

# Shared Lives



Karl and Clare with Shared Lives carers Blossom and Mike, at their wedding, before moving to live independently

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**Shared Lives Plus**  
[www.SharedLivesPlus.org.uk](http://www.SharedLivesPlus.org.uk)  
<http://alexfoxblog.wordpress.com>  
<http://vimeo.com/108993357>

## Who are we?



Shared Lives Plus is the UK network for Shared Lives and Homeshare. Our members are Shared Lives carers, Shared Lives schemes and Homeshare programmes.

Shared Lives Plus was established in 1992 and has over 5,500 members UK-wide, including 5,000 of the UK's Shared Lives carers and almost every Shared Lives scheme and Homeshare programme.

Our sister organisation develops the micro- and community enterprise sector and supports Shared Lives development:  
[www.CommunityCatalysts.co.uk](http://www.CommunityCatalysts.co.uk)



# Safer, better, lower cost

## Shared Lives:

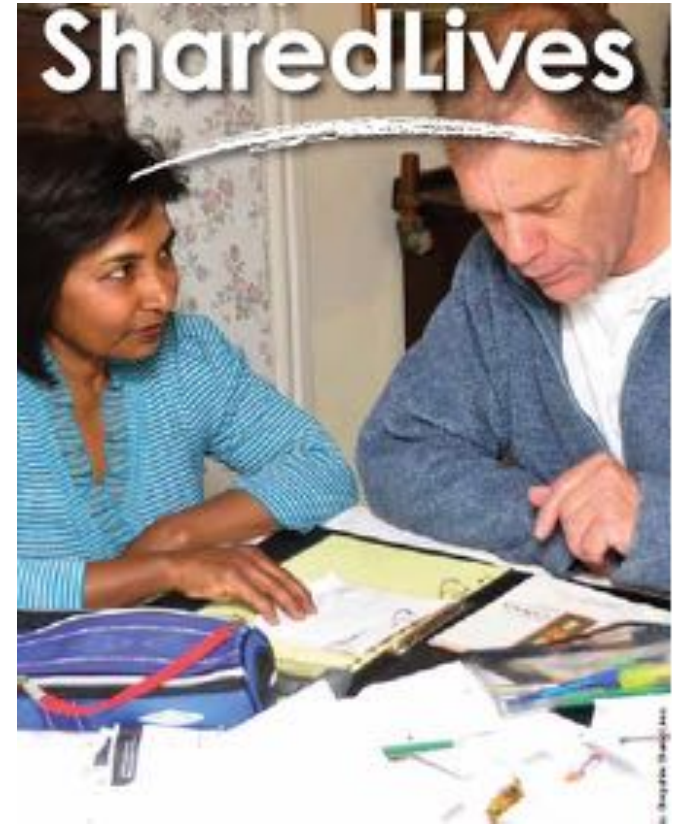
- achieves great outcomes like (lots of!) new friends.
- is consistently better and safer than all other models according to Government inspectors.
- costs £26,000 a year less per person, as well as creating savings across the system.



