

The Strategy for Older People in Wales (Phase 3) 2013-2023

Consultation Response Form

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Introduction:

Shared Lives also known as Adult Placement, arrangements are provided by individuals and families (Shared Lives Carers) in local communities. The Shared Lives Scheme (an organisation managed by a local authority or independent charity and registered with CSSIW) recruits the families and undertakes a rigorous assessment process with them including references, CRB checks and induction training before they become approved Shared Lives Carers

Shared Lives Carers across Wales provide a range of services including:

- Long term accommodation and support
- Short breaks
- Day time support
- Rehabilitative or intermediate support

The main feature that distinguishes Shared Lives from other kinds of support is that, whatever the service provided by the Shared Lives Carer, the person being supported has the opportunity to share the Carer's family life and be part of their social networks. The relationships that develop are committed and consistent and highly valued by both the person receiving the services and the Shared Lives Carers.

Shared Lives Plus in Wales is the Welsh Committee of Shared Lives Plus member organisation representing Schemes and approved Shared Lives Carers in Wales. There are 12 registered Schemes providing Shared Lives services in all local authorities in Wales to a greater or lesser degree provided by local authority run schemes and 3rd sector providers. There are over 250 Shared Lives Plus Carer members in Wales. All 12 Registered Schemes contribute to the Shared Lives Plus in Wales Committee with staff and approved carer representation.

Shared Lives is a regulated service, with minimum standards enforced by government inspectors.

In an excellent Shared Lives scheme:

- People who use Shared Lives and their families are at the heart of all the scheme does. They are fully involved in decisions about their lives, their support and the scheme's future.
- Matching between Shared Lives carers and people who use Shared Lives is at the heart of the referral process and is a fair and transparent system. Shared Lives carers are not placed under pressure to accept matches. People who use Shared Lives have a strong sense of belonging within their household, community and relationships.
- The on-going roles of Shared Lives carers, scheme workers and social workers are clear and all are able to work together positively to help each individual plan and review their goals and support.
- Shared Lives carers are recognised and respected as colleagues and play an active part in developing the Scheme policies.
- There is a local Shared Lives carer group which allows Shared Lives carers to meet up, learn from each other and to influence the development of the scheme. Shared Lives carers are encouraged and supported to take part in NAAPS at regional or national level.
- The care and support expected of Shared Lives carers is clear and reasonable, with adequate access to respite and breaks. Payment levels are structured and transparent.
- The scheme is a learning organisation and always seeks to improve its practice.
- There are clear procedures for when things go wrong and Shared Lives carers can access appropriate support if they face an allegation.
- Scheme workers recognise both the emotional and economic implications for carers when a Shared Lives arrangement ends.

Shared Lives Plus works in partnership with the Welsh Government who has recognised the importance of the Shared Lives model by funding a three year part time Development Post from this year.

Consultation questions

1. Do you agree with the proposed approach of the third phase of the Strategy for Older people – that is, a ten-year vision with periodically reviewed incremental action plans which outline the shorter-term priorities and activities?
2. Do you agree with the priority areas identified for the third phase of the Strategy for Older People: Wellbeing; Age-Friendly Communities; Participation and Contribution; Poverty?

Shared Lives Plus agrees with the proposed approach of setting a long-term vision for Older People in Wales which is periodically reviewed and updated with incremental action plans. We feel that this approach will safeguard the spirit and vision of the strategy against political changes ensuring that older people's rights and needs remain high on the government agenda for the next 10 years.

We particularly welcome the planning aspect of the strategy acknowledging the realities of an ageing population in Wales and the need prepare for the opportunities and challenges that this may bring.

We agree with the priority areas identified in this third phase of the Strategy for Older People and will respond to section on Wellbeing, which is relevant to our area of work.

Wellbeing

3. Do you agree that the issues and priorities of older people in relation to wellbeing are accurately reflected in this chapter?

We agree with the strong emphasis that the strategy places on building and maintaining resilience in older people and enabling them to lead independent, engaging and fulfilling lives. Being independent does not have to mean being or living alone. We acknowledge the prevalence of loneliness amongst older people and agree with the links made in the strategy between loneliness and declining physical and mental health, including premature death.

