

# The State of Shared Lives in England

REPORT 2015



**SharedLivesPlus**

THE UK NETWORK FOR SMALL COMMUNITY SERVICES

[www.SharedLivesPlus.org.uk](http://www.SharedLivesPlus.org.uk)

Twitter: @SharedLivesPlus

# Shared Lives Plus

Shared Lives Plus is the UK network for shared living approaches to care and support for disabled or older people. Our members include 5,000 Shared Lives carers, 150 local Shared Lives schemes and 13 Homeshare organisations, right across the UK.

Our aim is to see Shared Lives and Homeshare become the go-to options for care, support and inclusion. Shared Lives is growing rapidly as it is recognised as an alternative form of care and health service, which helps people who may have complex support needs, to live good lives in ordinary family homes and as valued parts of their communities.

Shared Lives Plus helps our members to work together to survive and thrive, influencing local and national policy makers and providing support, training, events, resources, research programmes and access to insurance.

# The Shared Lives model of care

In Shared Lives, an adult (and sometimes a 16/17 year old) who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life. Half of the 12,000 people using Shared Lives are living with their Shared Lives carer as part of a supportive household; half visit their Shared Lives carer for day support or overnight breaks. Shared Lives is also used as a stepping stone for someone to get their own place. 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.

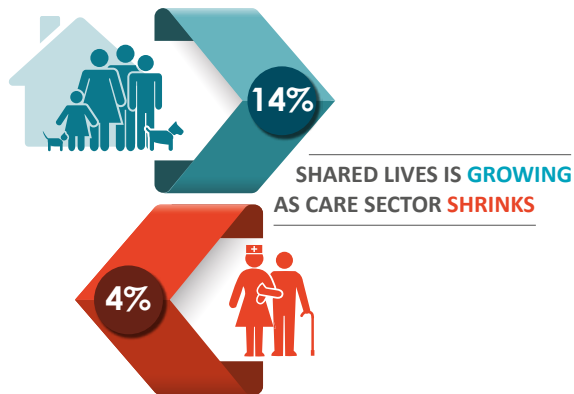
Shared Lives is used by people with learning disabilities, people with mental health problems, older people, care leavers, young disabled adults, parents with learning disabilities and their children, people who misuse substances and offenders. It is being developed as a home from hospital service, an acute mental health service and a form of short breaks for family carers. There are nearly 8,100 Shared Lives carers in the UK, recruited, trained and approved by 152 local schemes, which are regulated by each home nation's care inspectors.

In England in 2013/14 there was:

- 7% increase in Shared Lives staff
- 12% increase in Shared Lives carers
- 14% increase in people using Shared Lives

# Shared Lives Statistics

## Shared Lives users by region



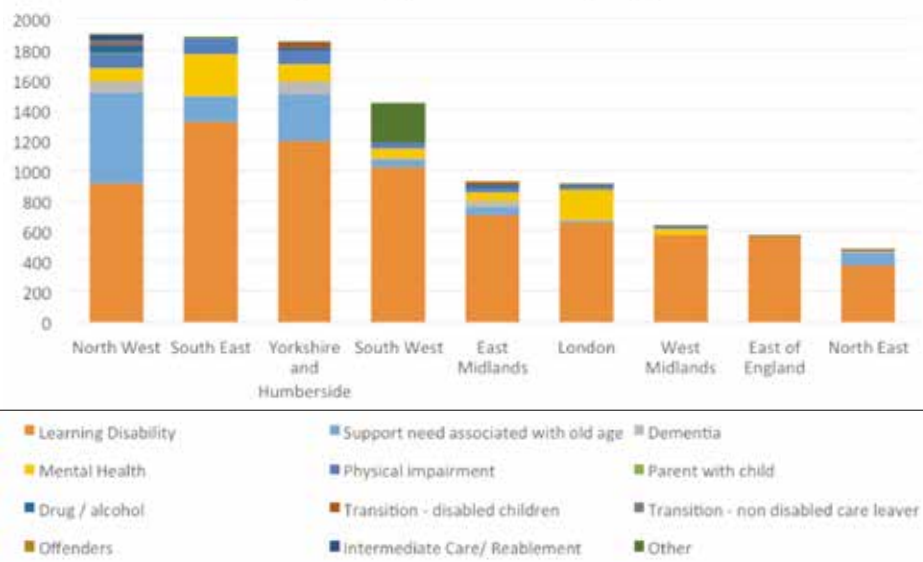
Shared Lives arrangements grew by 14% in 2013/14 whilst the Social Care sector reduced by 4% (Community Care Statistics, Social Services Activity, England - 2013-14)

**SharedLivesPlus**  
THE UK NETWORK FOR SMALL COMMUNITY SERVICES

In England in 2013/14\*:

- Over 10,580 people were being supported in Shared Lives arrangements
- Over 5520 (52%) were living in long term Shared Lives arrangements
- Nearly 2990 (28%) people were enjoying short breaks and respite
- Over 2070 (20%) people were receiving day support

## People using Shared Lives by region



Of those people using Shared Lives, the primary reason for support breaks down as follows\*:

- 7310 (69%) have a learning disability
- 1240 (12%) non dementia support needs associated with old age
- 880 (8%) have a mental health issue
- 400 (4%) have a physical impairment
- 240 (2%) are people living with dementia

Of the people using Shared Lives\*:

- 400 (4%) are young people aged 16-18 years
- 8520 (80%) are working age adults aged 18-64 years
- 1660 (16%) are older adults aged over 65 years

In England in 2013/14 there were 8090 Shared Lives carers of which\*:

- 5230 (64%) Shared Lives carers providing long term support, and an additional
- 2860 (34%) Shared Lives carers solely providing breaks and day support

# Foreword

**“This year, the Association of Directors of Adult Social Services set out our vision for social care services which are distinctive, valued and personal, helping people to achieve good lives as well as good support.**

We argued that to achieve this, we need services based on a new relationship with citizens and their communities, recognising that all of us rely on a complex network of supportive relationships to live well, and never more so than when we develop significant support needs. We are all trying to help growing numbers of people with long term support needs and their families to live better lives in stronger communities at a time when budgets are falling fast, and we set out how investing in new models of care is a vital part of achieving this.

That’s why this report is essential reading. It shows that Shared Lives (a new model of care to most people, despite its long history) is growing rapidly, bringing new choices to 10,000 people who need significant levels of support but who have also become valued members of households, families and communities. Whilst Shared Lives has been best known as a service for people with learning disabilities, some of the fastest growth is in day

support and short breaks for people with dementia and their families. This results in tangible savings, but more importantly, it helps people to live well and safely in ordinary homes, making and keeping friends and often achieving more than others had thought possible.

Shared Lives carers and the teams who recruit, train and support them, embody the values of great social care: providing professional personal care as part of a regulated service, but also contributing something which is deeply personal. We should thank them for their work which not only shows us how to care for those who need it, but also teaches us something about how to create the kinds of communities we would all like to live and grow old in.”

**Ray James**

President, Association of Directors of Adult Social Services



This report demonstrates that Shared Lives is already a significant and highly effective part of the social care system

# Acknowledgements

Shared Lives Plus would like to thank the following Shared Lives schemes for participating in the Big Survey: Adults Supporting Adults, Ategi Shared Lives (England), Avalon, Barnsley, Bedfordshire, Blackpool, Bolton, Bradford, Brighton & Hove, Calderdale, Cheshire East, Choice Support, Community Living, Croydon, Derby City, Derbyshire, Durham, Ealing, East Riding of Yorkshire, East Sussex, Gloucestershire, Guideposts Trust, Hampshire, Haringey, Hillingdon, Lancashire, Leeds, Leicester City, Leicestershire, Lewisham, Luton, Kent, Kirklees, MacIntyre, Manchester, Medway, Merton, Newham, North Somerset, North Tyneside, Northumberland, Nottingham, Nottinghamshire, Oldham, Oxfordshire, Poole, Positive Steps, Portsmouth, PSS Merseyside, PSS Midlands, Reading, Rochdale Possibilities, Rotherham, Royal Greenwich, Salford, Sandwell, Shared Lives South West, Sheffield, Sirona, Somerset, Southampton, Southend, St Anne's, South Gloucestershire, South Tyneside, Sunderland, Surrey, Sutton, Swindon, Tameside, Transform Residential Limited, United Response, Vivo Care, Waltham Forest, Walsall, West Berkshire, West Sussex, Wiltshire, Your Health.

