

Shared Lives – model for care and support

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The schemes

Shared Lives is a regulated service in which a family, couple or single person include another individual in their family and community life. In many cases a disabled or older person becomes a permanent part of a supportive family. The service, regulated by the Care Quality Commission in England, is delivered through Shared Lives schemes of which the majority are run by the local authority (86 per cent) but which are increasingly being run independently (14 per cent). Shared Lives carers are carefully selected and trained by regulated Shared Lives schemes, with the goal of enabling people to benefit from a highly personalised service which depends on achieving a good match between the individual requiring support and the Shared Lives carer who wishes to support them. A study comparing Commission for Social Care Inspection (now the Care Quality Commission) ratings found that 79 of Shared Lives schemes in South East England were rated excellent or good, compared with 69 per cent of care homes. Service users in all of the Shared Lives schemes in the evaluation identified a number of successful outcomes: *living the life they wanted; having choices and being in control; developing confidence, skills, independence; and having different experiences* (NAAPS, 2010).

Shared Lives is provided by most local authorities in England and is well established in the other UK and some European countries. Statistics published in 2009 showed that 4,000 people were supported by Shared Lives schemes (previously known as adult placements), an increase of 36 per cent on 2008 (The Information Centre, 2010). Traditionally a service provided for adults with learning disabilities, currently many Shared Lives schemes also provide day support for adults with a range of needs, and in many cases disabled and older people become a permanent part of a supportive family. They are also increasingly being used by older people, people with mental health problems and people with physical disabilities. Sometimes foster carers who have been providing long-term support to a disabled child, transfer to a Shared Lives scheme in order to continue supporting the individual. The 2009 statistics show that a total of 3,470 Shared Lives placements were being run, of which 3,060 (88 per cent) were for adults with learning disabilities, 120 (3 per cent) for people with physical disabilities and 290 (8 per cent) for people with mental health problems (The Information Centre, 2010).

Examples of how the schemes can work are listed below:

- They can provide an interim placement for people with mental health problems recently discharged from hospital and also help prevent readmission.
- Shared Lives carers can provide support to people with dementia in their neighbourhood enabling the person to remain in their own home. They can also offer support to family members so that the person does not have to leave their familiar surroundings.
- They can provide support for care leavers and provide a setting in which they can learn daily living skills in a very practical way, in preparation for moving on into greater independence.
- They can support parents with a learning disability and can help to teach parenting skills, which may prevent unnecessary admission of a child to care.
- They can provide respite to unpaid family carers, an arrangement which can also help with long-term succession planning for older family carers.

There are number of important distinguishing factors that help make Shared Lives work for people:

- The recruitment and approval process for Shared Lives carers is thorough and does not just look at the individual applicant/s but at the whole family and its place in the local community.
- Arrangements are subject to a careful matching process and placement agreements which ensure that the individual has maximum choice and control. This is probably the most important factor in achieving a successful placement.
- People using Shared Lives have the opportunity to be part of the Shared Lives carer's family and social networks.
- Shared Lives carers use their family home as a resource.
- Arrangements provide committed and consistent relationships.
- The relationship between the Shared Lives carer and the person placed with them is of mutual benefit.

- People living in Shared Lives households are more able to be active citizens contributing to the life of their local community.
- Shared Lives carers can support no more than three people at any one time.
- Shared Lives carers do not employ staff to provide care to the people placed with them, but may get additional support from the Shared Lives schemes if required.

Funding Shared Lives placements

Because Shared Lives is regulated as a community rather than a residential care service, it enables the supported person to maximise their benefits and have access to the full range of benefits, including housing benefit and, in some cases, Supporting People funding. Personal care and support needs are funded through community care personal budgets, and service users contributions are assessed through 'Fairer Charging': a means test to determine their ability to contribute. This approach to funding ensures that the person retains a larger amount of their income than if they were in residential care and this increases their choices and opportunities to use their money as they wish. Also, as needs change, if they need assistance with specialised equipment or adaptations to their accommodation, Shared Lives carers are eligible to be considered for a disabled facilities grant.

Payments to Shared Lives carers comprise the following:

- Rent, which is paid direct to the Shared Lives carer, usually funded by housing benefit;
- Food and utilities costs, which are usually an agreed fixed amount, are paid direct to the carer by the person in the arrangement;
- Care and support needs and management costs for the Scheme which are funded from the Community Care budget, and increasingly via personal budgets.

