

SharedLivesPlus

THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

A photograph of three people and a dog in front of a house, overlaid with a blue tint. On the left, a woman with blonde hair, wearing a black top, blue jeans, and a yellow patterned scarf, stands on a brick step. In the center, a man wearing a grey puffer vest over a plaid shirt and dark trousers stands on the same step. On the right, another man in a blue and white striped long-sleeved shirt and blue jeans stands on a higher step. In the foreground, a small white dog sits on the grass. The background shows a brick house with a white window frame and a satellite dish on the roof. The sky is blue with some clouds.

The state of Shared Lives in England 2016-17

"It's so much better - we've got to know each other and I'm not getting lost in the system. I've learned to be more independent and my mental health is pretty stable now. I've even got back in touch with my dad"

Mike, who lives with a Shared Lives carer, Hampshire

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Over the past year, Shared Lives has continued to thrive in the face of serious challenges in the social care landscape. Shared Lives provides so much more than any comparable form of paid support. The richness, passion and dedication we see in our encounters with Shared Lives households are difficult to quantify solely with statistics. This report gives evidence of how we, in partnership with our scheme, networks and allied organisations such as NHS England, are striving to ensure that more people than ever before enjoy the benefits of Shared Lives.

We are determined that more people, with different types of needs, experience the extraordinary benefits of ordinary family homes. We are delighted to be piloting projects to extend Shared Lives, ranging from people who use drugs and alcohol, to parents with complex support needs and their children, people who are homeless, those who need end of life care, people who have experienced domestic abuse, intermediate care for people coming out of hospital and to help prevent people needing hospital in the first place. Growth must never be at the expense of quality and together with schemes, we have worked hard to drive up and maintain the standards that cause CQC to rate us as the safest, highest quality and most cost-effective type of adult social care.



Richard Jones, CBE, Chair

However, this year's annual analysis exposes the ways in which the squeeze on adult social care spending is affecting the Shared Lives sector. Its inevitable impact on thresholds for social care means that services such as Short Breaks are under tremendous pressure. The squeeze has also had a significant impact on the number of scheme staff across the sector. Despite overall numbers of staff growing since we began collecting workforce figures in 2012/13, because of a greater number of part time positions, the sector has lost the equivalent of 70 full-time staff members. And those part time staff are expected to manage increasingly complex and under-resourced situations.

The way in which scheme workers across the sector have responded to this challenge is remarkable – especially when it is placed in the context of schemes taking on more traditional care management responsibilities. Shared Lives scheme workers have juggled the increased responsibilities and continued to drive Shared Lives' growth and development. Yet fewer staff means fewer people can be supported to use Shared Lives. If staff numbers returned to their 2012/13 levels, an estimated 1750 more people could be supported to use Shared Lives in England.



Alex Fox, OBE, Chief Executive Officer

We have much to offer in terms of innovation and best practice. Our partnership work with Greater Manchester to look at a region wide approach to the quality, development and growth of Shared Lives, provides a robust model for other areas of England to replicate.

Given the strength of evidence showing how many people stand to gain from Shared Lives and how such care is both high in quality and cost-effective, we hope that this report will serve as a reminder of the real potential to build on past success and to offer others the opportunity to benefit.

Key messages



*Pawsitive Pooches
Fun Dog Show*

Sunday 3rd of December at Locke Park's Xmas event

3rd Place for Handsomest Boy

- 11,600 people now use Shared Lives – an increase of 30% in five years. Yet although growth in some regions has continued, it has been offset by falling numbers in other regions, due to staffing cuts.
- Across several regions, there was an average growth of 11%, representing 320 more people being supported by Shared Lives. In the South East, Shared Lives grew by 100 people (10%), in the South West by 140, (14%), in the West Midlands 40 more people (6%) and in the East of England, 40 more people (14%) were supported in live-in Shared Lives arrangements. But across the North West and London, the number of people living with a Shared Lives carer in these two areas reduced by a total of 300 people, (-13%).
- We helped Greater Manchester with a plan for their ten Shared Lives schemes to triple the number of people they support. We call on all regions to take strategic action, including recruiting more scheme workers and Shared Lives carers. Everyone who needs support should be offered Shared Lives amongst other choices.
- There are 8,700 Shared Lives carers in England – an increase of 14% over five years. The number of full time scheme workers has fallen by around 70 – showing a stretch in human resources. Replacing the 70 scheme workers lost since 2012/13 could enable Shared Lives carers to support 1750 more people.
- Fewer families who care for a relative are getting breaks from unpaid caring roles, because of the squeeze on adult social care. This is reflected in the small decrease in people getting short breaks.
- The largest proportion of people using Shared Lives have a learning disability as their main support need (70%). The next largest groups are people with mental ill health (6%), physical impairments (4%) and dementia (5%). New innovations include a major project supporting women who have experienced domestic abuse, care for people coming out of hospital and support for parents with complex needs.
- The Care Quality Commission rates 92% of Shared Lives schemes as good or outstanding and none as inadequate. 5% Shared Lives schemes are outstanding, compared to 2% of other kinds of social care.
- Shared Lives continues to cost less than other forms of care: on average, £26,000 less for someone with learning disabilities and £8,000 less for people with mental ill health. If all areas caught up with those who use Shared Lives the most, 33,000 people would use it (an additional 21,000) which would save £120m as well as improving outcomes for thousands of people, their families, public services and local communities. We are calling on government to invest in a major awareness raising campaign and innovation fund, to realise these gains and savings.
- Evidence shows the average net savings from a long-term Shared Lives arrangement to be £26,000 for each person per year for people with learning disabilities (43% cheaper than more traditional forms of homecare or residential care) and £8,000 for people with mental health needs (28% cheaper)¹.

1. Social Finance, Investing in Shared Lives, July 2013

Calls to action

The simple and stunning quality of life that people experience in Shared Lives makes it our responsibility to grow and develop the model.

- We know that Shared Lives has enormous potential – not just in the areas where we have proven expertise, but also for people who want and need a more tailored, wider and cheaper range of support. We will continue to build and support the excellent work local schemes are exploring to develop Shared Lives in new areas.
- We want Shared Lives to be used in every local authority area with adult social care responsibilities. Yet the expansion of any type of adult social care is a challenge at a time when spending on adult social services has fallen by 13.5% per adult in England since 2009/10.
- We call on all regions to take strategic action, including recruiting more scheme workers and Shared Lives carers. Everyone who needs support should be offered Shared Lives amongst other choices.
- We call on government to invest in a major awareness raising campaign and innovation fund, to realise these gains and savings.
- We are campaigning for Shared Lives carers to be included in local social care annual pay reviews.
- We will continue to develop Shared Lives for people who can pay for their own support – self-funders - as a way of offering Shared Lives to more people in this challenging environment. After working with HMRC, Shared Lives carers can now benefit from tax relief if they support people who self-fund or who are funded by NHS and health authorities, as well as local authorities. We hope to see this applied more widely - especially for older people for whom Shared Lives may offer a far more personalised and local form of support than residential care.

About Shared Lives

In Shared Lives, a young person or adult who needs care and support moves in with, or regularly visits an approved Shared Lives carer. Together they share family and community life.

The outcomes can be startling, with people reporting feeling settled, valued and like they belong for the first time in their lives. They make friends and get involved in clubs, activities and volunteering, all of which strengthens their relationships and our communities.

Shared Lives is used by many people, including those with learning disabilities, older people, and those living with dementia. There is also support for people with poor mental health, care leavers, young disabled adults, parents with learning disabilities and their children, ex-offenders and people who have misused substances. It is being developed as a home from hospital service, an acute mental health service and a form of respite for family carers.

