SHARED LIVES Fact Sheet

Background

Shared Lives is a little known, but increasingly important, alternative to home care and care homes for people in need of accommodation and/or support; including people with a mental health need, with a form of disability and older people. Shared Lives offers personalised, quality care where carers share their lives and often their homes with those they support. In 2010, England's care inspectors, the Care Quality Commission, gave 38% of Shared Lives schemes the top rating of excellent (three star): double the percentage for other forms of regulated care.[1] Shared Lives carers are recruited, vetted, trained and supported by local Shared Lives schemes, who have to be registered with the government's care regulator.[2]

One of the key risk factors as with all caring environments is that of Safeguarding of Vulnerable Adults. Following serious incidents such as Winterbourne View, the safeguarding of vulnerable adults is even more prominent especially when considering care options. Shared lives vetting and training process including a DBS check, is extensive and takes approximately 6 months to complete. The Shared Lives scheme also offers continued support and training to carers to ensure continued quality of care. Shared Lives also has a strong safeguarding record. The Care Quality Commission logged 3,473 safeguarding alerts related to social care provision in England in the reporting year 2011/12. Of those, just one alert arose from Shared Lives.[3] This is remarkable and demonstrates that Shared Lives is one of the safest forms of support and care for vulnerable adults.

The Local Picture

Sutton's Shared Lives scheme is small at present with 27 people living in Shared Lives Scheme's and 31 vetted and trained carers; however it is a successful scheme with plenty of potential to expand. Whilst there have been fluctuations in numbers of placements across London there has been a steady increase nationally, see **Fig.1.** Considering the UK's aging population, and assuming that with increasing age comes an increase in need for a little extra help and support; enabling older people to remain in their own homes retaining their independence; Shared Lives would present not only a cost effective option but also a more socially acceptable option. **Fig.2**. shows the estimated increase in groups who might benefit from a Shared Lives scheme. The increase in adults with learning disabilities, physical disabilities and those with common mental health needs is estimated at 920 people, the estimated increase in the elderly and frail with and without long term disabilities and dementia amounts to 1,010 people in Sutton. Shared Lives would offer this group the chance to stay part of a community and retain more independence, which would improve their overall wellbeing.

There are barriers that are prohibiting the expansion of Shared Lives at present. Currently the Sutton Shared Lives profile is not as prominent as we would envisage, however through increasing public and professional awareness we can develop the profile of Shared Lives to be better known and become a first choice when considering appropriate care for a variety of adults with social care needs.

[1] Todd, R. Williams, B. (July 2013) *Investing in Shared Lives*, London: Social Finance
[2] Ibid.
[3] Ibid.

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Sutton progress

The Adult Social Services Housing and Health Directorate recognises the need for more cost-effective forms of care, which promote greater independence and a reduced burden on publicly-funded services, is a pre-eminent one. Shared Lives is an excellent option for meeting such a need – reducing costs for commissioners, and applying a focus on achieving greater independence amongst users of the service. This analysis provides strong evidence in support of the case for expanding Shared Lives at scale in the immediate term.[4]

In Sutton we are investing more resources into the Shared Lives scheme and aim to expand the number and range of Shared Lives opportunities for people with a broad range of needs but particularly focussing on older people with long term disabilities and/or dementia, people living in residential care, and people living with elderly carers. As well as long term accommodation and supported living with a Shared Lives Carer the Sutton scheme is expanding the range of opportunities available to people including respite care, day time support, and homeshare (often called a supportive lodger arrangement where someone living at home in need of a small amount of support is matched with a lodger who able and willing to provide this) to enable people to live at home for as long as possible.

Consideration is being given to the support that could be provided by the Shared Lives Incubator to enable the Sutton Shared Lives scheme become more independent from the Borough in the future as well as other possible alternative organisational arrangements.

What works

In Shared Lives, everyone gets to contribute to real relationships. The goal is ordinary family life. Ensuring the individuals within the Shared Lives schemes work hard to support the development and retention of skills and independence within their local communities is one of the most valuable and unique elements of Shared Lives. Increasing the capacity of this service could be beneficial to many with learning disabilities, mental health needs and older people. Shared lives doesn't just deal with home share caring but also short term respite care and hopefully eventually post hospitalisation rehabilitation care.