## Shared Lives Plus

G04, The Cotton Exchange,  
Old Hall Street, Liverpool, L3 9JR

Tel: 0151 227 3499      Fax: 0151 236 3590

Registered Charity No 1095562  
A Company Limited by Guarantee  
Reg No 4511426 (England & Wales)

# Contents

Foreword by Ray James

Acknowledgements

Key messages

Introduction

People who use Shared Lives services

Shared Lives carers

Shared Lives scheme workforce

Regional variation of Shared Lives

Development and Growth of Shared Lives



# Key messages for local areas

- There has been significant growth in the number of people using Shared Lives of 1300 or 14%. This is at a time when other forms of social care are shrinking significantly as budgets are cut.

- There has also been growth in the number of Shared Lives carers across England in the past year of 900 or 12%. This is due to schemes expanding and diversifying, and some undertaking major recruitment drives.

- The number of people receiving day support from Shared Lives carers has doubled in the past year. The combined number of people receiving either day support or short breaks has grown by 20%. This points to the effectiveness and affordability of the model as traditional day care and respite facilities are closing.

- There is a marked increase in the number of schemes diversifying into offering services to people who do not have learning disabilities. The number of older people receiving support has increased and the number of young people under 18 years old has more than doubled.

- The number of people with learning disabilities shows a small decrease compared to 2012/13. This may be partially due to a number of people using Shared Lives now being categorised as older people and/or people living with dementia. We need more research on people who have more than one support need who use Shared Lives services.

## Regional comparisons

- The South West provide Shared Lives for 1.02% of the total people known to social care services, while the East of England only provides Shared Lives for 0.4%.



- In the North West 16% of Shared Lives carers solely provide short breaks and day support, but in the North East, London and East of England this is only 1%.

- Currently, approximately a quarter of all Shared Lives carers in England are in the North West region, whereas only 4% of Shared Lives carers are in the North East.

- Even areas making good use of Shared Lives are often not reaching certain groups: in the North West and Yorkshire and Humberside region almost 30% of Shared Lives arrangements are for over 65s, but in the East of England this is less than 2%.

- Currently 17.2% of schemes fall below the optimum size for efficient use of back office resources and sustainability, suggesting an urgent need to grow those schemes. Schemes range in size from 8 to 267 Shared Lives carers.

- The South East has the highest rate of growth of 570 (44%) of people using Shared Lives.

- The East Midlands saw an additional 190 (26%) people using Shared Lives. The South West has an additional 250 (21%) people using Shared Lives.
- The West Midlands is the only region to show a decrease in the number of people using Shared Lives of 270 (30%)
- Lancashire supports 9% of the total adults with learning disabilities receiving care and support services in Shared Lives. If all areas caught up with this level of Shared Lives use for adults with learning disabilities then an additional 5880 people could be supported in Shared Lives with a saving of £99,424,000 per year (based on 65% long term arrangements as in Lancashire).
- Sheffield currently supports 2.5% of the total number of people over 65 receiving care and support services in Shared Lives. If all areas caught up with this level of Shared Lives use, an additional 24,620 older people could be using Shared Lives.
- East Sussex support 1.8% of people with mental health issues known to services in Shared Lives. If all areas caught up with this level of Shared Lives use, an additional 2270 people could be supported in Shared Lives with a saving of up to £18,128,000 (based on 100% long term arrangements in East Sussex).
- If all areas caught up with the best performing scheme in the country, Shared Lives could reach an additional 32,770 people and grow to 43,347. This could provide savings of £117,552,000 (based on long term arrangements for people with learning disabilities and mental health), not including reduced hospital admission, less reliance on community health services, respite costs or delayed need for residential or nursing care for older people.
- Over the next year 84% of schemes are planning to expand or diversify and are actively recruiting Shared Lives carers.
- 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.\*

## Spotlight on Lancashire

Since 2012, Lancashire Shared Lives scheme has undergone a period of extensive growth and diversification, following investment to save funding from the local authority of £332,903 per annum over a two year period. The investment has been used to fund the necessary scheme staff, marketing materials, updated IT systems and Shared Lives carer training to grow the scheme significantly in numbers of long term arrangements and to recruit new Shared Lives carers.

Lancashire have also recruited a good practice development officer with responsibility for ensuring the continued quality of the scheme during this period of significant growth and development. The scheme has started to support people with a range of different needs, including people with a mental health issue and people with an acquired brain injury. Over the past year the Shared Lives scheme has grown by 79 new Shared Lives arrangements.

# Introduction

Shared Lives offers a flexible, person centred solution to housing, care and support needs for older and disabled people, giving people the opportunity to share family and community life with a Shared Lives carer.

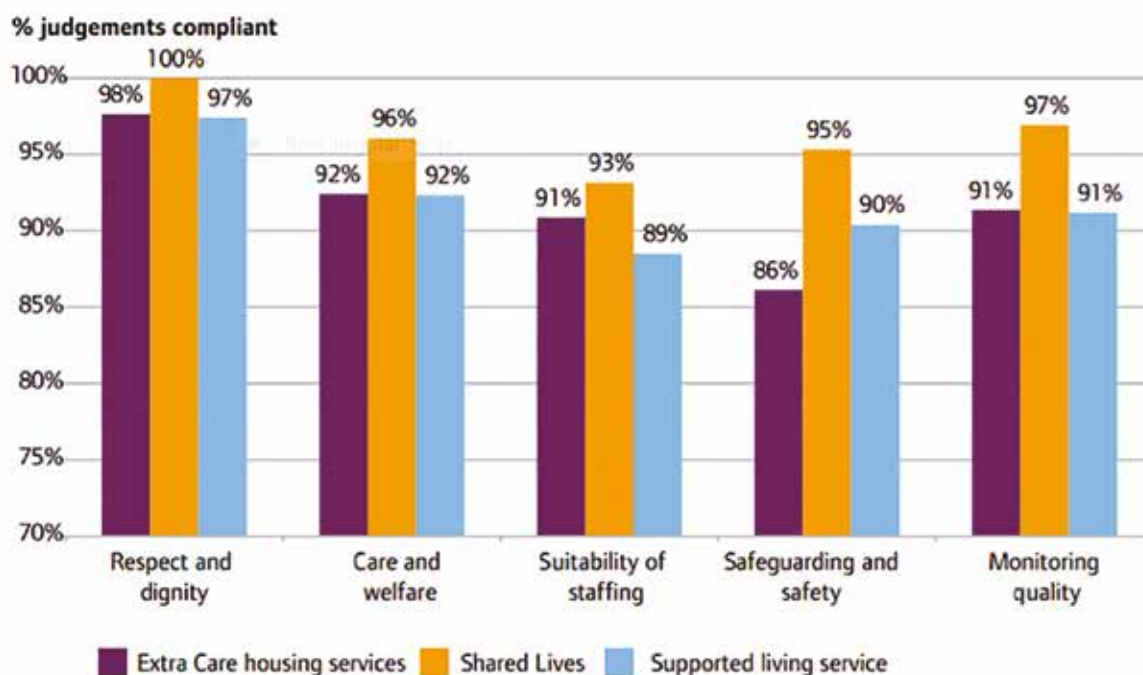
## Methodology for the report

There are currently 122 Shared Lives schemes in England who are members of Shared Lives Plus. In late 2014 Shared Lives Plus repeated the State of Shared Lives survey it had undertaken in 2013 to collate data for the Shared Lives sector for the period April 2014 – March 2014. The survey shows 81 out of 122 schemes or 66% responded with information Shared Lives Plus has used the data captured from these 81 schemes as a baseline to develop the national picture of Shared Lives. For the report all estimated figures are rounded to the nearest 10.

A similar survey was conducted for the period 2012/13 representing the first time that a large scale quantitative analysis of Shared Lives across England had been undertaken. Following feedback from sector representatives some elements of the data gathering process and analysis have been amended for 2013/14 to improve data collection and provide a more in depth representation of the sector.

The Care Quality Commission's latest State of Care report for 2013/14 indicates that Shared Lives was the best performing sector of adult social care in England. Shared Lives schemes had the highest level of compliance and performance against five Quality Standards, detailed in the graph below:

**FIGURE 2.10: PERFORMANCE AGAINST QUALITY STANDARDS FOR DIFFERENT SERVICES WITHIN COMMUNITY SOCIAL CARE 2013/14**



Source: CQC compliance data, 2013/14



## Khalid

Khalid is a younger man who has had his third stroke, and was unable to return to live in his flat on his own. He was keen not to go to a nursing home, where he would be so much younger than everyone else.