Local Shared Lives schemes recruit, train and approve Shared Lives carers. Once approved, they carefully match someone who needs support with a Shared Lives carer and they spend time getting to know each other. The Shared Lives scheme provides the supervision, the reviews, and the support to ensure everyone's safety, and is itself inspected by Care Quality Commission in England, the Care Inspectorate Wales and Care Inspectorate Scotland. The care taken to establish Shared Lives

matches means that this is a very stable model of care where, in some cases, the person receiving care and support remains with, and part of a family for many years.

Shared Lives schemes and carers provide three main kinds of care:

Live in arrangements – where a person who needs extra support moves in and lives with a Shared Lives carer and their family and receives care and support from them, as well as becoming part of each other's circle of friends, family and community.

Day support – Shared Lives day support arrangements enable a person to receive support from their Shared Lives carer during the day. The carer's home is used as a base for community activities.

Short breaks – Short break Shared Lives arrangements are where a person stays with a Shared Lives carer ranging from one night to several weeks. People who live with a family carer may also access Shared Lives short breaks, as an alternative to traditional forms of respite care.

About Shared Lives Plus

Over 150 schemes across the UK are Members of Shared Lives Plus, the UK Network for Shared Lives and Homeshare. Our members are Shared Lives schemes, Shared Lives carers, and Homeshare schemes. We have a unique overview of Shared Lives which informs the support and guidance we provide to our members, whilst also being a voice for Shared Lives and Homeshare with governments and other decision makers.

We are funded by the Big Lottery Fund, Nesta, Department of Health, Cabinet Office, the Welsh Assembly Government, Monument Trust, Ellerman Foundation, Pears Foundation and Lloyds Bank Foundation. NHS England and seven NHS trusts are investing over £1.75m in scaling up Shared Lives as a new form of healthcare.

Key statistics

Each year Shared Lives Plus carries out a survey of Shared Lives schemes in England (with separate reports for Scotland, Wales and Northern Ireland available) to identify changes, trends and patterns. This information helps us to plan our work to develop the sector. The figures shown below are the result of the analysis of the data for the 12 months to 31 March 2017. 95 schemes of 132 responded: a 72% return rate.

People using Shared Lives

There were 11,610 people supported in Shared Lives arrangements this year. 2% more people moved in with a Shared Lives carer, 4% fewer people visited a Shared Lives carer for a short break.

Type of service received	Number of people and % of total	% change from 2015/16 - 2016/17	% change from 2012/13 - 2016/17
Long term arrangements	6,420, 55%	+2%	+31%
Short breaks	2,960, 25%	-4%	+7%
Day support	2,230, 19%	+0%	+89%

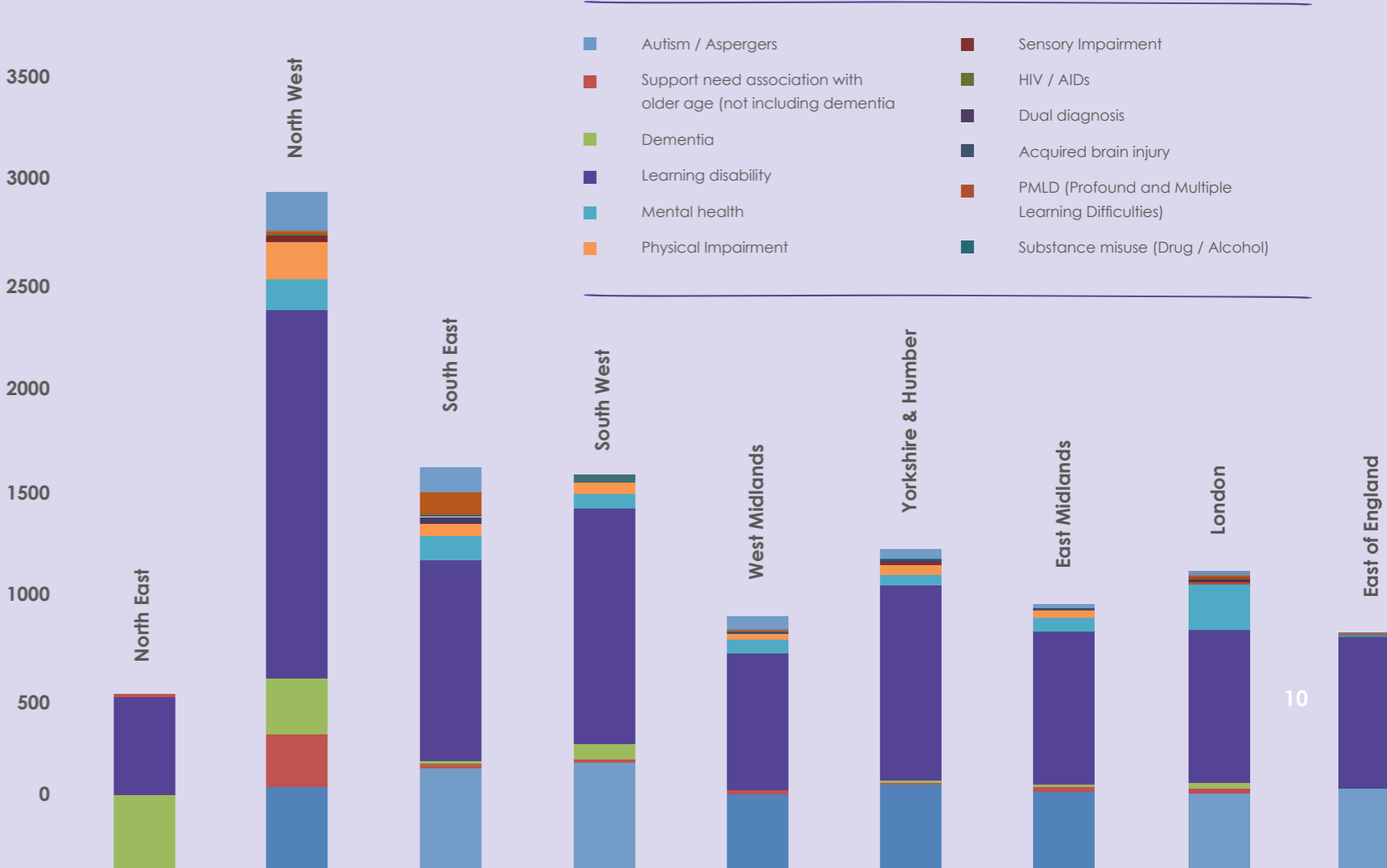
The majority of people supported are adults of working age, 25% of people supported were older adults and 20% were young people.

Shared Lives across England

There are 132 Shared Lives schemes in England, operating across nine regions. However, in the context of the extreme pressures in the social care sector currently, the number of Shared Lives schemes have reduced as some have closed or merged to consolidate resources.

Region	No. of Shared Lives schemes in each region
North East	8
North West	26
Yorkshire	14
East Midlands	14
West Midlands	14
South East	15
South West	13
London	26
East of England	11
Total	132

People using Shared Lives by region:



Statistics

Who uses Shared Lives?