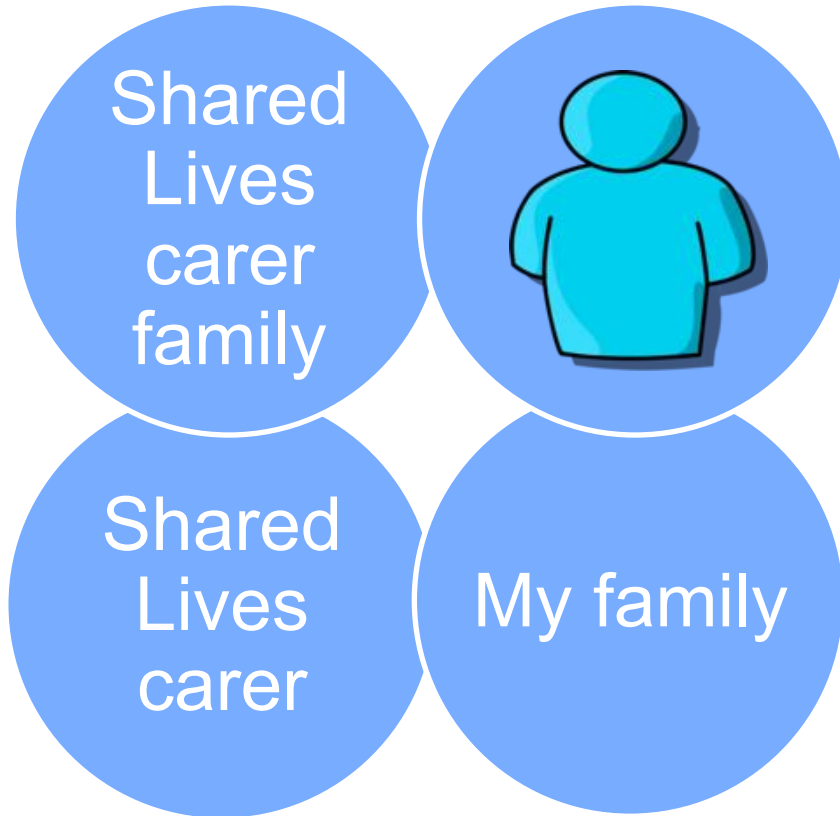
## Sharing home and family life.

- The Shared Lives carer's house feels like a family home.
- Participants share home and family life, either living together or through the adult visiting their Shared Lives carer regularly.
- Organised by 150 registered local schemes who recruit, train, support and monitor Shared Lives carers.

“He's just one of the family. We love him”



# Shared Lives matching



- Matching takes time, but pays huge dividends.
- Short breaks can be part of matching.

“It’s like extending your own family.”



## Shared Lives: short breaks

Lynne: “My dad was his usual self on our return and slotted straight back in as though he hadn't been away. When he went to a care home before, he came back quiet, withdrawn, unable to do things - some things were lost forever.”

Karen: “It was an absolute pleasure to be matched with Harold. He instantly became part of the family”



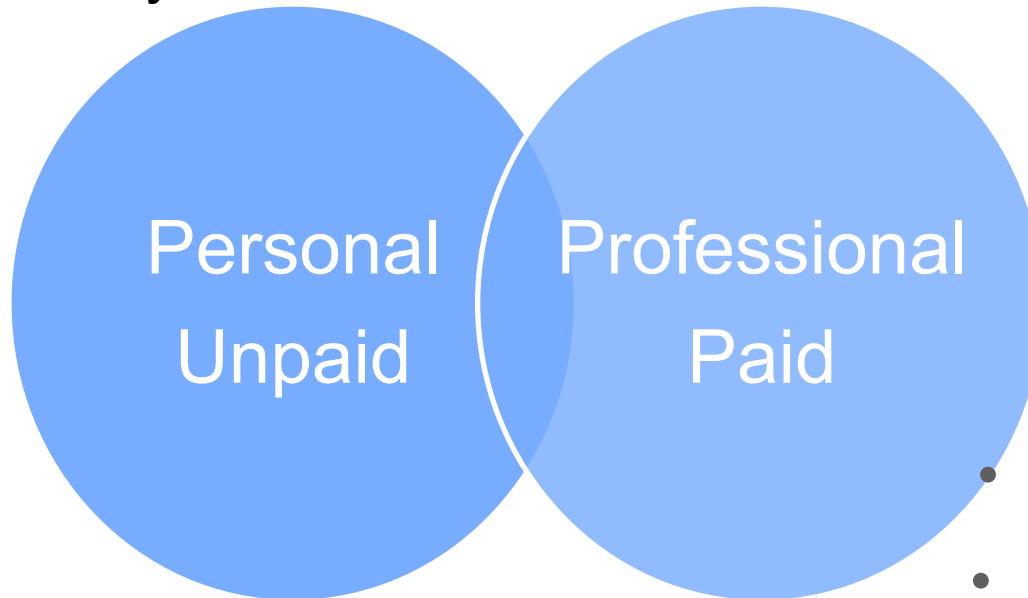
## Peter and Allan

‘Peter’, who I support several days a week, is a similar age to me and he has learning, physical and communication difficulties. I really enjoy being in his company and I think he feels the same. I encourage Peter to decide what he wants to do and get great satisfaction seeing him making good sound decisions. Peter visits my home and has got to know Moira, my boys and my sister and Mum. I was impressed at how Peter engaged my youngest son Aaron, bringing Aaron out of his shell.

