner had taken a 'hands-on' approach, working to establish formal processes to engage with LA social workers and the scheme provider. Reflecting on their approach to working with the scheme provider this commissioner commented:

We've had some fairly strong conversations in terms of actually thrashing out what I mean by growth ... I don't just want to see growth through foster care transitions cases [where a young person who has been 'fostered' moves to a SL placement when they reach adult age] ... obviously we want to encourage that as well, but I was very clear about creating new capacity in the system for SL. So, I wanted to see that we had ... between 10 and 15 new placements available every year for the term of the contract. (LA Commissioner, Rural Counties)

We found further evidence of people outside of formal leadership positions playing a more subtle role in helping schemes grow. Some schemes designated 'carer champions' who drew upon their own experiences as carers to promote the model and to help recruit and support new carers. But even in schemes without designated champions it was evident that the support of experienced carers was a valuable resource particularly in relation to carer recruitment—a common refrain we encountered was that 'carers recruit carers'. New carers are often people who learn about SL because they know friends or family who are, or have been, carers.

The support of social workers with experience of SL was also identified as a valuable resource in the Northern County scheme. Echoing this, one former scheme manager from elsewhere explained:

If you were growing a new scheme you needed one or two really successful place arrangements and then a social worker who became the champion to the scheme, and then they would slowly convince the other frontline commissioners that this was a good thing ... it's an organic growth though, or it was with me, in my time, schemes would grow steadily but organically, because rapid growth was difficult because of all the different challenges, you know, finding the right family, and persuading commissioners this was a good thing, and persuading families it was a good thing. (Former Scheme Manager)

Knowledge and evidence

SLP has played a central role in developing the 'evidence-base' used to persuade national policymakers and grant awarding bodies to invest in SL (see [Purcell, Manthorpe, and Malley 2025](#)). This evidence includes the personal testimonies of SL carers and the people they support, as well as quantitative modelling to argue for the cost-effectiveness of SL compared to residential care ([Todd and Williams 2013](#)). Impressive outcomes from CQC inspections of local schemes are widely cited ([Todd and Williams 2013](#); [PSS 2017](#); [Fox 2018](#); [King and Milnes 2022](#)). We also found that management consultancies had played and continue to play an important evangelical role in 'spreading the word' about SL. Furthermore, at the time of writing (2024) the Social Care Institute for Excellence was working with SLP to promote SL to LAs and their partner agencies through the government's Accelerating Reform Fund ([DHSC 2023](#)).

This evidence had been used to inform business cases for local investment in SL. However, we identified a disconnect between this macro-level analysis and the day-to-day challenges facing scheme staff and social work teams. One scheme manager (not from the case study sites) commented:

Some of their [SLP's] numbers drive me a bit crazy, because I feel like it's really easy for them to say, "Oh, yeah, you could do this and this and this", and then I think, but you're not the person that's got to deliver that and it's not really deliverable. (Scheme Manager)

There is no coherent body of knowledge and evidence that scheme leaders can draw upon to help them address the range of challenges faced in trying to scale-up SL in their local context. Scheme managers can access *ad hoc* advice and support through SLP which also facilitates regional network meetings where scheme managers share information and offer mutual support. Reflecting on the regional network's value, one manager commented:

Extremely useful—I have really good relationships with my local colleagues in neighbouring boroughs, you know we share information,

advice, you know, cry over problems together and yeah, it's good, it's a good network. (Scheme Manager, London Borough)

However, these meetings generally focus on responding to the day-to-day challenges of running SL, not on scaling-up.

In the early 2010s the Northern County scheme worked with an experienced former adult placement scheme manager to review its operations, helping them re-direct resources, achieve scale-up and obtain the desired positive outcomes and cost savings. As part of a large established voluntary sector provider of SL schemes the Rural Counties and Metro Region scheme managers were readily able to harness the knowledge and expertise of their peers. Several of these managers, including the Rural Counties manager, had played a part in the successful growth of SL schemes and contributed to an internal guidance document on scaling-up. Lessons highlighted included the importance of collaborating with social work teams and the need for capacity for carer recruitment (as discussed below).

Recognizing the need for greater focus on the challenges faced by SL officers and social workers, SLP currently offers bespoke consultancy services for a fee to schemes wanting to review their operations. However, some in the sector have questioned SLP's current level of expertise as one former officer acknowledged:

I think one of the challenges and one of the criticisms from members frequently is that there are not enough people, staff at SLP, who actually have worked in SL schemes. And so, although people have an understanding, they go and spend a bit of time in schemes as part of their induction, they haven't actually run a SL scheme or worked in a SL scheme. (Former SLP officer)

Scheme managers and LA commissioners considering how to develop schemes often contact their peers in neighbouring LAs for advice. Generally, successful schemes, as in the case of Northern County, are willing to assist but this support depends on the capacity of schemes and cannot be guaranteed. The current SLP leadership has acknowledged a need to improve the ways in which the collective knowledge and experience of the diverse range of organizations now working in the SL sector can be better harnessed and directed towards helping schemes to scale-up (Purcell, Manthorpe, and Malley 2025).