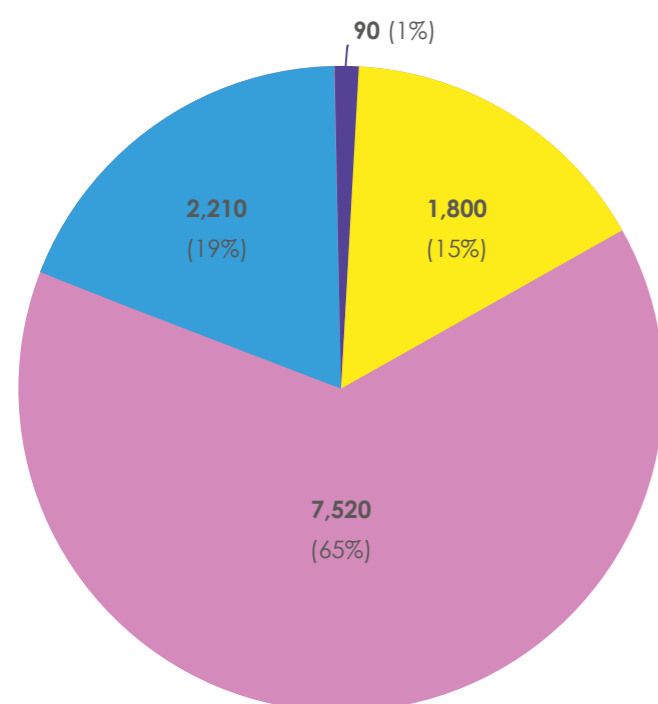
Shared Lives is a highly flexible model that supports people with all manner of support needs, although most Shared Lives support people with a learning disability, 71%, which has fallen by 160 people this year (1.9%). The number of people living with dementia using Shared Lives has increased by 24% to 410 people. Numbers of people using Shared Lives for most other reasons have remained stable.

Primary support need of people using Shared Lives	Rounded figures (nearest 10)	%
Learning disability	8,240	71
Mental ill health	750	6
Autism/Asperger's Syndrome	580	5
Support need associated with old age (not including dementia)	360	3
Profound and multiple learning difficulty	200	2
Physical impairment	440	4
Dementia	410	3
Dual diagnosis (mental health and a learning disability)	60	-
Sensory impairment/deaf	50	-
Acquired brain injury	40	-
Substance misuse (drug/alcohol)	10	-
Other	460	4
Total	11,600	



Age of people using Shared Lives

- Young adults aged 16-17
- Young adults in transition aged 18-24
- Working age adults aged 25-64
- Older people aged 65+



Working age adults continues to be the largest age group using Shared Lives.

Significantly, the number of younger people aged 16 – 17, has doubled this year from 40 to 90 young people supported by Shared Lives. We are building on this success with a specific project to support schemes to work with Children's services and help young people through transition into adult services. Shared Lives is often a bridge to independence and provides young people with the skills to live on their own. We need greater flexibility of funding arrangements for 16-17 year to fulfil this political and social imperative, both for local authorities and for the government to improve outcomes for those in state care and particularly for those in transition to adulthood.

360, 19%, more older people, many of whom have learning disability as their main support need, use Shared Lives. This continues the trend from previous years and is one that we expect to see continue given the need to secure support for an ageing population and the potential for schemes to offer support for people with dementia.

Gender

Slightly more men than women live with or visit Shared Lives carers for support:

- 52% men
- 48% women

Ethnicity

People from a wide range of ethnicities use Shared Lives though the majority using Shared Lives are white (71%).

Shared Lives carers

8,700 people were Shared Lives carers in 2016/17, sharing home and community life by opening their home with someone who needs extra support to live well.

- 70%, 6,050 Shared Lives carers share their home and community life, living together with someone long-term.
- 30%, 2,650 Shared Lives carers open their home for the day or for short breaks.

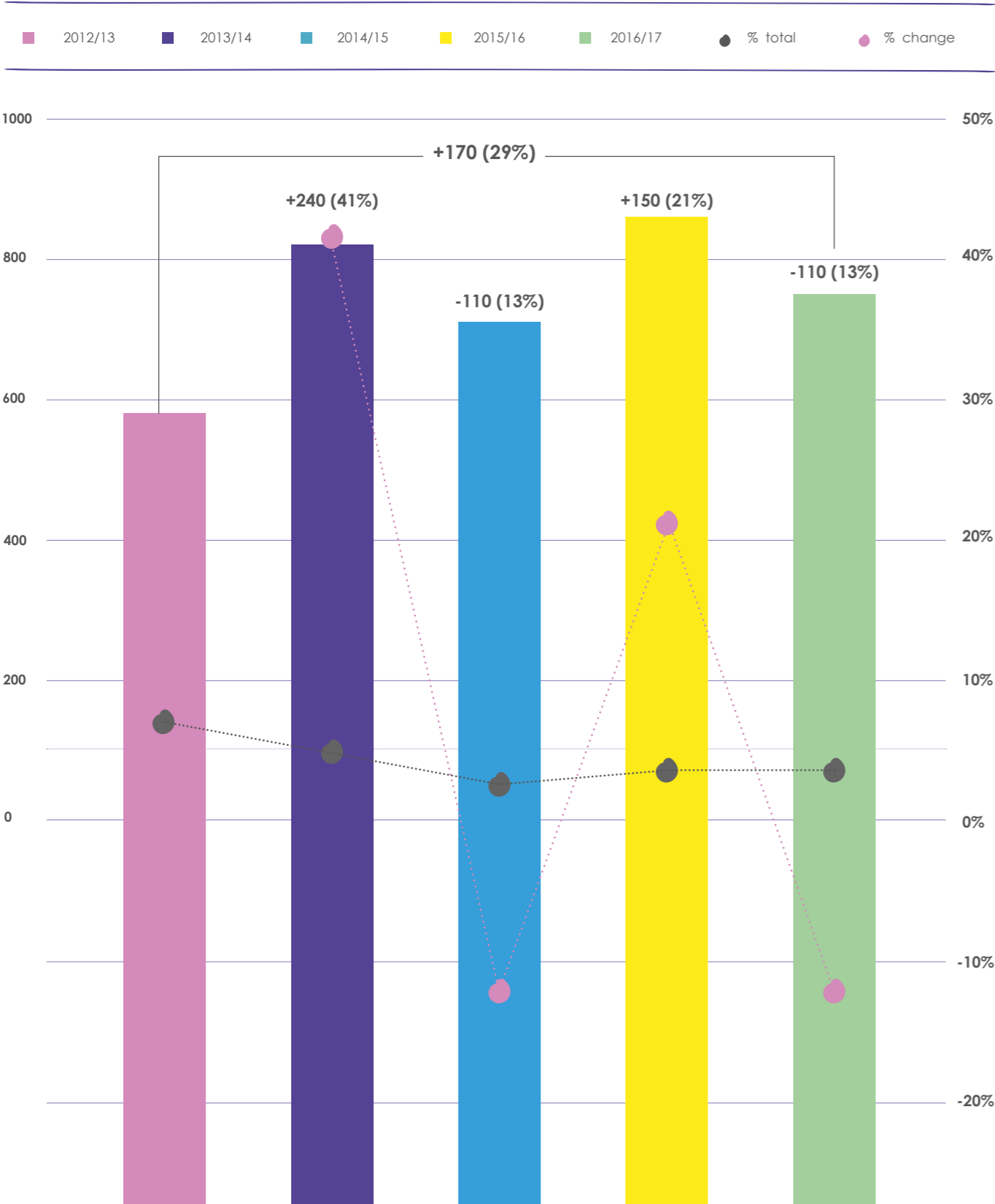
The North West continues to support the most people with Shared Lives, though this year there has been a slight reduction to 2,950. In contrast, the East of England has significantly increased its offer of Shared Lives by 17%, 120 people). There are also some differences in the type of support provided in the regions – for example, the North West Shared Lives schemes offer more of their Shared Lives as day support than the other regions.