We support the strategy's aim of building age-friendly communities in order to enable older people to continue to play an important and valuable role in our society. We believe that the Shared Lives model of care can address the challenges of finding suitable care provision for older people that is both of high standard and quality whilst also allowing service users to continue to live ordinary lives and build personal relationships in the community.

This is because the Shared Lives model of care goes beyond providing support and care to individuals. It is about building communities. Service users are matched with ordinary families that are appropriately inducted, trained and supported to work with people who have care and support needs. They introduce service users to their extended networks of friends and family; they support them to access activities in local institutions, and they assist them to pursue their interests and hobbies.

4. How do you suggest we measure improvement and success in respect of the wellbeing of older people?

- Level of participation in activities
- Ensuring that older people have a voice e.g. meetings, group sessions, questionnaires etc.
- Increase in respite nights
- Daily living skills encouraged
- Knowledge and participation in living healthily, evidence of information on diet, exercise, alcohol, smoking, more older people attending exercise classes etc.
- Improved attitudes toward older people – older people are seen as assets and not deficits
- Integration, between young and older adults regardless of illnesses or disabilities

- 100% evidence of person centered service
- 100% evidence of staff supervisions/meetings etc.
- Services offered, know the base line, where we want to go and how is it monitored e.g. 'controlling care' document Promoting independence

5. What more should the Welsh Government be doing to address the needs of older people?

We are concerned by the lack of respite/ short breaks opportunities for family carers. Carers provide invaluable yet unpaid support to vulnerable adults in our society. We feel that this gap in respite provision increases the risk of burnout and relationship breakdown between carers and their loved ones. It could ultimately lead to hospital admissions and the use of intensive and expensive support for service users as well as increased need for support services for family cares.

We welcome the Welsh Government's commitment to carers through its Carers' Strategy for Wales and the Carers' Measure and would recommend that the government together with its partners in Local Authorities, the Third Sector and carers' organisations seek out care pathways that are flexible to the needs of both carers and service users. We feel that this investment in preventative support for carers will generate savings by reducing the need for emergency care, re-admissions and intensive care.

We also believe that Shared Lives is ideally placed to provide short breaks and respite support in the community. Shared Lives carers can provide the consistency and stability that service users and their families require and can act almost as an extended network of support for family carers. Shared Lives schemes carefully recruit and match Shared Lives carers with service users who require care and support. This means that with this model of care the family carer can get a break whilst their loved one is with individual(s) that they got to know and trust and the service user receives a break tailored specifically to their needs.

"Celia is generosity itself. She and Roy get on like a house on fire. The first day I saw Celia I thought she was an absolute gem, a genuinely caring person. She includes Roy in everything the family do. Her husband is a good musician and Roy plays the African drums so there is a connection there. Celia takes him out a huge amount and he is treated like one of the family."

Mary talking about the relationship of her husband Roy with Shared Lives carer Celia

"We try to make sure that their stay is as comfortable as possible so that they feel that it is not just a service getting done for them but they can decide the kind of things they want to do. It's giving them a holiday with a bit of support."

Shared Lives Scheme Manager

6. Can you provide evidence of examples of effective interventions that the Welsh Government should consider?

We would like to highlight to the Welsh Government the Shared Lives model of care. There are 12 Shared Lives schemes in Wales some run by Local Authorities whilst others operated by Third Sector providers. In the last year, the 12 schemes provided over 1,400 arrangements for 750 service users. At the moment, around 10% of service users supported by Shared Lives schemes in Wales are older people and people with dementia.*

Shared Lives is a model of care that embodies citizen directed support. Shared Lives carers share their everyday lives with services and as such are able to develop a high awareness of their needs and their daily routines. The varied nuances of individual need that can often be lost in large institutions are negotiated directly between the Shared Lives carer and the service user. As Shared Lives carers can only support a maximum of three people in their home at any one time, it is almost impossible not to deliver support in a person centred way. Instead of individuals adapting to the routines of a residential provider, Shared Lives carers adapt to the individual's needs.