He was matched with a Shared Lives family originally from the same city in Pakistan as his own family. Being able to talk to the Shared Lives carers

in his own language, and feel that he is receiving support similar to that he would get if his family were able to support him, is invaluable. Living with his Shared Lives family has also meant that he is able to maintain his previous social circle, with his friends visiting. He is keen to return home and live on his own again, and this is being worked towards as a long-term goal.

## People who use Shared Lives services

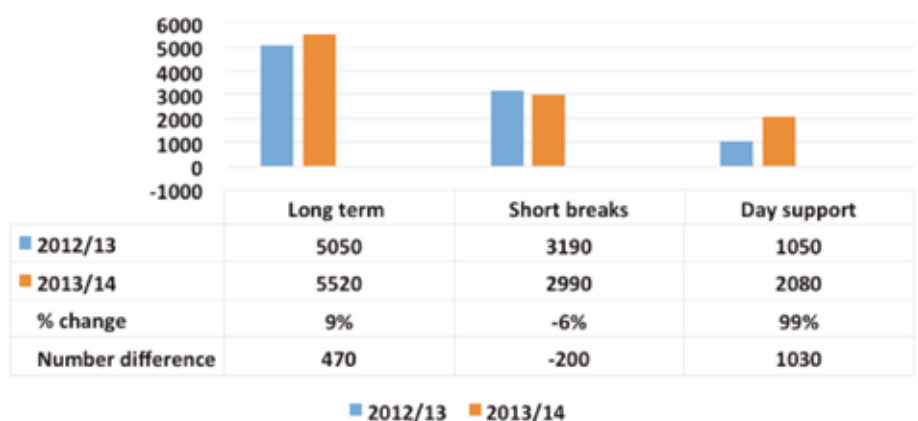
Shared Lives schemes were asked to state the number of people receiving support in three categories:

Long term arrangements, short breaks of at least 24 hours and day support.

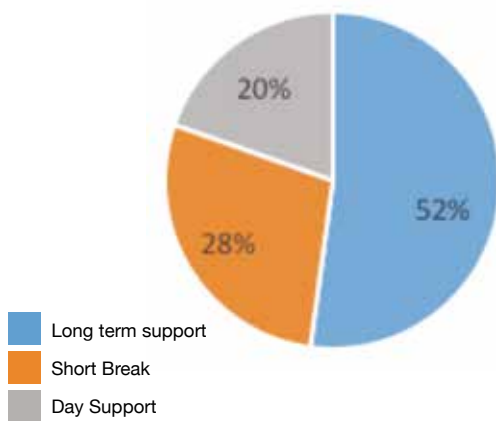
Type of Shared Lives arrangement	Estimated number of people supported by Shared Lives in England	% of each type of Shared Lives arrangement
Long term arrangements	5520	52%
Short breaks	2990	28%
Day support	2080	20%
Total number of people supported in Shared Lives	10590	100%

The figures demonstrate an overall increase in the number of people using or living in Shared Lives arrangements of 14% or 1300 people. Long term Shared Lives arrangements have increased by 470 people or 9%, Short breaks use has reduced by 200 people or 6%, and day support arrangements have increased by 1030 people or 99%.

### Annual comparison of type of Shared Lives arrangement



## Types of Shared Lives Arrangements



Types of Shared Lives arrangements vary considerably.

- The South East and London have the highest percentage use of long term arrangements at 78%, whilst in Yorkshire and Humberside only 33% of Shared Lives arrangements are long term.
- The East of England has the highest percentage use of short breaks arrangements at 47% of people using Shared Lives in the region.
- The North West has the highest percentage use of day support arrangements at 40% of people using Shared Lives in the region.

## People receiving care & support

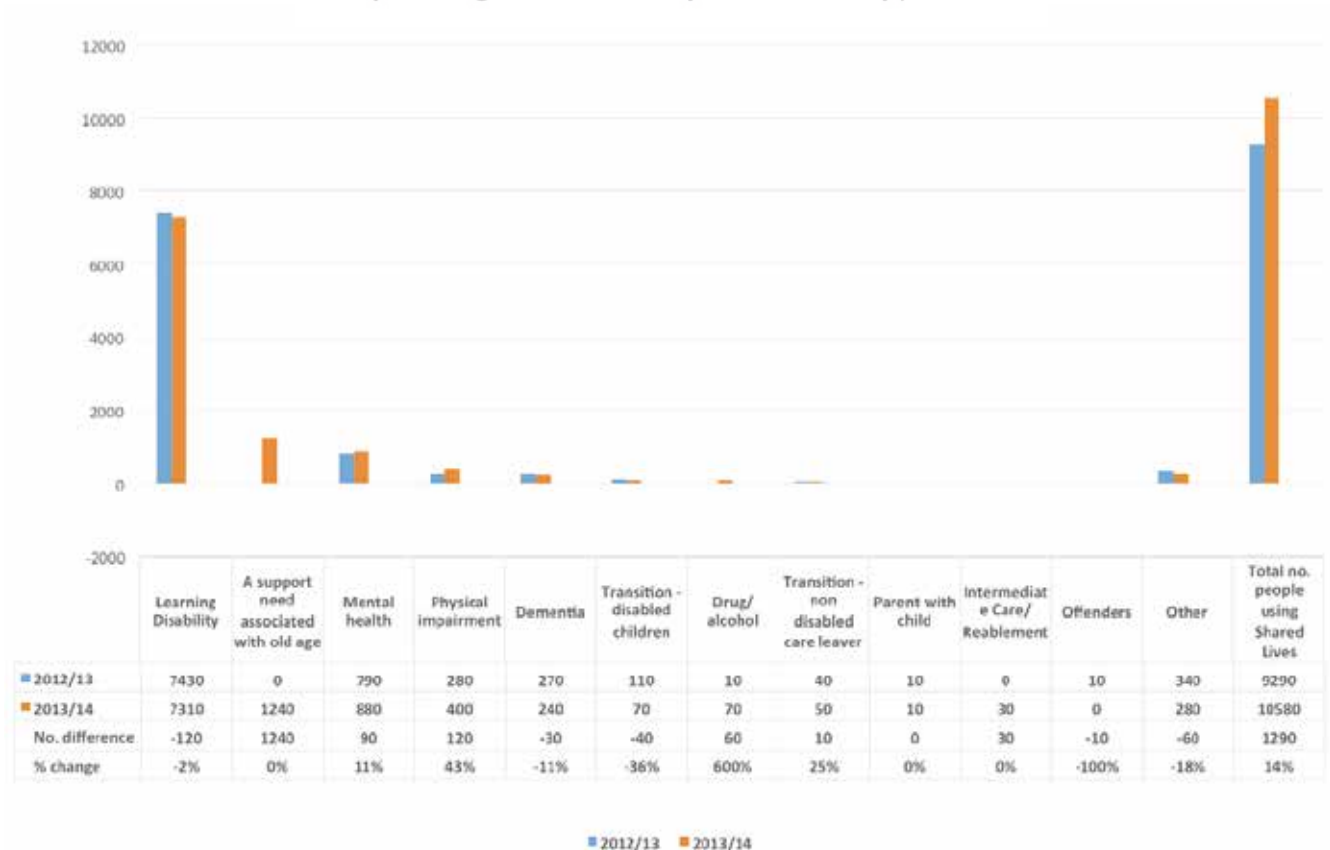
Social Care support needs	Estimated total Shared Lives users in England	Percentage of people using Shared Lives %
Learning disabilities	7310	69.1
Support need associated with older age	1240	11.7
Dementia	240	2.2
Mental health	880	8.3
Physical impairment	400	3.7
Parent with child	10	0.1
Drug or alcohol issues	70	0.7
Transition - disabled children	70	0.7
Transition - non-disabled care leavers	50	0.4
Ex -offenders	10	0
Intermediate care/re-ablement	30	0.3
Other	290	2.7
<b>Total</b>	<b>10,600</b>	<b>100</b>

## People receiving care and support

The survey showed 68 Shared Lives schemes provided information on the main care condition for people using Shared Lives. Nearly 70% of people using Shared Lives are primarily using it as a learning disability service, just over 10% primarily have support needs associated with later life and just under 10% use Shared Lives as a mental health service. The table below shows the 'primary' support needs of people supported in Shared Lives arrangements only, as judged by scheme managers and secondary conditions are not captured here.