The main primary support needs of people using Shared Lives varies throughout the country. For example, the number of people with mental ill health who are supported through Shared Lives (6% of the total) varies from region to region, with schemes in London providing support for 220 people in 2016/17. There was, however, some reduction in the overall number (from around 860 in 2015/16 to 750 in 2016/17), due in part to the ending of a specific mental health pilot in Shared Lives ending as shown:

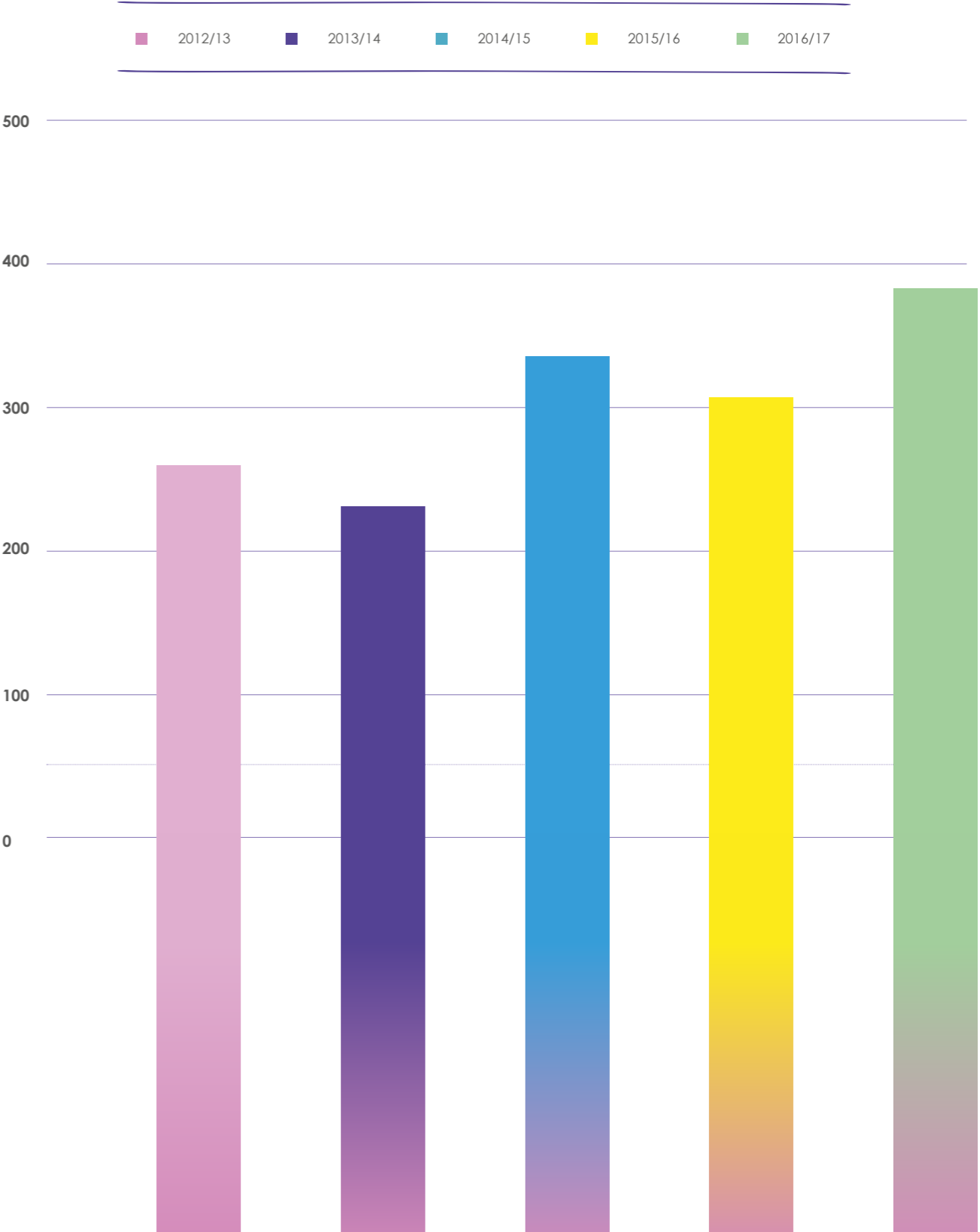
Type of support offered by Shared Lives carers by year:



Number of people with mental ill health
using Shared Lives: each year:



Number of people with dementia
using Shared Lives: each year:



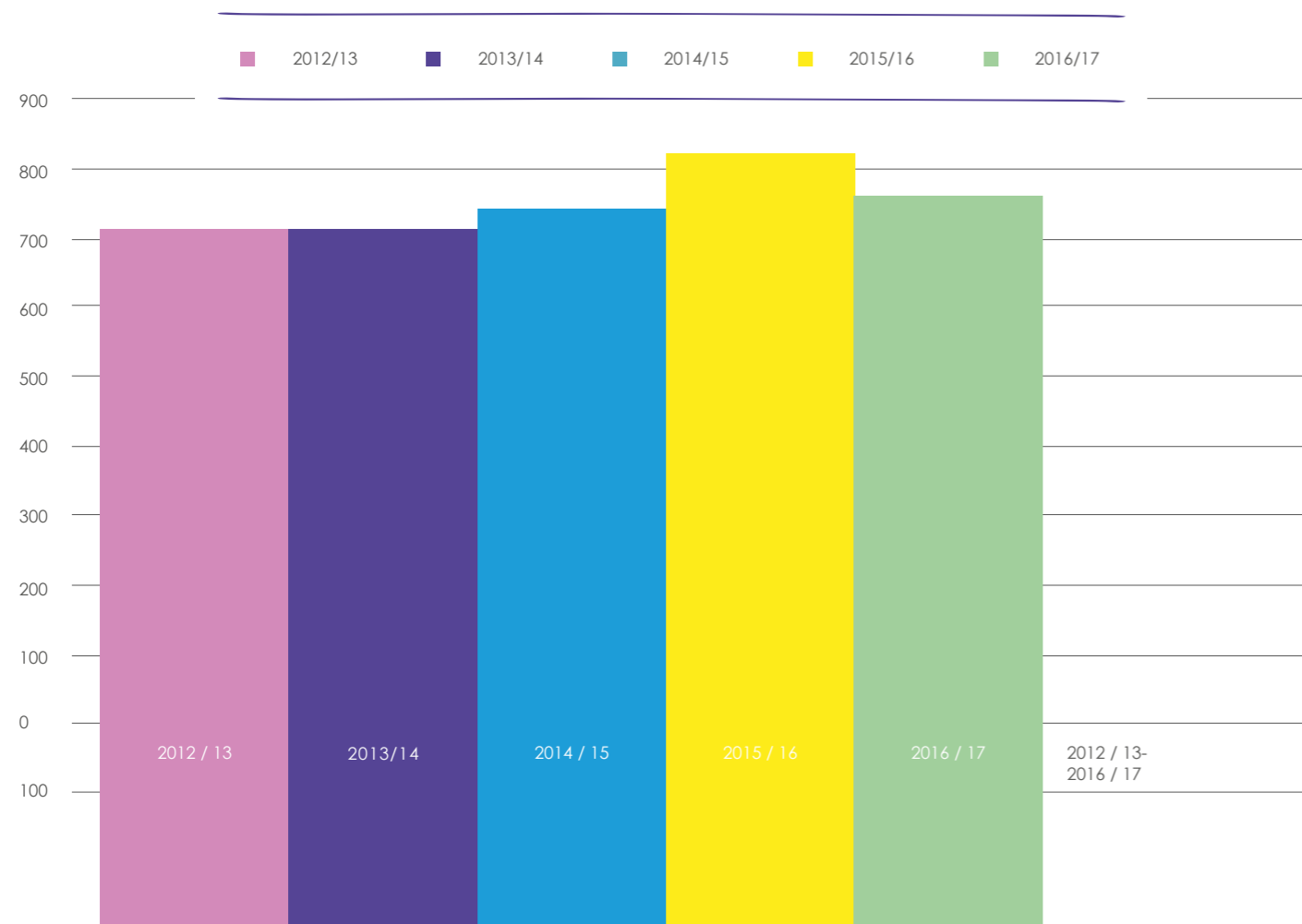
Similarly, the number of people with dementia using Shared Lives varies across regions - with 270 Shared Lives arrangements now provided in the North West.

