SASCI Supporting Adult Social Care Innovation

INNOVATION CASE STUDY BRIEFING 2:

Shared Lives

READING TIME — **12 mins**

TYPE OF INNOVATION
- ☑ Social
- ☐ Business model
- ☐ Systems

TARGET POPULATION FOR THE INNOVATION

Primarily adults with learning disabilities, and other groups with care needs

1 THE INNOVATION

- Shared Lives (SL) is a social innovation that seeks to replicate 'ordinary' family life by matching adults with care needs with self-employed people (carers) willing to provide accommodation and support in their own homes as part of family life. SL can be provided as long-term or short-term 'arrangements' with the family as an alternative to other models such as residential care.

- Funding comes from a mixture of local authority (LA) expenditure, NHS expenditure, and individuals' entitlements to disability and housing-related benefits. The matching of individuals who need support with appropriate carers is overseen by a local SL scheme, that can be run by the LA or contracted-out to the voluntary sector, and must be registered with the Care Quality Commission (CQC).

- Shared Lives Plus (SLP) is a not-for-profit membership organisation, which supports local schemes and SL carers, and promotes SL as an alternative model of care to national and local policymakers.

The vision

SLP and the leaders of local schemes aim to grow the model so that a greater number of people with a variety of care needs can benefit from living an 'ordinary' family life. SL has the potential to improve outcomes for people who need support and provide LAs with a more cost-effective alternative to other models of care including residential care.

The innovation journey

Although 'boarding-out' schemes for older people have a long history in England, the emergence of SL as an alternative model of care is generally traced back to the establishment of an 'adult placement' scheme in Liverpool in 1978 by Sue Newton who worked for the Liverpool Personal Service Society, a charity now known as PSS. Although this scheme also initially focused on older people, it quickly developed as an alternative model of care for people with learning disabilities following the closure of long-stay hospitals. By 1992 there were 81 similar schemes operating across the UK.

During this early phase of the innovation journey adult placement schemes remained largely unregulated. However, the establishment of the National Association of Adult Placements Schemes (NAAPS) in 1992 marked the beginning of a period of institutionalisation and the establishment of SL as a regulated model of care.

A voluntary code of practice for schemes published in 1996 was quickly superseded by the Care Standards Act 2000 which effectively placed individual carers under the same regulatory framework as residential care providers and led to the loss of a significant number of carers.

TIMELINE

1978 Establishment of an 'adult placement' scheme in Liverpool

1992 81 similar schemes operating across the UK

Establishment of the National Association of Adult Placements Schemes (NAAPS)

1996 Publication of a voluntary code of practice for schemes

2000 Care Standards Act 2000

– reduction in number of individual carers
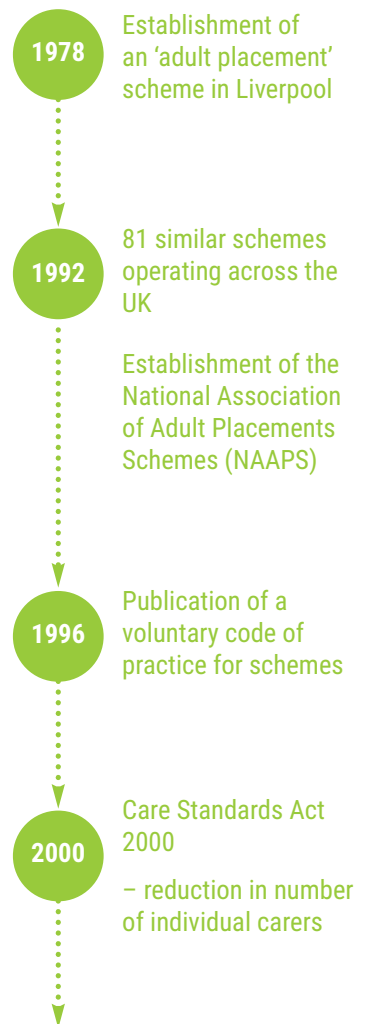
Campaigning by NAAPS led to the eventual establishment of new adult placement regulations in 2004 under which the main regulatory burdens were shifted on to schemes. The establishment of these new regulations paved the way for the spread of what came to be known as SL schemes across England.

Since 2010, and after changing its name from NAAPS, SLP has played a central role in promoting the model to national and local policymakers and in supporting the establishment and development of local schemes.