Allan, retired police officer and Shared Lives carer.

# The Shared Lives carer role

- Sharing home & family life
- Family & friends help out
- Build community networks
- Love

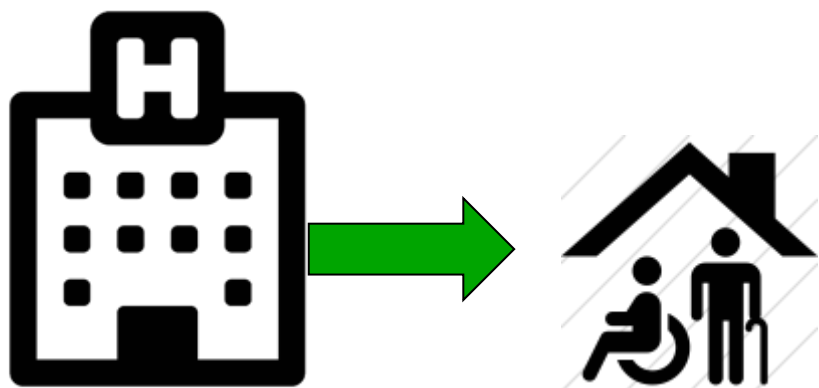


- Self-employed
- Trained & paid
- Four weeks of breaks
- Professional personal care

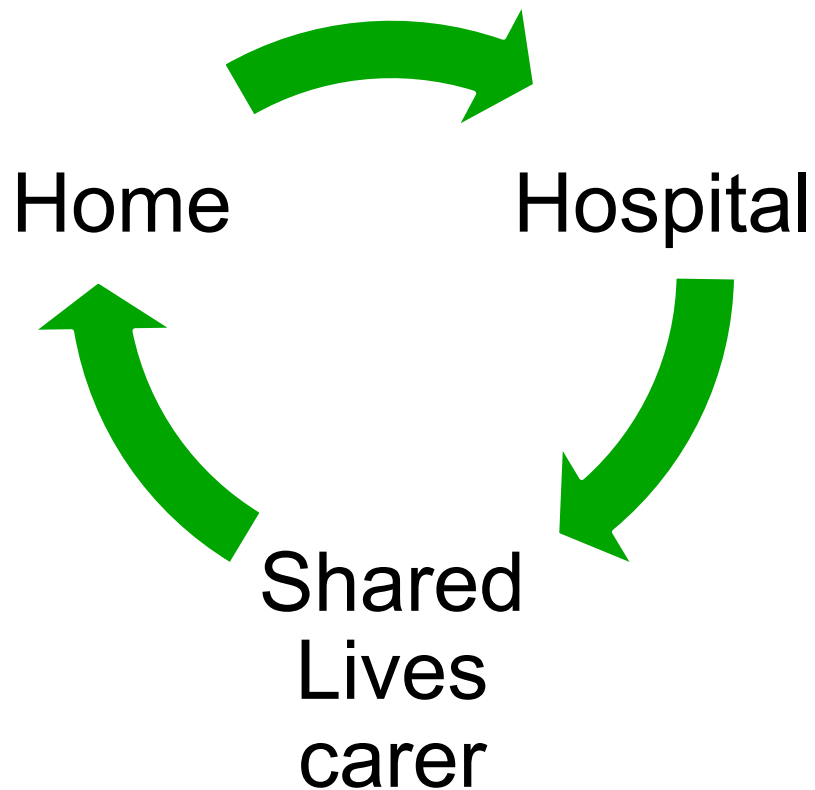


# Home from hospital care

Each time an older person goes into hospital they are less likely to return to their own home.