Workforce and employment

Shared Lives schemes recruit, train and provide ongoing support for Shared Lives carers. These staff are responsible for matching people who wish to use Shared Lives to approved Shared Lives carers, monitoring the arrangement to ensure that it is working well and ensuring that the objectives set out in the care plan are met.

Working for a Shared Lives scheme is both challenging and rewarding. Staff need to be knowledgeable about how the scheme works, to understand the benefits to which carers and people using Shared Lives schemes are entitled, whilst being empathetic, supportive and resilient. They develop strong and enduring links, both with the carers they support and with the people using Shared Lives. They are responsible for assuring the quality of the placement, for taking firm and decisive action if something goes wrong, and for making sure that people using Shared Lives are receiving all the services they are entitled to.

The number of staff employed varies from scheme to scheme, ranging from one person managing an entire scheme, to large schemes which have managers, Shared Lives workers and admin support. This year has seen a reduction in the total workforce of some 1% (from 820 to 810 staff, which comprises 150 managers, 520 scheme workers and 120 scheme admin workers). There has been an increase in staffing of around 100 people over the last five years - from a total of 710 to 810 since 2012/13. This masks a decrease in terms of full time equivalents, of around 10% (from 710 members of scheme staff in 2012/13 to 640 in 2016/17 – around 30 Shared Lives workers and 40 Shared Lives scheme admin workers).



Reductions in staff have significant implications for local schemes and reduce the number of Shared Lives arrangements that can be initiated and supported. It also hampers Shared Lives carer recruitment and the development and diversification of schemes.

Overall Shared Lives scheme staffing levels have reduced over the period we have been collecting data from 2012/13 to 2016/17. The number of full time staff has gradually been reduced and more part-time posts being offered to scheme workers. Reasons for this have included reduced staffing budgets, local authority restructures and the downgrading of full time posts into part-time ones. Shared Lives scheme workloads have increased significantly since we have been collecting

data. The number of full time equivalent Shared Lives scheme workers has reduced from 710 in 2012/13 to 640 in 2016/17. This is also during a period of significant increase in the number of people using Shared Lives (2740) and number of Shared Lives carers supported by schemes (1670). If this continues scheme worker workloads will become unsustainable and Shared Lives schemes will find it difficult to develop, grow and diversify.

Shared Lives Plus staff provide support for local and emerging schemes as well as working on individual projects – this year's have included developing the Shared Lives Quality Framework and setting up the Ambassadors scheme in 2017.

Story of a scheme worker

My name is Sarah Storer, and I have been the Manager of Derby Shared Lives scheme for two and a half years now. It is a fun but challenging, stressful but always inspiring, role. Our scheme has developed greatly in the last two years and we currently support 143 customers with a wide range of diagnoses including learning disability, autism, dementia, physical disability, mental ill health.

We share many positive stories, which increases the greatest challenge we have – keeping up with the number of referrals coming through and having enough Shared Lives carers, with availability. So we are currently having a 'recruitment drive' to recruit new carers.

I work with five fabulous Shared Lives coordinators who bring different experiences, strengths and personalities to the role. The vital attributes they all possess are people skills, excellent and adaptable communication skills at all levels, assessment and report-writing skills, open-mindedness, ability to suggest support options in an individualised person-centred way, unafraid of a challenge, efficient and flexible. A great sense of humour, unafraid of hard work, and the ability to keep the team cupboard topped up with tea, coffee and biscuits always helps too!



Sarah Storer
Manager, Derby

We are currently working with our local CCG, Shared Lives Plus, and NHS England currently, to 'scale up Shared Lives in Health' – the idea of Shared lives support is being received positively by health professionals, but there is still a culture change to overcome, that we saw within social care in the past. The positive Shared Lives stories that we have to share certainly helps change 'hearts and minds' and when I talk about Shared Lives, I'm often met with the response 'wow, that sounds fantastic!'.

Changing organisational models

Shared Lives schemes' staff work through a variety of different organisations. 77% of schemes are run by local authorities whilst several have chosen to outsource their schemes into independently run organisations (some as trading arms, some as social enterprises), reflecting changes across the social care sector generally as Councils strive to reduce expenditure and optimise efficiency.

Stories behind the statistics

Jonathan and Alison's story

Jonathan has been living with his Shared Lives carer, Alison, for over two years. He lives with Asperger's, autism and OCD, and for most of his life was supported by his family and a mixture of service professionals. He had tried to move into a place of his own on a number of occasions, but had always ended up needing to go back home.

Jonathan said: "On a Monday I go to drama, that's quite good. When I'm with someone else, I seem to forget myself and come out of my shell a bit more. In Shared Lives, you get to meet more people, get more support and keep your independence as well."

"I tried living on my own but it never really worked out. Nobody else I know has actually been through this, it's very difficult for anyone to understand. It's so good that I've got someone else to confide in, I've never been able to do that."

Alison said: "There's been a real change in Jonathan, he's more confident and goes out by himself. Every Wednesday he'll hop on a bus and go for lunch with my mum." Jonathan may well have found a stable family environment to thrive in, but we have also gained an extension to our family in him and his parents."

Moving in with Shared Lives carer Alison has provided Jonathan with a balance of security and support towards independence. Over time, Jonathan has become more confident, outgoing and able to manage the challenges of day-to-day life in his community.

Jonathan's increased independence means he has become less reliant on his mum. He values the social and conversational side of living in Shared Lives, both in the understanding and advice he receives at home and the encouragement to socialise and take part in activities.

Jonathan has achieved his goal of increased independence, to the extent that he will be moving into an annexe of Alison's house, which will be his own private space. He has built positive relationships with Alison's family people in his wider community, and lives an active life comprising voluntary jobs and memberships of numerous clubs and activities.

James and Andy's story

James is 47 years old and lives with epilepsy and a learning disability. James had lived in a specialist residential centres for epilepsy all his life until coming to Shared Lives in 2010. James had not had the experience of managing the daily tasks and chores of living in a family home, such as cooking, cleaning and going shopping. James wanted to be more independent and live like most other people, but living in residential care for most of his adult life meant he also sadly lacked the experience of forming and maintaining relationships:

Eventually James met Andy – a Shared Lives carer, in 2010. With the support of Andy's relationship, James was able to experience, and contribute to, the many daily routines of life in a real community. James' life expanded: his own skills and experience grew to the extent that in 2015, he realised his dream and moved into his own house. They deliberately chose the house to be very close to Andy and his family so that James can have the support when he needs and remain fully connected to Andy's family. James has a key to the family house and can spend as much time there as he wants to and there is a room for him, if he needs it. "I like having my own house but can always go to Andy's house when I want to. I have so much more freedom now. "I never thought I'd be able to have my own house or do the things I wanted to. Now I can get the help when I need it, that I couldn't get before.