Due to a change in categorisation for the recording of young people using Shared Lives the figure for transitions below has reduced by 36%. However many people previously captured in this category have now been recorded in a broader "young people" category which has doubled in the last year. (see overleaf)

People using Shared Lives by social care support need



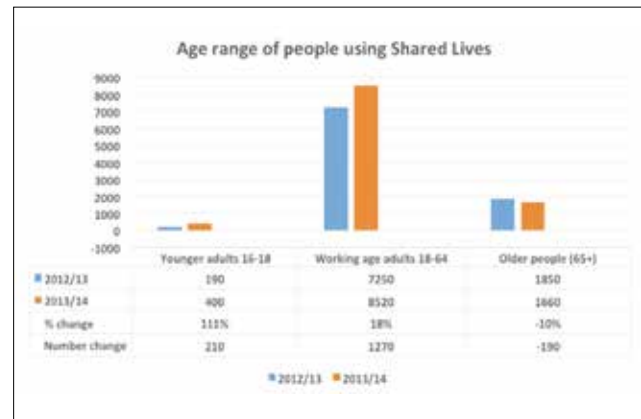
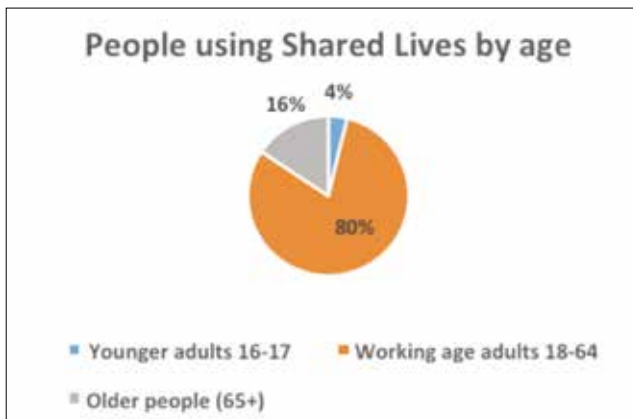
This year's survey asked Shared Lives schemes to identify people with a support need associated with old age for the first time and this proved to be the second largest category of people using Shared Lives. The biggest increases in other groups were people using drugs/alcohol which increased by an estimated 60 people (600%), people with a physical impairment which increased by an estimated 120

people (43%) and people who have a mental health issue 90 people (11%). This year also saw people requiring intermediate care support in Shared Lives for the first time. The 11% reduction in the number of people living with dementia accessing Shared Lives is probably due to Shared Lives schemes including these people in the category for people with a support need associated with old age.

# Shared Lives users supported across three age categories, nationally

Across England, 80% of people using Shared Lives are working age adults, with older adults making up the majority of other people supported. Younger adults, aged 16-18 years, are currently the smallest group, although this figure is growing and has doubled in the last year.

Age range	Estimated total Shared Lives users in England
Young adults 16 – 18 years	400
Working age adults 18 – 64 years	8520
Older adults 65 years and above	1660
Total	10580



## Eric

Eric is a man in his forties who lives in a supported living house which he shares with other people who also have mental health issues. Although Eric has many life skills, he finds it hard to make friends and feels very lonely. The people he lives with have their own difficulties and whilst there is no conflict in the household, neither are there genuine friendships. Eric has little contact with his family and his isolation was having a negative effect on his mental health.

He was referred to the Shared Lives scheme for short breaks for a weekend a month. Having previously done little exercise, Eric now enjoys cycling and walking with his Shared Lives carers and uses his budget to fund a mixture of weekends and regular half days, involving a visit and dinner one night a week. His mental health has improved to the extent that he no longer needs regular support from the CMHT.

## Shared Lives carers by numbers

Shared Lives carers come from all walks of life, and choose to care for a wide variety of reasons. Potential Shared Lives carers are given full training by the local Shared Lives scheme and go through a rigorous process of approval to ensure the safety and wellbeing of those being cared for and to ensure the safety and wellbeing of the Shared Lives carer and their family.


Formal experience of caring is less important than motivation, commitment and strong values, although at least a third of Shared Lives carers have some background in health and social care. Being a Shared Lives carer is a way of life not just a job.

Shared Lives carers need to have the right personal qualities - they need to be flexible, empowering and positive and have a person centred approach. This means the willingness to offer time, encouragement and a stable and supportive environment along with a belief in helping people to pursue ordinary life chances and take positive risks, with the back-up of a long-term caring relationship.

Shared Lives carers are self-employed and use their own home as a base. Rates of payment are set by the local authority or scheme itself and vary depending on location and the needs of the person living in the Shared Lives arrangement. Shared Lives carers receive payments to cover some of their time, rent and a contribution towards the running of the household – such as energy bills and food.

Shared Lives carers typically provide a great deal more than they can be said to have been paid for and are adept at thinking creatively and spotting potential health and well-being problems at an early stage. They also involve family and friends who may contribute without payment.

Shared Lives carers are passionate and dedicated about the support they provide and are the reason why Shared Lives is such a powerful and effective form of care in our community.



“Shared Lives is a fulfilling and very satisfying experience and both parties benefit greatly. It is a lot of fun and we have happy and uplifting times together. At the moment I do respite, which I love because it is good meeting different people, it is interesting, I like it a lot and I get so much out of it. I have Denise, 58, for respite and we have a lovely time – on Friday’s we go to the club and on Saturday’s we have a day out and a meal. I actually worked with her 30 years ago when I was in social work and now I can offer a more personalised service that works better for her. I also have Lisa who has been in Shared Lives arrangements for a few years. Simon, my partner is the secondary Shared Lives carer. I have two daughters at University and when they come home I don’t do respite but in the future I would like to be a full-time Shared Lives carer.”

**Caroline and Simon France from Rochdale became Shared Lives carers in 2013/14**

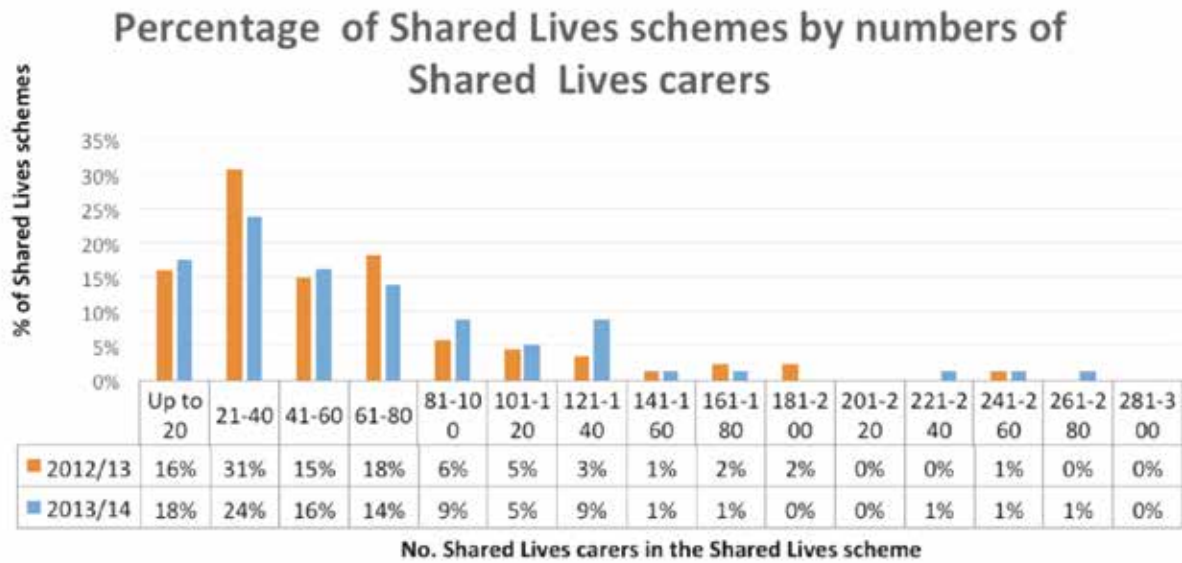
# Shared Lives carers by numbers

A total of 65 Shared Lives schemes provided detailed data in this survey about Shared Lives carer numbers by category of support provided: long-term; breaks and day support. Taking the data from these 65 Shared Lives schemes as being representative of the Shared Lives sector as a whole it can be estimated that in England:

- There are 8090 Shared Lives carers
- 5230 provide long term support
- 2860 solely provide breaks and day support
- 99% of schemes have Shared Lives carers offering long-term support
- 89% of schemes have Shared Lives carers offering breaks and day support care

There is variation within regions in relation to the types of Shared Lives arrangements offered by Shared Lives carers - London has the smallest percentage of Shared Lives carers solely providing breaks and day support at 1.20% whereas nearly 16% of the Shared Lives carers in the North West solely provide short breaks and day support.

The numbers of Shared Lives carers reported who only provide breaks and day support is smaller, but those who also provide long-term support will have already been counted in that category. The survey found 58 out of the 65 schemes reported that they have some Shared Lives carers providing breaks or day support care, which equates to 109 schemes nationally. Of those 58 the number of Shared Lives carers in this category ranged from 1 to 267 Shared Lives carers.