This level of trust and stability is of paramount importance when it comes to supporting people with dementia. The provision of consistent support in a Shared Lives arrangement through an individual or a family can lessen the feelings of confusion and mistrust that individuals may experience in other care settings and can often delay the deterioration of their symptoms. Housing can also be an important issue for older people and Shared Lives can allow older people to continue living in the communities of their choice instead of moving to live close to their families or moving into residential care.

There are excellent examples where the Shared Lives model of care has been utilised to support people with dementia in Wales.

Day support - Rhiannon

Rhiannon was diagnosed with Alzheimer's type Dementia in 2007 and began to experience episodes of paranoia and anxiety, believing people were entering her home and stealing things from her. She lived alone and had become socially isolated as her brother lived some miles away. Rhiannon was a very independent person and wanted to remain so for as long as possible and initially was extremely reluctant to accept any kind of support. Eventually, through guidance and reassurance from PSS TRIO Scheme, Rhiannon was matched with another lady with a similar background and interests, who was also a Welsh speaker, and they have now become good friends.

'I enjoy the ride out and look forward to the company; I don't know what I would do without it!' – Rhiannon

Long-term arrangement - Helen

Helen was an 84 year old woman living on her own in a small rural community. She had suffered from dementia for some years and was receiving some informal support from Rhiannon, who would visit twice a day to make sure that she had taken her medication, had some food, lit her fire etc. Over the past winter, Rhiannon was becoming increasingly concerned as Helen was letting her fire go out, not eating regularly, becoming more disorientated and struggling with her personal care. Rhiannon alerted social services which resulted in Rhiannon being trained and approved as a Shared Lives carer with the Powys Shared Lives Scheme. Helen had been a visitor to Rhiannon's house for over 50 years and had known Rhiannon's husband all his life and Rhiannon for over 13 years. She moved in with Rhiannon and the familiarity meant that she felt at home straight away. As she did not have to move away to receive support, Helen has been able to keep all of her friendships and connections. Her Care Manager and family have said that she has been doing really well.

Finally, the Shared Lives model of care can also provide the much needed transitional care for individuals who are kept in hospital care because they are not yet able to live independently. The Shared Lives model of care can support older people to regain their skills and independence through reablement support.

* Data collected from 9 schemes

7. Anything else you would like to tell us.

Whilst the Shared Lives model of care delivers high quality care to service users in the community, it can also generate significant savings to local care budgets.

The 2009 research project, *A Business Case for Shared Lives*, found that service users receiving support from Shared Lives experience a range of positive outcomes. Amongst these are:

- Living the life the person wants
- Developing the person's confidence / skills / independence
- Having wider social networks
- Increase in self-esteem
- Physical and emotional wellbeing
- Being able to build their own relationships
- Sustaining relationships with relatives

The study also identified potential cost savings. Compared to the national unit cost of residential care, Shared Lives can deliver potential savings of up to 60% for people with Learning Disabilities, 10% for Older People and 30% for people with Mental Health issues.

Some initial data collated in Wales, demonstrate the savings that Shared Lives arrangements can deliver. In Carmarthenshire the West Wales Adult

Placement Scheme delivers 50% of the respite provision for people with Mental Health and Learning Disabilities for only 12% of the total cost.

	Provision	Cost	Unit cost
West Wales Adult Placement Scheme	89 service users 3,111 respite nights	£159,381	£51.23
Residential Settings	85 service users 3,059 respite nights	£995,619	£325.47

However, in many Local Authorities this model of care continues to be underused. Funding constraints and limited awareness amongst care managers makes the growth of some Shared Lives Schemes in Wales extremely difficult. As a result, many vulnerable adults in Wales including Older People will not be offered the choice to be supported by an individual or a family in their community.

We believe that Shared Lives can provide high quality and cost effective support to Older People in Wales. Strategic commitment at the government level could provide a negotiating leverage for schemes with their Local Authorities and could lead to the mainstreaming of Shared Lives in Wales.