I can do more things for myself now and that makes me happy. Before Shared Lives I didn't have many friends, but now I do." James is more connected to his local community and to the area, and is more active – which has had benefits for his physical health.

"I have fewer seizures and my health has improved. I'm more active, I get out more and get plenty of exercise. I go to town to the shops, my favourite café and the local pub. But I like being outdoors. I like bird watching, photography and playing golf."

His increased physical activity hasn't just been a case of going for more walks and getting fresh air however. In emphatic defiance of the limiting expectations placed on him, James took up karate – and is now working towards his orange belt. James and Andy have also co-founded a community interest company, inspired by James' own experiences. Through their company, Local Social, James and Andy now work to provide support for people in their community to facilitate meetups and access to social gatherings for isolated people in their area. James explained: "Andy says Local Social is about combating social isolation I say it's to help people make friends and get out more!"



Shared Lives carers

"Seeing the person you are supporting grow and develop is so rewarding. But it's more than that - there are times where I've been going through a difficult patch and the person who lives with me has helped and supported me. Shared Lives is mutual."

Pat, Shared Lives carer, Merseyside

"It was a bit of a challenge at first – getting used to living with new people and their routines. But we did get used to it, everything is going smoothly and I can't imagine going back to the life I had before. I'm now looked after by two good people, and that's it!" **Stephen,**

Merseyside, lives with Pat a Shared Lives carer

Shared Lives carers and the people they support come from all walks of life. A Shared Lives carer has to go through a rigorous approval process. Once approved, they are trained and supported by Shared Lives schemes and become Members of Shared Lives Plus which provides support and guidance.

Shared Lives carers provide all the care and support whilst sharing their home and family life; their contribution cannot be over-stated. Time and again people living in Shared Lives tell of the transformative effect that Shared Lives carers have had on their lives. Many Shared Lives carers have worked in social or health care, though their motivation, attitude and values are what helps others develop confidence and independence. As relationships between the person and Shared Lives carer are often long-term, Shared Lives carers can spot health and well-being issues and help people manage them effectively.

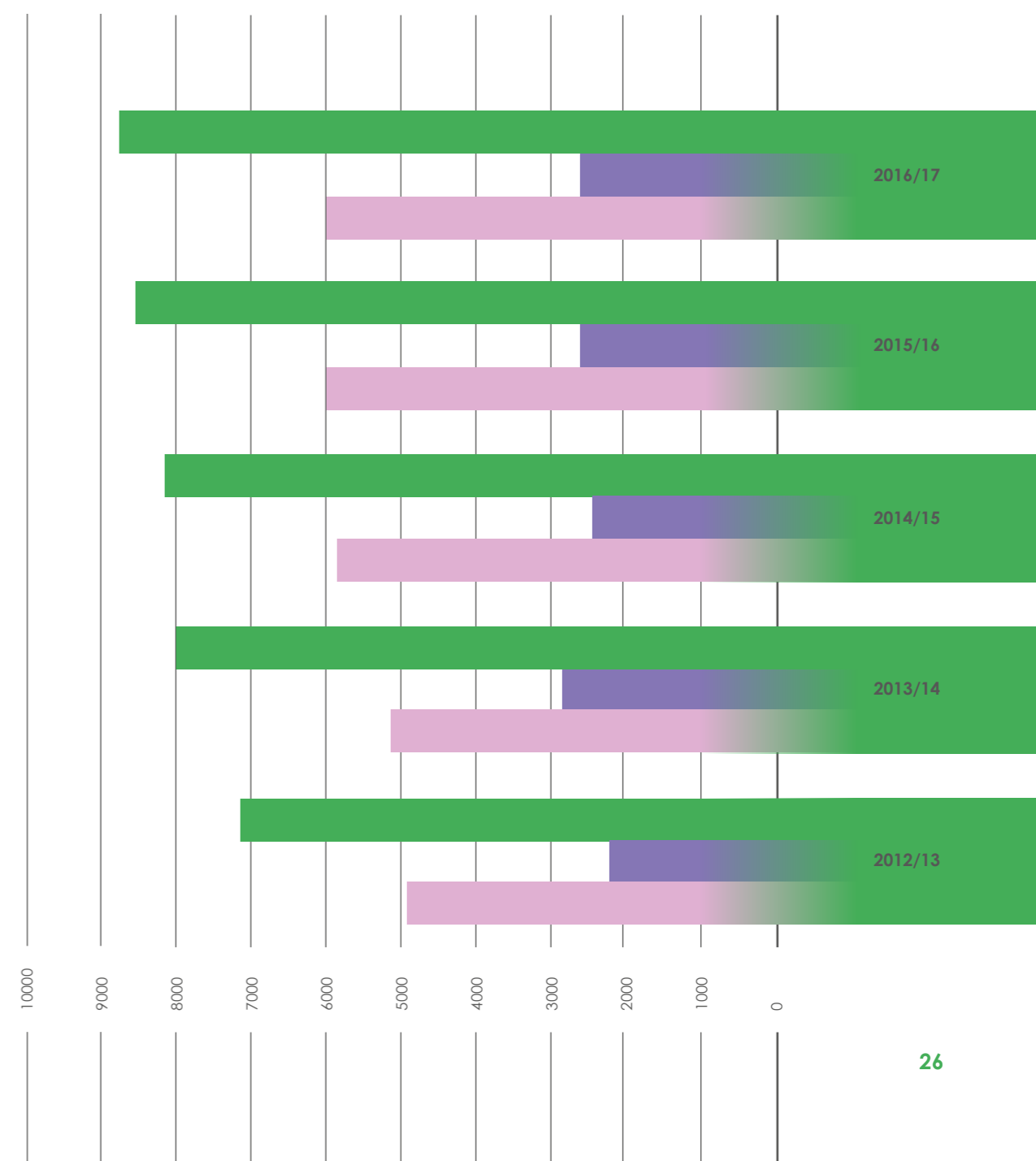
- In England, there are an estimated 8,700 Shared Lives carers, providing live in, short breaks and day support.
- 70% of carers provide live-in support, 30% provide short breaks and/or day support
- 70% of carers are female, 30% are male
- 65% of Shared Lives carers are white,
- 12% are black, Asian or mixed ethnicity or from another ethnicity group (though 15% of the survey responses either didn't say or don't collect this information)

The total number of carers has remained stable during the last year though the number providing short breaks and day support has declined whilst the number providing live in support has risen:

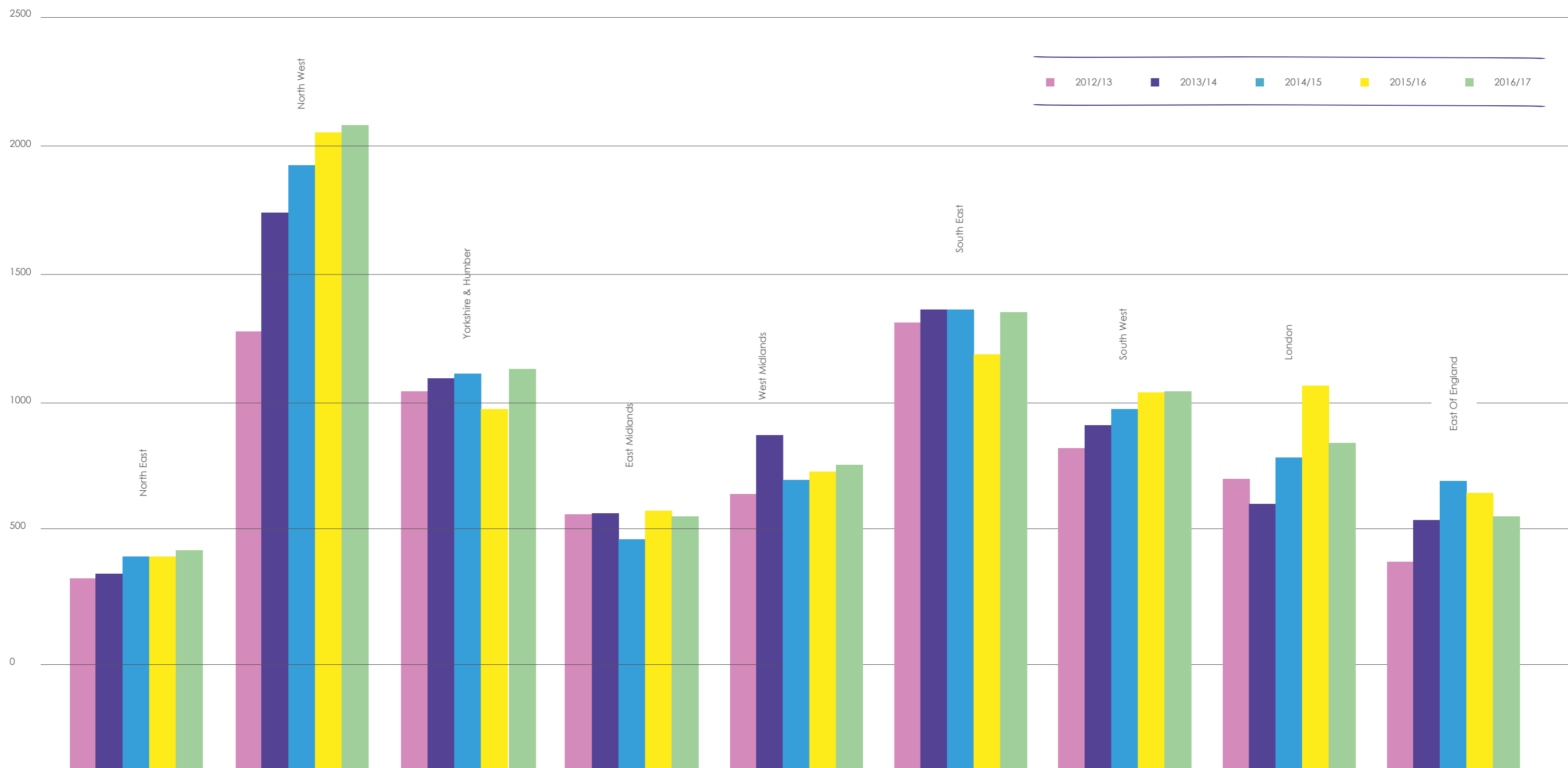
The number of Shared Lives carers in the South East and Yorkshire and Humber has risen, in line with the increase in the number of people using Shared Lives schemes in those regions. It is worth noting that there has been a slight decline in the number of Shared Lives carers in the East of England, due to retirements of some of the older Shared Lives carers in the region. 80% of Shared Lives carers are aged 18-64, 20% are aged 65 or above.

Number of Shared Lives carers in England, by type of support

- Long term living arrangements
- Short breaks
- Day support



Regional growth of Shared Lives carers



How we've grown

Bolton CCG in partnership with Greater Manchester West Mental Health NHS Foundation Trust, Bolton Council and Bolton Care and Support (Bolton Shared Lives) are focussing on:

- People with mental ill health, complex needs and dual diagnosis (primarily learning disability/mental health, and substance abuse/mental health)
- People previously placed in locked-rehabilitation units or hospitals outside of Bolton, returning to their home area
- People inappropriately placed in residential and nursing care, particularly those under 65
- People leaving supported accommodation, but at risk of relapse or unable to cope or live well alone. They may have medication compliance and complex issues
- Young people in transition from Children's Services/CAMHS who require accommodation or support to prevent the progression of mental health issues and risky behaviours

Forging new partnerships has been crucial in this project. We have seen strong strategic governance and commitment from senior management across the partnering organisations. A steering group has effectively aligned the programme to wider transformation work in Greater Manchester and Personalised Care approaches. CCGs across the 7 test-bed sites have provided significant match-funding and have helped to develop new referral pathways and funding routes locally, as well as supporting a national programme evaluation. Our ambition is to see many more people using Shared Lives as a model of healthcare by 2020/21.

Our work with socially excluded adults

We are working with many organisations to explore the possibilities of supporting a wider range of people. This includes people who have been in the criminal justice system, people who use drugs and alcohol, parents with learning disabilities or complex needs and people who are homeless.

The Tampon Tax Fund have recently awarded us a grant to run a three year project developing Shared Lives with Safe Lives, as a support option for women who have experienced domestic abuse. We will be working with three Shared Lives schemes and their local domestic abuse services to develop this offer.

Young people in transition and care leavers

We have been working with schemes across England to develop services for young people aged 16/17 before they transition to adult services at 18, as well as looking at young people in transition up to the age of 25. Most young people using Shared Lives have learning disabilities, some have lived with foster families and are either transitioning to Shared Lives with their current carers or are moving over to live with someone new. Many young people in Shared Lives have significant and multiple, health and support needs with some having life-limiting illnesses.

The key benefits to young people in Shared Lives continue to be around developing independence; this includes young people progressing in managing their own care needs, learning relevant life skills, building their own networks and making choices with genuine autonomy.

Transitions is still a new area for Shared Lives, but having formalised an agreement with regulators CQC and Ofsted, schemes more clearly understand that they can work with young people. We have developed various resources for professionals and families. Schemes are using Shared Lives in various ways to meet young people's unique needs, including day support as an alternative to traditional day services, short breaks as well as full-time, long term arrangements. Feedback from schemes has highlighted challenges around working in partnership with children's services teams, which has a knock on effect of Shared Lives still being little known in this area for young people, families and professionals alike. We are working more widely within the social care and charity sector to highlight the opportunity of Shared Lives so that young people and families have optimal choice over their provision and know when Shared Lives is available.

Care Leavers

In 2017, Shared Lives Plus embarked on a new project to develop and raise the profile of Shared Lives amongst young care leavers. This project is funded by the Department of Education as part of the Children's Social Care Innovation Programme.

The project aims to offer Shared Lives to young people leaving care who have learning or physical disabilities and/or additional needs which have not been met by traditional service provision. These are likely to be young people who have not entered further education, training, or work and who would benefit from experiencing a home-based care environment. They would receive support in developing life skills as well as help to manage risk and make informed choices about their future direction, including education and career pathways. This support will help them move successfully into independent living where appropriate.

There are eight Shared Lives demonstrator sites in England that will be piloting the project: Brighton and Hove, Derby City, Durham, West Sussex, Kirklees, Olympus - Northampton, PSS Midlands and United Response - Liverpool.

Shared Lives Quality Framework

Shared Lives Plus has been working in partnership with Shared Lives schemes to develop a Quality Framework that describes the best practice in Shared Lives. It focuses on six key areas and is a practical tool that helps identify and evidence good practice and supports Shared Lives schemes to develop and improve using ideas from across the UK. The six areas are:

- Shared Lives carer assessment, approval, induction and training
- Referrals, matching, introductions and establishing Shared Lives arrangements
- Person-centred ways of working, monitoring, support and reviews of Shared Lives arrangements
- Governance, planning, delivery and involvement
- Shared Lives scheme staffing
- Safe Shared Lives

The Shared Lives quality framework has been developed in partnership between Shared Lives Plus and a working party of Shared Lives schemes and is available to all member schemes.