The Shared Lives workforce: scheme staff

Consistent with research on ASC innovation (Zigante et al. 2022) we found that the development of organizational capabilities relies largely on investment in the workforce. The successful operation of SL as an

alternative model of care requires investment in two groups to work alongside social workers. The first group are scheme staff. Schemes must have a manager registered with CQC and typically also include ‘case-holding’ SL officers and varying degrees of administrative support. SL staff are responsible for the day-to-day management of care arrangements including making sure that carers are adequately trained and have access to advice and support. But to grow, schemes need additional staffing capacity to stimulate referrals, recruit new carers and oversee the increase in the ‘matching’ of carers and people needing support.

In Northern County a sizeable LA investment (£500k+) in the mid-2010s was used to recruit additional SL officers to ensure that caseloads remained manageable and that officers had capacity to support the scheme’s growth. The voluntary sector provider of the Rural Counties and Metro Region schemes also identified the need for extra capacity to support growth. Taking a different approach to Northern County, dedicated carer recruitment officers working as part of a central provider team were allocated to individual schemes. These staff recruited carers and initiated the matching process before handing over responsibility for the ongoing management of arrangements to case-holding SL staff. The manager of this central team explained the importance of this dedicated resource:

It takes such a lot of work to get to the levels of recruitment that we’re at, at the moment, unless you’ve got someone dedicated to doing that, not just doing it as an add-on, ‘cos a lot of providers, it’s just built into people’s case load. So, they have a case they then monitor, and then they do recruitment as an added-on and as a result recruitment levels are really low. (Senior Manager, Voluntary SL Provider)

In contrast to the other schemes, at the time of our research London Borough scheme staff were more stretched so were prioritizing the management of existing arrangements and the recruitment of carers to replace those planning to retire or step-down. However, the manager was working on a business case to attract LA investment to strengthen the team’s capacity and increase arrangement numbers.

The Shared Lives workforce: carers

Carers are required to have a spare bedroom (unless only providing day care) and receive a fee relating to the needs of the person they support. Although self-employed, carers must meet the training and administrative requirements of the carer role as determined by the scheme. Carers receive additional ‘cost of living’ expenses covering housing, utilities and food met by the savings or benefit entitlements of the person living with

them. Arrangements for respite or short-break care, enabling carers to take a break or go on holiday, vary. Some schemes offer a set number of days at no cost to carers, whereas others pay carers an additional fee to cover the cost. Many people supported through SL also attend day centres, colleges or sometimes are in employment meaning that carers do not always need to provide ‘around the clock’ care.

However, we found that investment in scheme staff has not been matched by adequate financial payments and support to carers in all local areas, which may have contributed to recent dips in carer numbers and arrangements nationally. High housing costs were highlighted as particularly difficult for the London Borough scheme trying to recruit carers with a spare bedroom. All the carers interviewed declared their role rewarding and spoke about the positive impact living with a family had on the lives of the people they supported. However, some long-serving carers felt that financial payments and allowances had not kept pace with the increasing demands of their role. This was a particular problem during the COVID-19 pandemic when carers had to provide round-the-clock care. But workload pressure on carers has increased in areas where day services have not been reinstated since the pandemic. Carers also spoke about the difficulty of finding suitable respite carers, regardless of cost. Furthermore, subsistence allowances have not kept pace with increased costs of living. One carer commented that: ‘It’s so hard trying to get anybody to see how much of our own money we are spending on looking after their clients’. Another carer felt that the complexity of the work involved was not always appreciated:

It’s not seen as a professional role, but it really is. If you are doing the job as a carer properly...it is exhausting ... if you’re really doing a proper job, it’s ... you know, it can be very tiring and it’s very worth it, but it’s not a job that ... it’s a vocation, you can’t just do it for money, because there are other jobs you can do and get ... you know, you could work at (supermarket) and have less responsibility. (Carer)

The Chair of Trustees at SLP acknowledged that more investment in carers may be needed if SL is to be scaled-up in the future:

We could place more people and people with greater levels of need into SL arrangements but need to recognise the investment needed in rates paid to carers and the provision of respite support. I think we’ve just accepted or thought people are going to, out of the goodness of their hearts, keep coming forward and offering to be carers. The demographic’s going to change as many carers come to the end of their SL careers and we need to recognise and value the contribution SL carers make in part by appropriately remunerating them for the fantastic work they do. (Richard Jones, SLP Chair of Trustees)

Discussion

This article has sought to improve our understanding of the innovation process in English ASC and contribute to the emerging field of social innovation research (van der Have and Rubalcaba 2016) more generally through a case study of SL. In contrast to most studies of innovation in this sector our research has followed a longitudinal perspective and compared the innovation process across multiple contrasting sites. Here we reflect on what our findings tell us about variations in the scale-up of SL schemes drawing on our framework of organizational capabilities (Zigante et al. 2022) and data from our investigation of four local schemes.