SLP has worked with its partners to attract additional funding to expand its own operations, including two waves of National Lottery Funding, and to fund a series of pilot programmes to support the growth and diversification of the model.

Its success in keeping the spotlight on the model is evidenced by references to SL in government White Papers published almost a decade apart in 2012[1] and 2021[2] and its inclusion as one of 12 adult social care innovations promoted under the Accelerating Reform Fund announced by the Department of Health and Social Care in 2023.

Continuing the innovation journey

In 2023 Shared Lives Plus reported that SL had successfully 'spread' nationally with 123 schemes in England covering almost all 153 LA areas – some voluntary sector-run schemes cover multiple LA areas.

However, in our view SL is a 'niche' innovation – while on the 'menu' it has not become widely embedded as an alternative to more traditional models of care:

- It remains a very small model employing or contracting only 1% of the adult social care workforce, with 8,140 carers providing support to 8,262 individuals in England by 2023.

- Despite efforts to promote SL as a flexible model that is capable of supporting a range of care needs, individuals with learning disabilities continue to represent a majority (currently 73%) of those supported.

TIMELINE

2004 Establishment of new adult placement regulations in 2004

– spread of SL schemes across England

2023 123 schemes in England covering almost all 153 LA areas

2   ROCKS/CHALLENGES

Recruitment of carers

SL remains largely unknown to the public, reflecting its small size within the adult social care sector. However, a fundamental challenge for all schemes is the recruitment of new carers to increase the number of arrangements they can offer, or even just to maintain existing arrangements as carers retire or step-down from the role for other reasons.

Carers are self-employed and receive a fee set by the local scheme according to the care needs of the person they support. They also receive an additional allowance to cover housing, utilities, food and day to day living expenses. Arrangements for respite care vary across schemes with some providing an additional financial payment to cover costs and others providing access to respite care. The role can be very rewarding, but it requires carers and their families to make a significant commitment. Variations in fee levels across different schemes, difficulties in

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[1] HM Government (2012). *Caring for Our Future: Reforming Care and Support*. London: HM Stationery Office, Cm 8378.

[2] Department of Health and Social Care (2021). *People at the Heart of Care: Adult Social Care Reform White Paper*. London: HM Stationery Office, CP 560.

arranging respite care, the availability of day care services for people being supported, and cost of living pressures have all placed additional responsibilities and financial pressures on some carers over recent years. Moreover, these factors may have contributed to difficulties encountered in recruiting new carers. As carers must have a spare bedroom, carer recruitment is particularly difficult in areas with higher housing costs.

Encouraging referrals to SLs schemes

Even if carer recruitment activities prove successful, schemes must balance these against professional referrals to SL (usually from Social Workers) to ensure that new carers are not left waiting too long to be 'matched' with appropriate people needing support. In some local areas, particularly where the turnover of Social Workers is high, knowledge of SL remains low. Schemes need to build close relationships with social work teams, and other potential agencies that might make referrals, to ensure that people know about SL and its suitability for people they are helping to arrange care for. Local authority commissioners sometimes play a key role in this regard when schemes have been contracted-out to a voluntary sector provider.

Care market rules and logics

The time taken by SL schemes to recruit and carefully match carers with people who need support is a core feature of the model and arguably one of the key reasons why it can deliver improved outcomes. However, this can also prevent referrals, even in in places where professionals have knowledge of the model, because professionals are often under pressure to put care arrangements in place very quickly. In contrast to SL, residential placements can often be made more quickly under existing commissioning arrangements.

Regulations for care organisations

The impact of the Care Standards Act 2000 on the model and the subsequent campaign to establish separate regulations in 2004 as part of the SL 'innovation journey' has already been described. However, SLP must work continuously with national government policymakers and the CQC to ensure that any changes to adult social care policies and regulations, or in relation to welfare benefits entitlements, take account of the unique way in which SL operates compared to more established models.

As carers must have a spare bedroom, carer recruitment is particularly difficult in areas with higher housing costs

Carefully matching carers with people who need support is a core feature of SL and a key reason why it can deliver improved outcomes

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3   NAVIGATING ROCKS

Leadership

SLP has played a pivotal role in promoting SL to national and local policymakers working in adult social care as well as providing advice and support to scheme managers and their teams working at the operational level. Detailed work to develop and maintain the regulatory framework and best practice guidance for local schemes, including during the Covid-19 pandemic, has been essential in making sure that local schemes can continue to operate effectively.