The smallest scheme in the survey has 8 long-term Shared Lives carers and 0 Shared Lives carers in other categories. The largest single scheme has 267 Shared Lives carers working across its local council area offering both long term and short breaks arrangements. The majority of schemes across England have between 21 and 80 Shared Lives carers. London and the East of England have the highest proportion of small schemes with less than 30 Shared Lives carers.

Schemes with less than 20 Shared Lives carers are likely to be at risk of becoming unsustainable and not making good use of resources. Data from Shared Lives schemes surveys shows that 17% of schemes fall below this. For these Shared Lives schemes Shared Lives Plus suggests an urgent need to develop and grow these schemes to enable them to become fully sustainable and maximise their potential.

# Characteristics of Shared Lives carers

Shared Lives schemes were asked to provide any information that they collected on the demography of their Shared Lives carers. Shared Lives carers are self-employed and many schemes do not routinely hold detailed demographic data on their approved Shared Lives carers. Unfortunately, no standardised information is therefore available across the sector, however scheme managers that provided data have reported that:

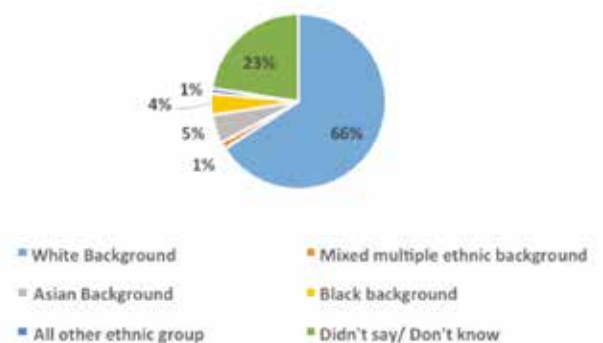
- 68% of Shared Lives carers are between the ages of 40 and 64
- 68% are female and 32% male. This shows that there are significantly more men involved in delivering care and support in Shared Lives compared to 18% of men in the national social care workforce. .
- Shared Lives carers tend to be more ethnically diverse as a group than the scheme workforce.

Shared Lives carers who are members of Shared Lives Plus have the following demographic breakdown:

Gender of Shared Lives carers



Ethnicity of Shared Lives carers



## Shared Lives scheme workforce

Shared Lives schemes look after the administration of Shared Lives and run the approvals and matching processes to give Shared Lives arrangements the best chance to succeed. They also provide training and ongoing support and guidance for Shared Lives carers.

The matching process is at the heart of Shared Lives – making sure that the arrangement is the best possible fit, looking at shared interests and personalities so that each arrangement has the best chance of success for both the Shared Lives carer and the person being cared for.

Shared Lives schemes can be either run by a local authority or independent organisations, all schemes are regulated by the government's social care inspectors, the Care Quality Commission, and have to follow the same rules to ensure the safety of those being cared for.

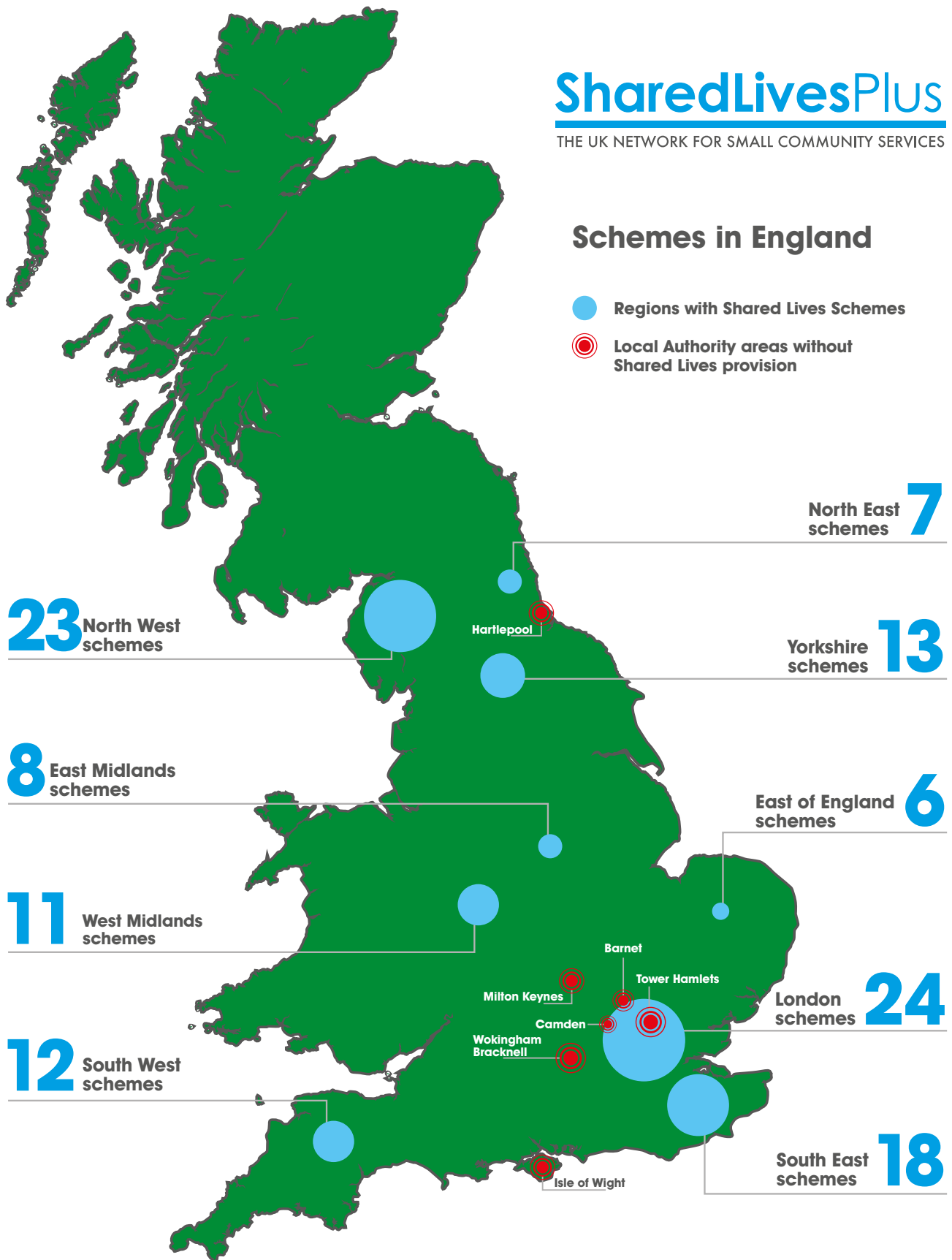
There are 122 Shared Lives Schemes in England operating across nine regions, covering the vast majority of the 152 local authority areas with a responsibility for adult social care. Some Shared Lives schemes provide services to more than one local authority area. The map below shows Shared Lives schemes across the country.