The core activities schemes need to carry-out effectively if they are to grow include stimulating referrals, recruiting new carers, and matching people who need support with appropriate carers. Working collaboratively with social workers is essential for stimulating referrals to SL schemes. This requires scheme managers, SL staff and commissioners to 'spread the word' and build the trust and confidence of social work colleagues in the model. Moreover, this mobilization of social workers rests in large part on the leadership capabilities of scheme managers and commissioners where schemes are contracted-out. But the leadership of social workers with experience of SL can also be critical. Similarly, scheme managers and officers often rely on the leadership of experienced carers to help recruit and support new carers. Furthermore, the development of collaborative working and leadership capabilities also requires the support of LA ASC leaders. Our findings suggest that the scaling-up of SL schemes needs the commitment of additional financial and human resources to the core activities needed for growth.

These findings lend further support to Pel et al.'s (2019) argument that some social innovations are empowered by local embedding and the harnessing of community-level resources. It was local responses to the closure of long-stay hospitals from the late 1970s that led to the initial development and spread of adult placement schemes as an alternative model for the care of people with LD as part of the Ordinary Life movement (see Manthorpe and Purcell 2024). Furthermore, the development of regulatory and governance arrangements in the 2000s was largely a 'bottom-up' process led by experienced scheme managers (Purcell, Manthorpe, and Malley 2025). However, the subsequent spread of SL to most LA areas in England has been more of a 'top-down' process. SLP has been effective in persuading national policymakers and local ASC leaders of the potential of SL, based on evidence of improved outcomes for people supported, impressive CQC ratings and modelling of cost-effectiveness (Todd and Williams 2013; PSS 2017; Fox 2018). But our findings suggest that the scaling-up of SL presents different challenges and that the development of a broader 'evidence-base' is needed. This

must be informed by a deeper understanding of differences in the capabilities, resources, and organizational contexts of local schemes and how these can be developed and responded to such that schemes become locally embedded.

Our findings show weaknesses and inconsistencies in the way local ASC leaders, scheme managers, and commissioners seek to harness and mobilize knowledge and evidence relating to the challenge of scaling-up local schemes. The peer support networks facilitated by SLP are valued by schemes managers, but these are focused primarily on day-to-day operational challenges and the management of existing care arrangements. Whilst the voluntary scheme managers (Rural Counties and Metro Region) did discuss strategies for growth with their peers their network was limited to scheme managers within the same provider organization. Furthermore, knowledge and evidence gathering activities by LA commissioners were more *ad hoc* and dependent upon the capacity and willingness of neighbouring LAs to share advice and information. Our findings relating to the question of whether growth is best achieved by commissioning a voluntary sector provider or by bringing schemes in-house—both approaches can deliver growth but require different associated interventions—illustrate Checkland et al.'s (2009) argument that 'barriers' to implementing change are constructed through different 'sensemaking' processes and require different solutions that fit the particular context. We acknowledge that the mobilization of knowledge and evidence to better support the scaling-up of SL schemes is a difficult undertaking, but the approach we have followed comparing the operation of schemes in contrasting organizational contexts offers a way forward.

However, our findings also point towards the limitations of an organizational perspective, revealing deeper structural challenges to scaling up SL and the process of innovation in England's ASC services more generally that suggest some fragility in the SL model. Firstly, the careful matching of carers and people needing support is a core feature of the SL model and arguably what contributes most to the positive outcomes achieved. However, in the current straitened LA financial environment social workers are under pressure to arrange care services immediately and often lack the time or capacity to engage in this more considered but slower process. Secondly, our findings relating to the workload and financial pressures faced by self-employed carers are also not easily resolved in this context and require more active consideration.

Limitations and strengths of the study

Major strengths of this research are the range of data sources, including interviews with 50 people currently or previously involved in SL, and our comparative analysis of the challenges faced by four contrasting

schemes. Another strength of our research was the diversity of the participants, incorporating the past and present chief executives of SLP, ASC leaders, scheme workers, and SL carers. However, additional insights could be drawn from a larger sample of schemes, from frontline social workers, and a focus on alternative referring agencies, particularly the NHS, even though these are less common. The inclusion of people supported by SL was not possible given the resource constraints of our research but could have strengthened it further.

Conclusion

In summary, our findings point towards a need to pay closer attention to the different organizational capabilities, resources, and local contexts to better understand variations in the development and scaling-up of SL schemes. We have highlighted four interconnected sets of organizational capabilities and resources that schemes need to grow: (1) collaborative working with social workers; (2) leadership at different levels; (3) mechanisms to harness knowledge and evidence; and (4) investment in the workforce of scheme staff and carers. We propose these factors help schemes become locally embedded in communities. However, it remains important to acknowledge the limitations of the organizational perspective that this research has followed. Deeper structural challenges may limit the scaling-up of SL and the innovation process in a social work context more generally. Financial and workload pressures on social workers can limit capacity for implementing different approaches. Similar pressures may also discourage people from taking on the responsibility of becoming a SL carer.

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Conflicts of interest. The authors declare no conflicts of interest.

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