At the local level the drive and commitment of the SL scheme manager, backed by senior leaders in adult social care, is essential to the development and growth of a scheme. But the leadership of people in other roles is also important. Where services are contracted-out the role played by the local authority commissioner in challenging and facilitating working across voluntary providers and social work teams can be very important. Experienced carers acting as 'champions' can also play a pivotal role in helping to recruit and support new

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carers. Similarly, experienced social workers may play a leadership role in helping to raise awareness of SL amongst colleagues.

Learning

SLP was originally established in 1992 (then called NAAPS) as a network through which scheme managers could come together and share ideas and develop best practice standards. Over the years SLP's role has extended to incorporate services for carers and bespoke management consultancy services and specialist software which schemes can access for an additional fee.

It has also played a key role in helping to build an 'evidence-base' for SL through collecting the testimonies of people supported, its involvement in a series of pilot programmes, and work to analyse the cost-effectiveness of SL compared to other models of care such as residential care. But SLP continues to encourage peer learning through its facilitation of regional networks of local scheme managers.

However, as SL has become more established, new formal and informal learning networks outside of those facilitated by SLP have also emerged. For example, those working for large voluntary sector providers operating multiple local schemes can benefit from engagement with organisational colleagues working in different local authority areas. But we also found evidence that successful schemes were sharing their knowledge and expertise with scheme managers and commissioners elsewhere on a more *ad hoc* basis.

Collaborative day-to-day working

As well as establishing connections and opportunities for learning across schemes, effective SL schemes work collaboratively at a local level with a range of different teams and individuals. This is essential for the management of existing SL arrangements but also in helping to

raise the profile of the model among social work teams and in addressing concerns regarding the time taken to 'match' carers and people who need support. Key features of an LA scheme that enjoyed impressive growth included:

- Stable staffing, strong relationships, and shared office space between scheme staff and social work teams.

- Informal communication and support, such as SL scheme staff assisting social workers with administrative tasks, facilitated informal discussions about potential clients.

In one voluntary scheme that has also grown various more formal strategies were employed to facilitate working across teams. These included:

- SL commissioners participating in weekly meetings to allocate care packages and identify potential clients for SL placements.

- Regular meetings between scheme staff and LA social work teams to facilitate ongoing dialogue about the matching process and increased awareness about the scheme.

- Requiring social workers to consider SL as the 'default option'.

Developing scheme resources and capabilities

SLP has been successful in attracting grant income from central government and a range of charitable organisations to develop its own operations and fund a range of pilot programmes. Local schemes and carers have benefited from the additional resources and services SLP has been able to offer and from the learning from the pilot evaluations.

However, the investment of additional local resources, in the form of money, knowledge and dedicated posts, is necessary for the development and growth of local schemes. Dedicated resources ensure that schemes have sufficient capacity to manage established

Successful formal strategies include requiring social workers to consider SL as the 'default option'

To attract new carers, schemes may need to examine fee structures, respite care arrangements, day-centre support and cost of living allowances

SL arrangements whilst also working to recruit new carers and work with social work teams to encourage referrals. In the years ahead, schemes aiming for growth may also need to re-examine fee structures, respite care arrangements, day-centre support and cost of living allowances if they are to attract new carers.

4 KEY LEARNING

The work of SLP in helping to establish and maintain an 'innovation infrastructure' for SL schemes has helped it to spread across England.

The key components of this infrastructure include

- networks of expertise for local schemes to draw upon,
- a framework of guidance and best practice standards for SL, and
- promotional resources and evidence to encourage investment.

Notwithstanding the impressive 'spread' of SL, its limited growth in terms of number of people supported and carers recruited suggests that schemes face additional challenges that are not easily overcome.

The growth of local schemes requires effective leadership, collaborative working across teams and agencies, mechanisms for learning and investment in scheme staff. However, the presence of all of these conditions will be insufficient if schemes cannot attract additional carers. The model, as with many adult social care innovations, also faces wider financial and social constraints that are beyond the control of SLP and SL schemes.

Establishing an 'innovation infrastructure' for SL schemes has helped it to spread across England

Suggested citation
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