# SharedLivesPlus

THE UK NETWORK FOR SMALL COMMUNITY SERVICES

## Schemes in England

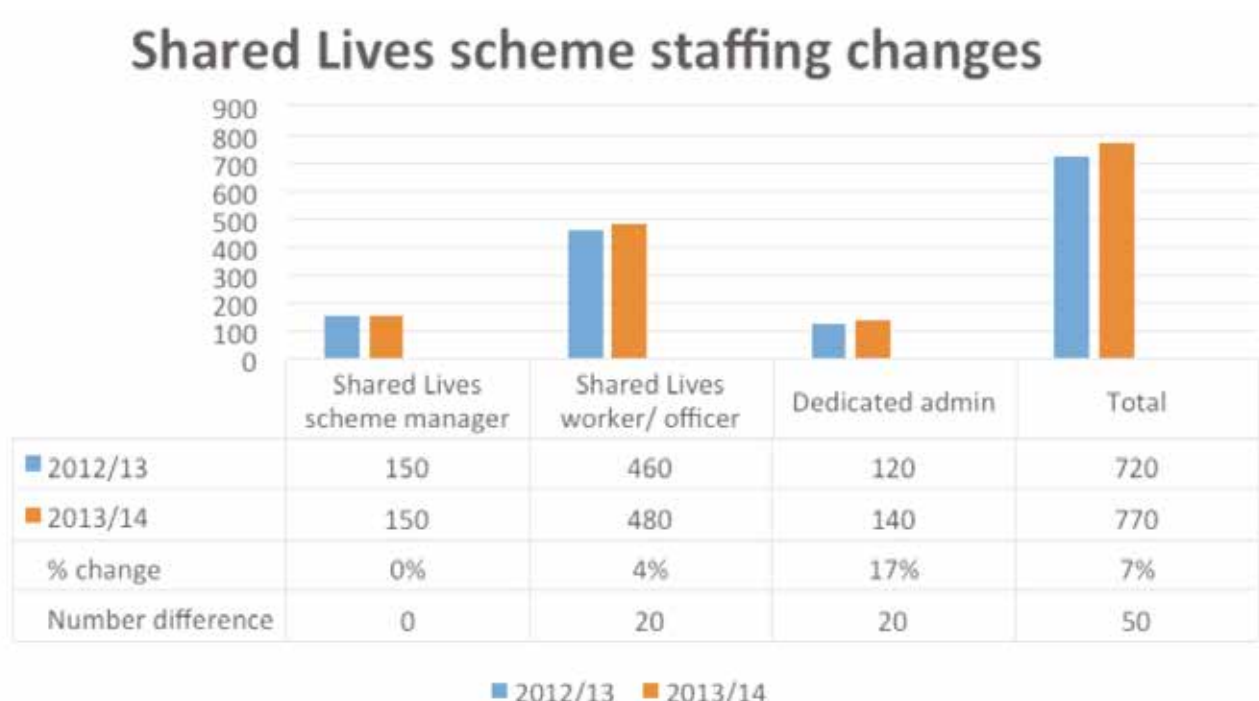
- Regions with Shared Lives Schemes
- ⊙ Local Authority areas without Shared Lives provision





## Staffing and staff turnover:

Schemes vary significantly in size with between 1 and 35 members of staff – most commonly schemes have between four and five members of staff including a manager and co-ordinators. Around 75% of schemes also have a dedicated admin worker. There is some regional variation with schemes from London and the West Midlands likely to have fewer members of staff, and schemes in the South West, South East, East Midlands and Yorkshire and Humberside regions tending to have more staff. There are 436 staff working for the 68 schemes that provided data, this equates to an estimated 769 scheme staff across the Shared Lives sector in England



Staff job titles are not consistent across all schemes, some may be called coordinators, whilst others are officers carrying out the same duties within their role.

A total of 68 Shared Lives schemes provided detailed data on their levels of staffing for Shared Lives scheme managers, Shared Lives workers and if they had a dedicated admin worker. The data from this year's survey shows an overall increase in Shared Lives scheme staff of 7% which is indicative of local authorities investing in their Shared Lives schemes and contributing to the ongoing growth and diversification of the sector. This year's survey also highlighted a much higher percentage of dedicated admin workers (20%) which is a positive step towards Shared Lives schemes running more efficiently and effectively.

# Staff motivation – joiners and leavers

## Reasons for joining the Shared Lives workforce

Shared Lives staff demonstrate a high level of loyalty and dedication with the most common reasons for joining the sector being having a belief and interest in the Shared Lives model, and wanting to make a difference. Here are some of the most common themes cited by scheme workers for choosing to work for a Shared Lives scheme.



## Equalities characteristics of the scheme workforce

Schemes that took part in this survey provided detailed information about the characteristics of their staff and the following sections relate to these responses.

- 80% of Shared Lives staff are female
- 75% are over 40
- 81% of those that answered are White British
- 70% of those for whom sexual orientation data was held or known are heterosexual, with 25% of responses for sexual orientation data recorded as didn't say.

### Gender:

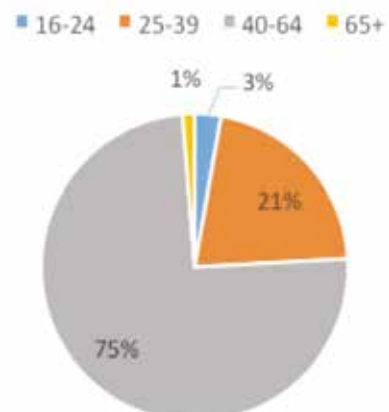
In line with trends in the wider social care sector the majority of Shared Lives scheme staff are female.

23 of the 68 schemes (33%) were solely made up of female staff, with no male employees. There were no solely male-staffed schemes.

### Age:

Almost three-quarters of all Shared Lives staff are aged between 40-65 (based on 68 schemes that provided valid data for this question).

### Age of Shared Lives workers



## Ethnicity

Schemes supplying data from the survey had a total of 429 staff members and provided information about the ethnicity of their staff - of whom the majority are White British (80%).

White English / Welsh / Scottish / Northern Irish / British	80%
Mixed/multiple ethnic groups	2%
Asian/Asian British	4%
Black / African / Caribbean / Black British:	3%
Other ethnic groups	1%
Don't know / didn't say	10%

The characteristics of the Shared Lives workforce are not dissimilar to those across social care more generally where the overall workforce is 82% female and has the highest proportion of workers in the 45-55 age range. From the survey data it is evident that the diversity of staff varies greatly by region. Shared Lives schemes need to ensure that the workforce reflects the local area in which they work in terms of ethnicity, gender and age of workers. Although this may be difficult as schemes generally have small teams, it

is important that equal opportunities procedures are applied to recruitment of Shared Lives staff. The key to success of engaging with the local communities and recruiting Shared Lives carers can often be having the right staff who can engage with the local community and so it is important for schemes to consider this when recruiting new staff. Shared Lives schemes with diverse local populations' are developing initiatives to ensure that their workers and Shared Lives carers are representative of the communities they are active in.

### Leicester City Shared Lives: reflecting the communities we share our lives in

Leicester City Shared Lives scheme has been proactively working to engage with a wide variety of communities across the Leicester area to make sure that Shared Lives carers are as diverse as the community the service is offered in, and people from all backgrounds are aware that Shared Lives could be an option for them.

Leicester have a dedicated scheme worker with responsibility for promoting diversity within

Shared Lives, and the scheme has proactively used the existing community networks of their diverse staff team to promote Shared Lives – helping build awareness and trust in the model and the messenger.

The scheme have taken into account wider skills and interests in potential Shared Lives households to help ensure culturally appropriate matches, and assessments have been conducted bi-lingually to help make sure that Shared Lives carers and people who may use Shared Lives services have the opportunity to illustrate their understanding and requirements of Shared Lives in their first language as well as in English.

Shared Lives Plus have begun a programme of work to examine and address diversity and equalities issues in the sector. A diversity report exploring these issues, the barriers relating to the promotion of equality and diversity, as well as examples of good practice in overcoming some of these barriers has been published and is available from <http://www.sharedlivesplus.org.uk/>.

While other forms of social care help may find it more difficult to support people to develop and maintain relationships, Shared Lives reports exceptionally strong outcomes in this area. The report also identified areas that Shared Lives would aspire to improve, including:

- Supporting local schemes to gather better

information about the diversity of people using and providing Shared Lives

- Support areas to learn from good practice elsewhere in the UK network
- Explore with schemes how to attract more people from under-represented groups to become Shared Lives carers, including men, young people and disabled people

Shared Lives schemes also need to consider the best ways to ensure staff retention, for example through opportunities for continued professional development, as there are often limited opportunities for promotion within a scheme unless there is a senior role as a stepping stone to becoming a Shared Lives manager.

## Regional variation

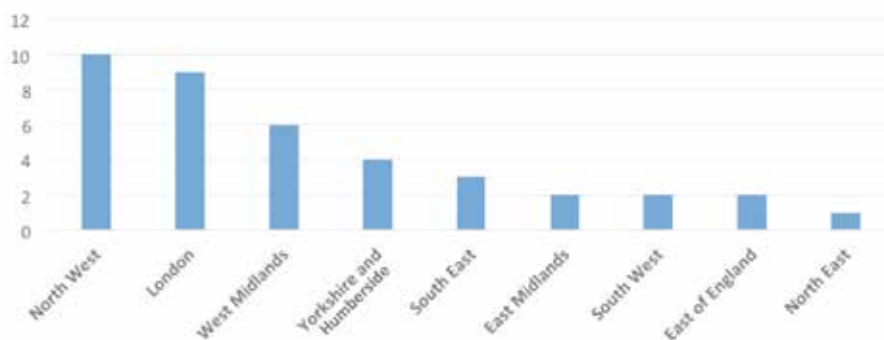
There is considerable disparity between regions both in terms of numbers of people using Shared Lives, client groups and types of arrangements. This section highlights some of the key differences between the regions in the current delivery of Shared Lives and the potential that could be achieved by Shared Lives if other areas caught up with those performing best.