Numbers of people in Shared Lives placements is generally low in all London Boroughs, except Croydon, where there are significantly more placements than elsewhere. Sutton is in the top 50% of Boroughs using Shared Lives placements.

Kingston-upon-Thames has only service users of 65+ years. Given the increasing numbers of over 65's; see **Fig.3.** investing Shared Lives in this group is one option to consider especially given the projected numbers of over 65's that will have a long term disability, see **Fig. 4**. and **Fig.5.**

In discussions with other local authorities it was suggested older people may feel happier staying in their own homes rather than moving in with a family. This is one of the options that Shared Lives offers, however there is also huge increase in the numbers of 18-64 year olds who will be Learning Disabilities; see **Fig.6:** Physical Disabilities; see **Fig.7:** and common mental disorders; see **Fig.8:** who could benefit from a Shared Lives placement.

[4] Todd, R. Williams, B. (July 2013) *Investing in Shared Lives* London: Social Finance

A report by Age UK Oxford for the Campaign to End Loneliness argues that traditional services have failed to find solutions to loneliness and social isolation among the elderly and vulnerable. The 2012 Care and Support White Paper identifies Shared Lives as an approach which effectively tackles social isolation through helping people to grow their social networks. Anecdotally, Shared Lives carers appear to be much more successful at helping disabled and older people to join in with their communities and to gain training and employment.[5]

Although the primary reason for expanding Shared Lives is the social benefit, the conclusions drawn from this work also indicate that expanding Shared Lives could provide significantly greater value for money than many other forms of care. Key findings include:

- The average net cost of supporting people with learning disabilities in traditional forms of long-term residential care, nursing care and supported accommodation is £60,000 per person per year, and for people with mental health needs £28,000 per year.
- The average net cost of a long-term Shared Lives arrangement for a person with a learning disability is £34,000 per year, and for someone with mental health needs £20,000 per year.
- The average net savings from a long-term Shared Lives arrangement per-person per year are £26,000 for people with learning disabilities and £8,000 for people with mental health needs.
- Expanding a scheme by 75 placements, 50 for people with learning disabilities and 25 for people with mental health needs, requires around £250,000 of up-front investment and should generate savings of around £1.5 million per year once the scheme reaches full capacity.[6]

Links to further information

The Public Health Outcomes Framework contains three indicators that although not directly accountable for delivering improvement, Shared Lives should be considered to be contributing to:

Domain 1: *Improving the Wider Determinants of Health*

Objective: *Improvements against wider factors that affect health and wellbeing and health inequalities.*

I**ndicator**: *Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation.*

Indicator: *Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services*.

Indicator: *Social isolation*

Shared Lives impacts on the lives of not all but some of the service users referred to in these indicators, through the accommodation Shared Lives provides, the opportunities for employment and social inclusion that become feasible through the accommodation arrangements the Shared Lives service promotes.[7]

Further links

http://www.socialfinance.org.uk/resources/publications/investing-shared-lives-0
http://www.cqc.org.uk/statement/04/281829
https://www.sutton.gov.uk/index.aspx?articleid=11761
http://www.sharedlivesplus.org.uk/

[5] Todd, R. Williams, B. (July 2013) *Investing in Shared Lives,* London: Social Finance
[6] Todd, R. Williams, B. (July 2013) Investing in Shared Lives, London: Social Finance
[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

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Priorities for Sutton

The main priority is the awareness of Shared Lives within Sutton, promoting it particularly to social workers. Showing the current placements as case studies we can show the success of the Shared Lives schemes. Simultaneously, we need to be actively seeking new carers to train and develop. We should be conscious of maintaining the balance of supply and demand taking care to ensure we can offer placements when they are sought after whilst equally not having trained carers with no one to support.

The other priority is to consider how we may reach the service to fill the gaps in care for those with mid-level needs such as the elderly and frail who may not meet a social care need but could benefit from a Shared Lives placement.

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