‘My Shared Life’ outcome tool

My Shared Life is an online tracker for people who use Shared Lives and Shared Lives schemes to see the progress and positive life decisions they are making. It is a way to tell powerful stories with numbers, so that people who use, or set up and pay for Shared Lives can make informed decisions.

My Shared Life enables individuals to see their progress. Shared Lives carers can get valuable feedback from the individuals they support and schemes can use the evidence to develop their scheme in new areas. Shared Lives officers can use the questionnaires face to face with people using Shared Lives. My Shared Life then turns the data into charts and graphs that can be used to show, for example, the progress an individual has made with their physical well-being, or for a manager to show the outcomes for all those over 65 years old who use Shared Lives.

We developed it with people, Shared Lives carers, schemes and the PSSRU (Personal Social Services Research Unit) at Kent University, to chart the six areas of well-being unique to Shared Lives: family and personal relationships, involvement in the local community, occupation and participation, control over daily life, physical well-being and emotional well-being.

- **89%** of people in Shared Lives felt they were part of the family most or all of the time.
- **92%** of people in Shared Lives felt that their Shared Lives carer's support improved their social life.
- **81%** of people in Shared Lives felt that their Shared Lives carer's support made it easier for them to have friends.
- **73%** of people in Shared Lives felt involved with their community but 93% felt their Shared Lives carer's support helped them feel more involved.
- **85%** of people in Shared Lives felt their Shared Lives carer's support helped them have more choice in their daily life.
- **84%** of people in Shared Lives felt their Shared Lives carer's support improved their physical health.
- **88%** of people in Shared Lives felt their Shared Lives carer's support made their emotional health better.

The more people who take part, the more interesting and valuable the data becomes for everyone using it. If you would like to know more about the tool or would like to sign up to My Shared Life, please get in touch with Cathy McSweeney, Support and Quality Officer, 07391 418 532 or cathy@sharedlivesplus.org.uk

The Ambassadors’ test

The Ambassador's Test is a charter for people who use Shared Lives, written by people who use Shared Lives. It encourages people using Shared Lives to think about six areas:

- My Shared Lives scheme is honest about life in Shared Lives
- I am respected as an adult
- My right to a private life is respected
- My life is fun and interesting!
- I have the right to make choices
- I am an equal part of my Shared Lives family

If you receive support you can:

- Use the Ambassadors' Test to check your Shared Life is good
- Think about what other things would make Shared Lives better
- Get more involved with your Shared Lives scheme

Work with your Shared Lives scheme to help it pass the Ambassadors' Test

Shared Lives Charter

The Shared Lives Charter is a way for schemes and Shared Lives carers to talk about their practice and ensure they are inclusive, fair and diverse, where everyone is valued for the contribution they can make. It has been developed with Shared Lives carers and schemes.

We encourage Shared Lives carers, managers and commissioners to adapt this Charter and use it, together with the Quality Framework and The Ambassadors' Test, to develop and improve their scheme, especially when there are any changes.

The Charter, The Ambassadors' Test and the Quality Framework together set out what good looks like in Shared Lives. Our hope is that they will help to create an environment where individuals can be supported through Shared Lives to get the best care and support possible in order to live the life they choose.

In an excellent Shared Lives scheme:

- Shared Lives carers and scheme staff ensure that individuals supported by Shared Lives carers experience care and/or support in a family environment and have the opportunity to be part of the Shared Lives carer's family and social networks.
- The welfare of people who chose Shared Lives is at the heart of decision making and services. It is possible for people supported through Shared Lives to develop long lasting relationships with their Shared Lives carers, whether they are in a live-in, short breaks or day support arrangement.
- People supported through Shared Lives have the chance to grow and develop and make the most of their talents and opportunities so they can live the life of their choosing.
- People supported through Shared Lives, Shared Lives carers and workers ,are supported to learn, achieve and participate fully in their Shared Lives scheme.
- The partnership between individuals living in Shared Lives arrangements, Shared Lives carers and Shared Lives workers is recognised and valued. This involves adapting policies and practices to remove barriers to participation so that nobody is marginalised.
- There is a commitment to treat everyone fairly according to their needs, regardless of their race, religion or belief, sexual orientation, gender, gender identity, marital or civil partnership status, age, disability or pregnancy and maternity status Work with your Shared Lives scheme to help it pass the Ambassadors' Test



Shared Lives Ambassadors

The Shared Lives Ambassadors are eight people with lived experience of Shared Lives who work for and with Shared Lives Plus speaking about Shared Lives and making sure that other people who use Shared Lives are able to have their say.



In 2017 the Ambassadors:

- Launched 'the Ambassadors' test' - a charter for people who use Shared Lives (see page 36)
- Co-produced the Shared Lives Plus strategic plan working alongside the Board and the full staff team
- Trained to be peer researchers and began working on the Shared Lives Evidence of Effectiveness Research project.
- Spoke at several national and regional conferences
- Co-facilitated Readiness Checks in Leeds, Oldham, Bolton, Manchester and Rochdale
- Led a workshop to design a Shared Lives leaflet with self-advocates and family carers from across Greater Manchester
- Co-hosted our Parliamentary reception with Alistair Burt MP
- Opened our 2017 conference and co-facilitated workshops on co-production and safeguarding

Methodology

For 2016/17, the State of Shared Lives survey received returns from 88 Shared Lives schemes (67%) which provides an accurate snapshot of Shared Lives schemes throughout the country. We have used the data to provide a detailed estimate of the overall size and diversity of the sector between 1st April 2016 to 31st March 2017. Long term support is defined as that provided or commissioned by social services or an NHS health partner under Section 75 Agreements and must be part of a care /support plan following an assessment of need.

Acknowledgments

Shared Lives Plus would like to thank Shared Lives schemes for participating in the survey:

North East: Durham, South Tyneside, Sunderland, Newcastle, Northumberland, North

West: Aspire (Salford), Blackpool, Bolton, Cheshire East, Halton, Lancashire, MacIntyre (Warrington), Manchester, Miocare Oldham Care & Support Shared Lives, Persona Shared Lives, Possibilities, PSS, Stockport Independent Options, Tameside, United Response Shared Lives, Vivo Care Choices Shared Lives Coronation Centre, Vivo Care Choices, Wigan

Yorkshire: Avalon North Yorkshire, Avalon York, Barnsley, Bradford, Calderdale, East Riding, Hull, Kirklees, Leeds, Sheffield, St Annes, Wakefield,

West Midlands: Ategi Shared Lives Herefordshire, Birmingham, Dudley, PSS Shared Lives Midlands, Sandwell Shared Lives Scheme, Telford and Wrekin, Walsall,

East Midlands: Derby City, Derbyshire, Leicestershire, Northampton

South East: Brighton and Hove, Ategi Bucks, Choice Support, East Sussex, Grace Eyre, Hampshire, Kent, Medway, Oxford, Portsmouth, Reading, Southampton, Surrey Choices, West Berkshire APSL, West Sussex

South West: Ategi Gloucester, Bournemouth and Dorset, Bristol, Gloucestershire, Poole, Shared Lives South West, Somerset, Swindon, Virgin Care (Bath and North East Somerset), Wiltshire

London: Brent, Bromley, Croydon, Ealing, Enfield, Haringey, Hillingdon, Hounslow, Lewisham, Newham and Havering, Richmond, Royal Greenwich, SharedLives@YourHealthCare.Org, Sutton, Waltham Forest, Wandsworth East of England: Bedford, Cambridgeshire, Ategi Thurrock, Essex, Guideposts Norfolk and Suffolk, Guideposts Herts, Southend

SharedLivesPlus

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