Payment levels to Shared Lives carers are usually decided according to the level of support the Shared Lives carer gives to the service user, rather than the hours worked, with a range of bands for rates of payment. Shared Lives carers receive a fixed amount, rather than an hourly rate. Some receive up to four weeks paid breaks per year, and if they have a supported person living with them they are entitled to respite care. In 2009, rates ranged between £267 and £653 per week for a longer-term placement (including board and rent). Payments for short breaks varied between £159 and £550 per week. Costs for separate day-time placements of service users in long-term placements were usually met by the sponsoring authority. Payments to Shared Lives carers are treated favourably by Her Majesty's Revenue and Customs (HMRC), with a fixed allowance of £10,000 per annum plus £250 for each person supported each week or part of a week.

A business case for Shared Lives (NAAPS, 2009) estimated that to develop a scheme that could support 85 service users would require an investment of £620,000 over a five-year period. Based on data from the 2009 study, over the same period it could generate net savings of £12.99 million by reducing the need for costlier services, residential care in particular. It was calculated that the average unit cost of a Shared Lives placement including care and support, board and lodging and management costs is £419 per week, with care and support costs amounting to a mean of £293 per week (see Table 1). A flat rate weekly management charge for all types of placement is included in this cost.

Table 1: Range of weekly payments to Shared Lives carers and management costs

	Range £ (per week)		Overall average care cost (per week)	Management charge (per week)	Total average cost (per week)
	Min.	Max.			
All-in price for long-term placement, including board and lodging	£267	£653	£361	£58	£419
Care and support in long-term	£151	£430	£235	£58	£293

When we compared the cost per week, of supporting a person in a Shared Lives' setting with the unit costs for residential care per week (Curtis, 2008) (see Table 2). The greatest savings were obtained from long-term placements for people with learning disabilities but it was estimated that savings per person would not be realised until the second year of operation.

Table 2: Potential savings

Type of service	National unit cost per week	Shared Lives unit cost per week (overall mean)	Potential savings: £ per week if person is supported in Shared Lives rather than elsewhere
Learning disability residential care	£1,059	£419	£640
Older people residential care	£465	£419	£46
Physical disability residential care	£780	£419	£361
Mental health residential care	£602	£419	£183
Learning disability supported living	£1,288	£293	£995

Potential savings were also indicated by the 2009 study for other types of Shared Lives placements, such as day-time support and floating support, however, the financial data are less reliable.

The 2009 study (NAAPS, 2010) concluded that there may be a scheme size below which it is difficult to deliver a high quality Shared Lives service and achieve successful outcomes as costs per case tend to be lower in the larger schemes. In the aforementioned business case for Shared Lives, a level of 85 placements is assumed. Greater efficiencies can be realised when tasks such as planning and delivering training, recruiting and maintaining an Approval Panel, or developing quality assurance systems support a larger number of service users.

Shared Lives fits well with government strategies to engage members of local communities in supporting the more vulnerable members of society. This care model is able to deliver high quality outcomes for people at a competitive price. Above all, as a service of choice, it enables people to live the life they want, with a high degree of community presence and active citizenship.

Some case studies of people Shared Lives has helped

Tony lives in the North East of England. After leaving residential special school he spent 15 years living in a residential care home. His real desire was to live with his family which was not possible, but being part of a family remained at the heart of his person-centred plan. Tony now lives with Linda, a Shared Lives carer. He pays his rent and board using Housing Benefit and his other benefits income. His care and support needs are met from his Personal Budget some of which he retains as a Direct Payment. He uses this to pay for extra support when he goes to watch Newcastle United play and when he goes on holiday, both of which he likes to do separately from Linda.

Jenny was living in a residential community but wanted to live in her own flat one day but was frightened to do this because she didn't know how to cook, iron, use a washing machine, use public transport or budget and handle her money well. She moved in with Mary and Ian so that she could learn these skills. She stayed for two and a half years and then moved into a home of her own with continued support from Mary and Ian, in much the same way she would had she a family of her own. She returns to their house for some weekends and is always included in family celebrations.

Morag lives in a small village with an increasingly elderly population. The nearest town is 15 miles away and there are very few services in the area. On two days a week Morag takes three frail elderly ladies into her home and they spend the day chatting and playing bridge. They have all been friends for many years, but can't get to each other's houses anymore. Meeting at Morag's keeps them in touch and ensures they do not become isolated and lonely.

Shared Lives Plus (formerly known as NAAPS UK) is the UK Network for small community services including Shared Lives, Homeshare and community services. Shared Lives Plus provides support services to both Shared Lives Schemes and to Shared Lives Carers and represents the sector at a national level with regulators and government departments and other stakeholders throughout the UK. www.sharedlivesplus.org.uk

References

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