The information in this section includes projected regional figures based on data provided in the Shared Lives survey from 68% of Shared Lives schemes in England. The table below shows the return rate of surveys:

### Geographical data: regional responses

Region	Number of responses received	Number of Shared Lives schemes in region	Response rate (%)
North East	6	7	86
North West	12	23	55
Yorkshire and Humberside	9	13	69
East Midlands	6	8	75
West Midlands	5	11	45
South East	15	18	83
South West	10	12	43
East of England	4	6	67
London	14	24	61
<b>Total</b>	<b>81</b>	<b>122</b>	<b>66</b>

### Number of schemes who did not provide data in each region

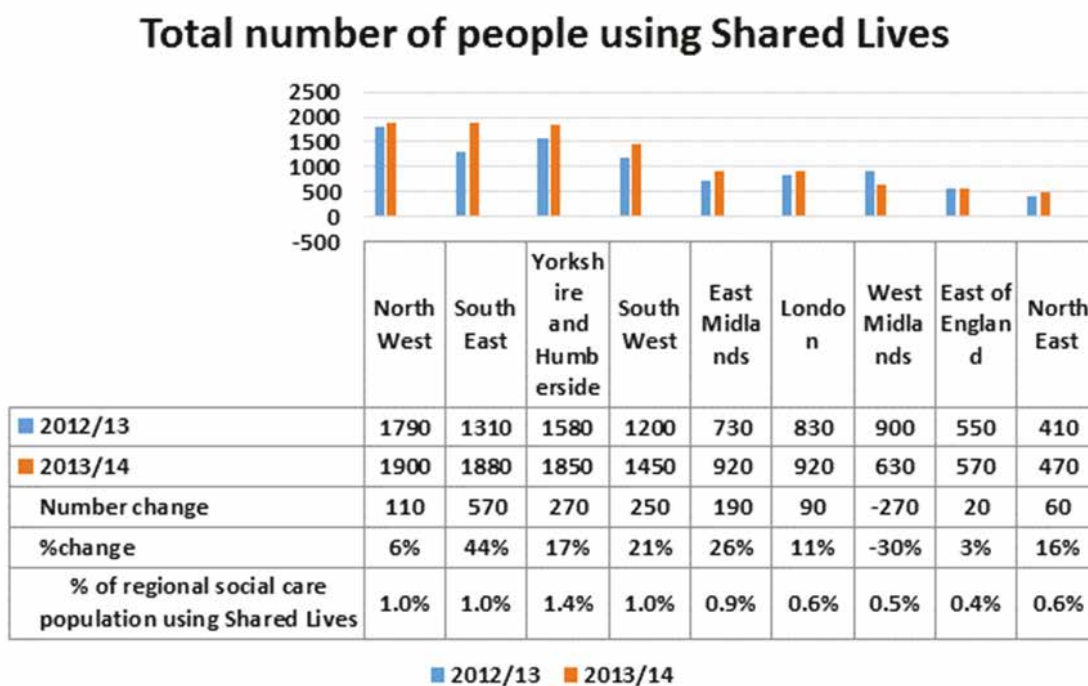


The graph to the left shows the number of schemes in each region where no data was provided.

# People who use Shared Lives by region

## Total Shared Lives users by region

There is considerable variation in the total numbers of Shared Lives users across the regions. This is partly due to the variation in size of the social care population across regions, but previous analysis of trends in Shared Lives usage have consistently demonstrated that some regions make better use of Shared Lives arrangements than others. The table below provides an annual comparison of the estimated number of people using Shared Lives in each region of England.



The South East, Yorkshire and North West are currently making good use of Shared Lives, while numbers of people in the East of England, North East and London are considerably lower. Areas that are doing well often position Shared Lives as the default option before considering other forms of care and support, and have invested in schemes to develop capacity.

## Regional breakdown of support categories

There is substantial regional variation in the use of Shared Lives, Yorkshire has a higher usage of short breaks, possibly due to a short break specific Shared Lives scheme in the region, whilst the East Midlands have slightly higher usage of day support. London uses Shared Lives predominantly for long term arrangements and is one of several regions with almost no day support provision. This suggests that

there are opportunities to develop different types of Shared Lives arrangements in areas where only one type of Shared Lives arrangement is predominantly being used.

### Long term Shared Lives arrangements annual comparison



### Short breaks Shared Lives arrangements annual comparison

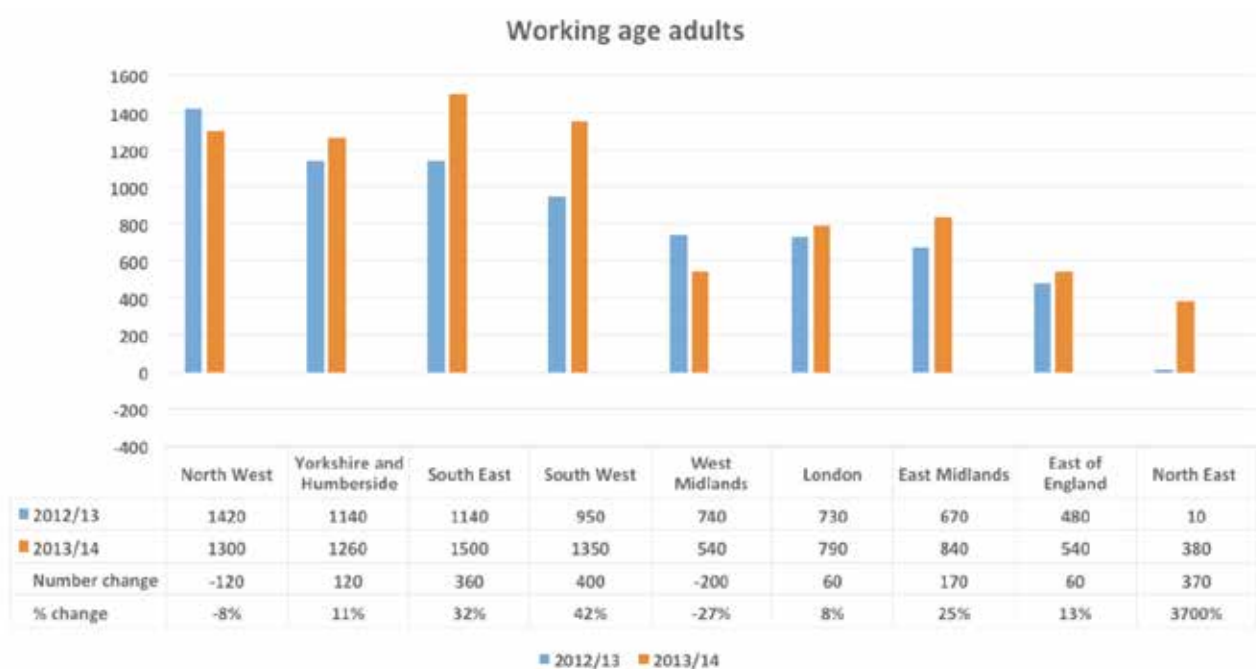
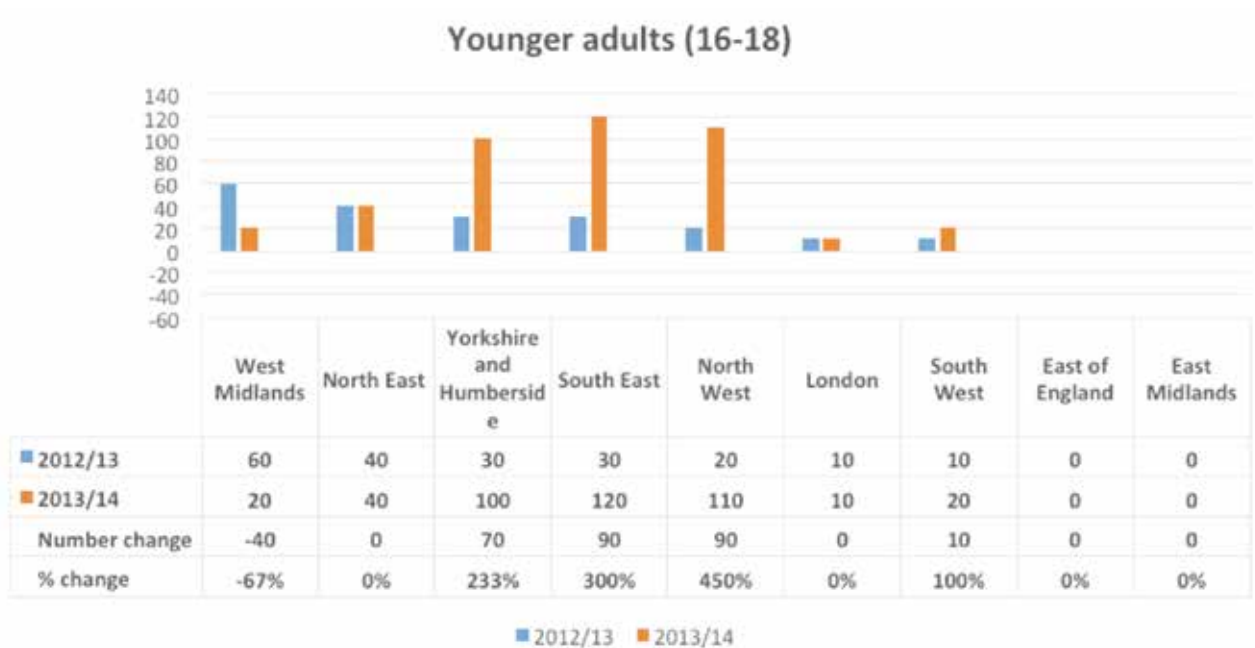