Consistent, familiar homely support.



# NHS development and social investment

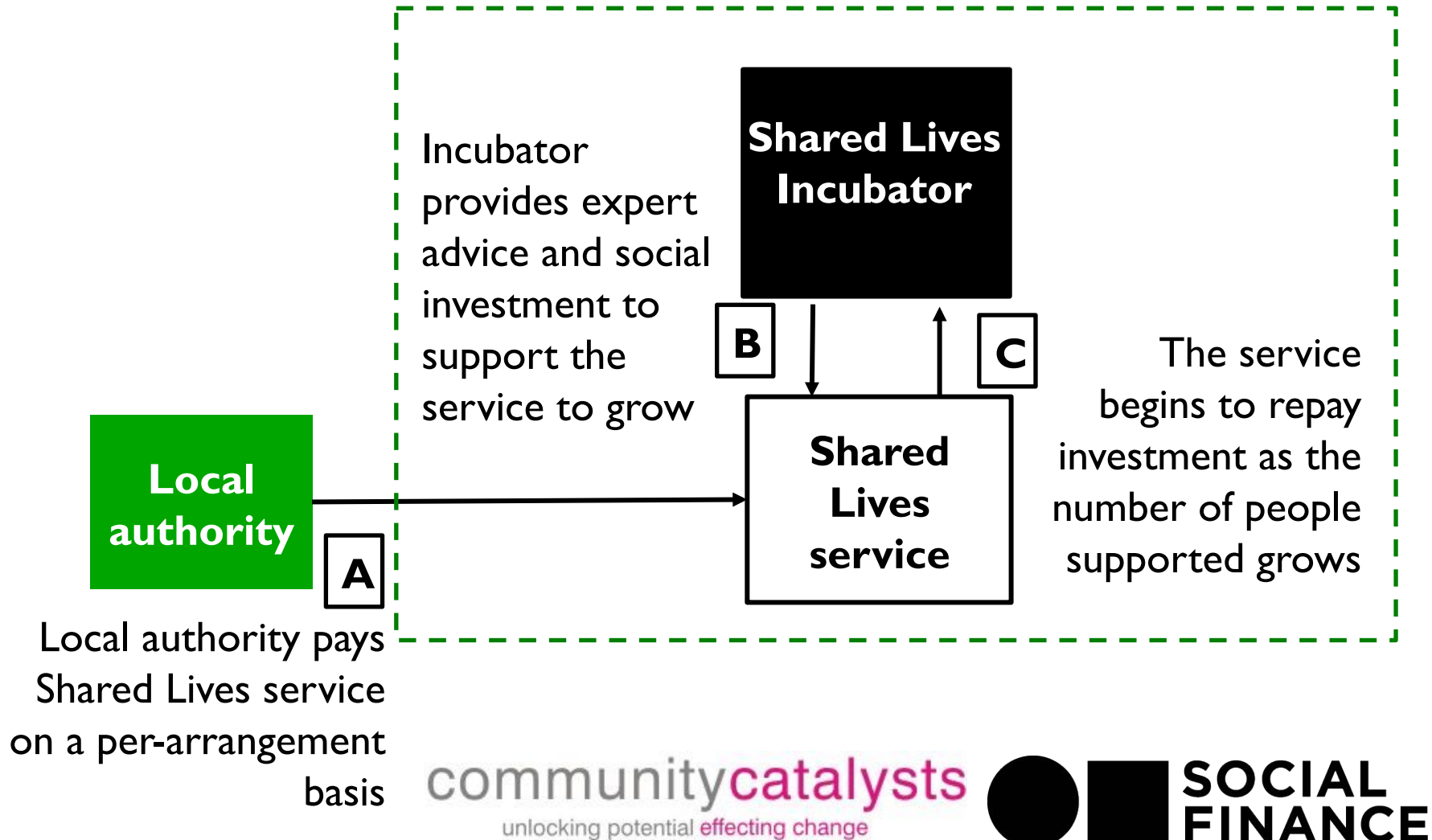
NHS England's CEO led a £1.75m investment.  
Five CCGs have committed £500k:

- Home from hospital care
- Dementia care
- Mental health care
- Transforming Care for people with learning disabilities

There is also a £1.45m social Investment fund.