### Day support Shared Lives arrangement annual comparison

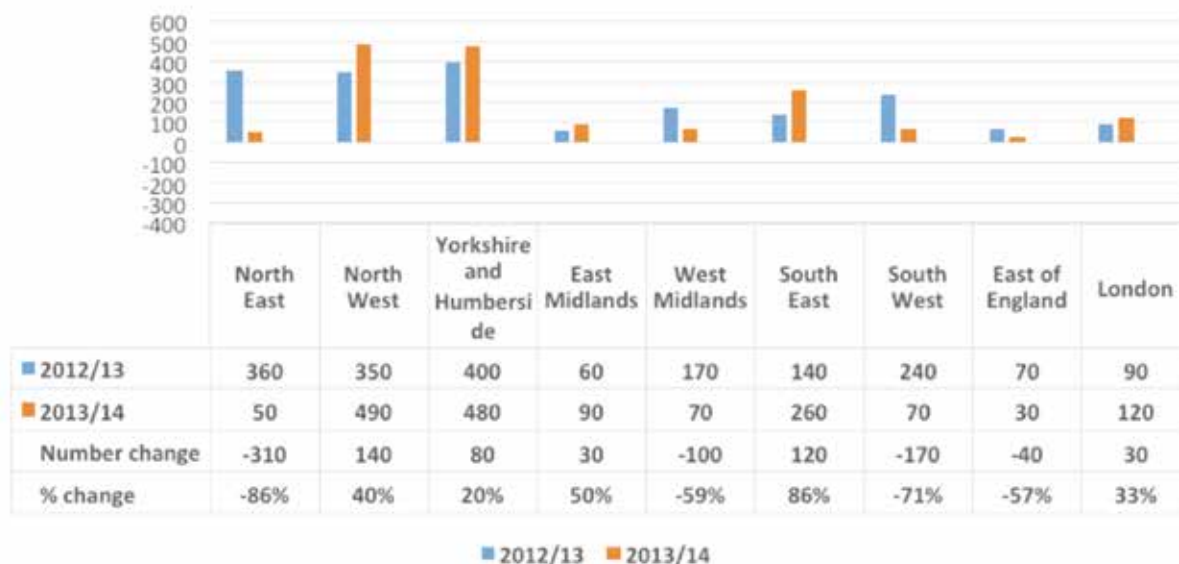


## Regional breakdown by age

Based on the survey data the South East has the highest number of younger and working age adults making use of Shared Lives, whilst Yorkshire and Humberside and the North West are supporting the most number of people over the age of 65.



## Older adults



## Number of Shared Lives carers by type of arrangement - nationally and regionally

Annual comparison of Shared Lives carer numbers by type and support provided								
2012/2013				2013/14			Difference	% change
Region	Total Shared Lives carers	Long term	Short breaks and day support	Total Shared Lives carers	Long term	Short breaks and day support		
North East	310	190	120	300	220	80	-10	-3%
North West	1300	830	470	2190	900	1290	890	68%
Yorkshire and Humberside	1060	540	520	1020	530	500	-40	-4%
East Midlands	570	310	260	560	270	290	-10	-2%
West Midlands	660	510	150	750	410	340	90	14%
South East	1340	1080	260	1460	1180	280	120	9%
South West	840	640	200	810	610	200	-30	-4%
East of England	380	230	150	450	340	110	70	18%
London	720	580	140	570	480	90	-150	-21%
<b>Total</b>	<b>7180</b>	<b>4910</b>	<b>2270</b>	<b>8110</b>	<b>4940</b>	<b>3180</b>	<b>930</b>	<b>13%</b>

The above table demonstrates the scale at which Shared Lives carers can be recruited within regions. Currently, approximately two fifths of all Shared Lives carers in England are in the North West and South East regions. If all regions caught up with the numbers of Shared Lives carers recruited in the North West and South East we would see dramatic growth in the sector.

There is variation within regions in relation to the types of arrangements offered by Shared Lives carers - London has the smallest percentage of Shared Lives carers solely providing breaks and day support at around 10% of total Shared Lives carers whereas nearly 30% of the Shared Lives carers in Yorkshire solely provide short breaks and day support.



# Percentage of schemes by number of Shared Lives carers – national and regional

The smallest scheme in the survey has eight long-term Shared Lives carers (in eight separate households) and no Shared Lives carers in other categories. The largest single scheme has 267 Shared Lives carers working across its local council area offering both long term and short breaks arrangements. The majority of schemes across England have between 30 and 59 Shared Lives carers. London and the East of England have the highest proportion of small schemes with less than 30 Shared Lives carers. Schemes in London are currently provided in each borough separately which may account for the smaller size of schemes. There may be an opportunity for regions in London to consider working together to provide Shared Lives across a wider area which may result in recruiting larger numbers of Shared Lives carers, increased efficiencies and more opportunities for older and disabled people to use Shared Lives as an option for care and support.

## Development and growth of Shared Lives

The past year has seen a significant growth, not just in the numbers of people using Shared Lives, but in the variety of social care needs of the people who use the service. More Shared Lives schemes are offering short breaks and day support as well as long term, live in arrangements, making it a more attractive offer for a wider range of people looking for support.

Shared Lives has grown by 14% in 2013/14 while overall social care provision has decreased by 4% in the same period. Shared Lives has provided support to an estimated 10,580 people in 2013/14 compared to 9,291 in 2012/13, a growth of 14%.

More schemes that ever are offering support to older people and people living with dementia and a number have received inward investment from their local authorities to achieve this. This recognises the support that Shared Lives can provide to vulnerable people, enabling them to live independent lives within their communities as well as being cost effective compared to other, more traditional forms of support.

There has also been increased interest from other organisations in developing services for people with dementia using the Shared Lives model and a number of conversations have taken place with specialist and carer led organisations. This may prove a successful development option for those areas where the existing Shared Lives scheme chooses to specialise in learning disabilities and is not looking to diversify.

Other areas that have grown during 2013/14 include schemes that are developing work with younger people, especially those in transition. Numbers of younger people using Shared Lives have substantially increased and there are a number of initiatives being planned to increase this further as more work is done to introduce Shared Lives to Childrens' Services. There has been a smaller increase in the number of people with mental health issues using Shared Lives and it is intended in the coming year to support more schemes to offer support to this group of people, along with other excluded adults such as ex-offenders and people fleeing domestic violence.

We have also seen the start of a dialogue with health services at both national and local levels. As well as mental health, there are a number of areas that Shared Lives could potentially support health partners in providing services. These include intermediate care and reablement as well as care for young adults with life limiting conditions and people with substance misuse issues. There is an increased interest from CCGs in some areas of the country who are interested in exploring what Shared Lives can offer, particularly to an ageing population.

Shared Lives Plus continues to offer support to schemes to grow over the next 4 years thanks to funding from the Big Lottery and Nesta. The investment in staff which began last year continues with a new post to develop services for socially excluded adults and another post to work with twelve Shared Lives schemes supporting family and unpaid carers of people using Shared Lives, through a project funded by the Cabinet Office. The work supporting Shared Lives carers continues and a new recruitment pack has been provided to Shared Lives schemes to enable them to increase the numbers of Shared Lives carers to meet the increased demand for the service.





## Shared Lives Plus

G04, The Cotton Exchange,  
Old Hall Street, Liverpool, L3 9JR

Tel: 0151 227 3499

Fax: 0151 236 3590



**SharedLivesPlus**

THE UK NETWORK FOR SMALL COMMUNITY SERVICES