# The Shared Lives Incubator



## A new kind of service?

A number of approaches take an 'asset-based' approach:

- Shared Lives
- Homeshare
- Local Area Coordination
- Circles of Support
- Community Catalysts
- Community wellbeing teams



Could we build a public service system around them?

Search 'six innovations' on [The Guardian](#)

# A new public service system?

This would mean valuing different things in health and care:

- Wellbeing, not just clinical outcomes
- Independence, but also informal support networks
- Resilience (not just prevention)

# A new public service system?

Three key tests for services which create wellbeing:

- Is your intervention asset-based?
- Does your intervention connect people?
- Does your intervention build resilience?

Only interventions which are co-designed and coproduced will be able to answer 'yes' to all three.

## Total transformation of care and support

Creating the five year forward view for social care

### Introduction

The NHS benefits from having the Five Year Forward View which sets out a case for upfront investment in the NHS – but no such case has been made for social care. Yet social care has a track record of transforming services, such as delivering personal budgets, asset-based approaches and co-production, and needs to be backed to make further transformation possible.

This paper explores the potential for scaling up the most promising examples of care and support services using data from Birmingham City Council, to see what their impact would be on outcomes and costs.

Our aim is to start a series of national and local discussions which re-imagine how we can lead good lives, in good places for people with support needs – building on well-evidenced innovative models from across the UK.

“Total transformation must change systems and processes, but first it must change hearts and minds. We need language that we all understand – that enables managers to explore ways to improve services whilst balancing budgets, but also helps people to think about how their communities can flourish.”

Clenton Farquharson, person who uses services and Director, Community Navigator Services

### Key messages

- Adult social care has repeatedly demonstrated its capacity for transformation: pioneering de-institutionalisation, personal budgets and more recently, asset-based approaches.
- Adult social care will struggle to continue to provide good services that meet rising demand without significant transformation.
- There are five areas where transformation needs to take place:
  - 1 Helping all people and families to stay well, stay connected to others and stay strong
  - 2 Supporting people and families who need help to carry on living at home
  - 3 Enabling people to do enjoyable and meaningful things during the day, or look for work
  - 4 Developing new models of care for adults and older people who need support and also somewhere suitable to live
  - 5 Equipping people to regain independence following hospital or other forms of health care.
- If the sector scales up promising practice, economic modelling shows that outcomes can be improved and costs reduced.
- The sector needs to have difficult, challenging and creative local conversations which release ‘stuck’ systems and create space for moving forward together.
- Further research and economic modelling is needed on the promising practices to build a business case for proper and effective investment in social care.

We need to aim for  
Total Transformation  
built upon the best  
emerging models

# VCSE Review

Investing in partnerships for  
health and wellbeing

Set out two system shifts:

- Co-designing health and care with people who use it and their families, via charities and community groups.
- A greater role for charities and social enterprises to delivering the health and care they really want.

Final Report May 2016: [www.vcsereview.org](http://www.vcsereview.org)



# VCSE Review

Investing in partnerships for  
health and wellbeing

Recommendations include:

- A system which defines, measures and pays for wellbeing.
- Use of the Social Value act.
- New delivery models such as social prescribing.
- Better access to outcome tools and evidence.
- Regulators to incentivise service personalisation.

## Contact details

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THE UK NETWORK FOR SMALL COMMUNITY SERVICES

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- *The new social care*, Royal Society of Arts, 2013: <http://goo.gl/6NPnP>;
- *Can we have a People Powered NHS?* RSA, 2014: <http://bit.ly/1psacBe>;
- Our 3 minute film: <http://vimeo.com/108993357>