

Live More with Shared Lives

Early support for people living with dementia and their families: findings from Greater Manchester

directors of adass adult social services

Rayne Foundation

NHS Greater Manchester

shared lives Greater Manchester

shared lives plus

Live More at a glance

A few hours of individual support each week can help people living with dementia live well, while giving family carers the trusted time and space they need to keep caring.



Live More is testing a simple idea: what happens if people living with dementia and their families are offered bespoke, individual support earlier – before they reach crisis or need more intensive care?

In Greater Manchester, people living with dementia were matched with Shared Lives carers, based on their shared interests, and spent time each week doing things together that matter to them. This offered the people with dementia companionship, connection and opportunities to carry on enjoying life, while providing family carers with valued support and time out to themselves.

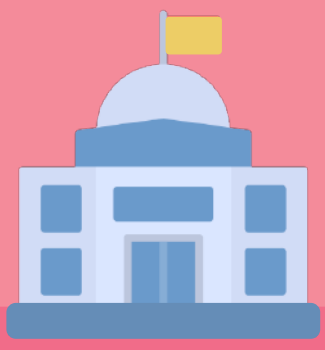
Greater Manchester at a glance

10 councils
and their Shared Lives schemes

171 referrals
indicating wider unmet need

69 people
living with dementia drew on day support

48 Shared Lives carers
offered Live More support









What did we learn?

People living with dementia were supported to live well, with improvements in mood, wellbeing, social connection, choice and engagement in meaningful activities.

Family carers gained genuine respite with greater peace of mind and opportunities to recharge and step away from their caring role.

The model was feasible across 10 different local areas and Shared Lives schemes.

There is a strong early economic case with the more cautious appraisal estimating £6 of social value for every £1 invested.

The relationship is the intervention, with carefully matched and consistent relationships creating benefits, for both the person living with dementia and their family.



The gap between diagnosis and crisis

Live More was developed in response to a well-documented challenge: the gap in early support available to people living with dementia and the family members who support them.



Anxiety and worry: People living with dementia and families going through or receiving a diagnosis, often feel unsupported to come to terms with and adapt to the impact it will have on their daily lives, with 73% worried or anxious living with the symptoms of dementia. 1

Complex system navigation: At the early stages of dementia, families are often navigating adult social care and voluntary-sector support for the first time. Many describe feeling overwhelmed by the volume of information, leaflets and signposting, making it difficult to understand what support is available and what to do next.

Lack of personalised, flexible support: Support options available to families are often fixed and inflexible, and access is variable and patchy depending on where they live. A quarter of those who know or care for someone with dementia state that they are dissatisfied with the health (25%) and social care (26%) support available to people living with dementia. 43% of people affected by dementia report feelings of loneliness and a similar proportion feel helpless. 2

Stigma and fear of engaging support: The national narrative and framing around dementia and dementia care depicts an unappealing and frightening prospect of what lies ahead. This can create anxiety and trepidation in engaging with support and where it will lead. People living with symptoms of dementia still feel stigmatised, with two in five (42%) indicating that they have felt ashamed or stigmatised. 3

Crisis escalation: People and families' resulting resistance to engage with services, and the absence of services until their needs have seriously escalated, can often lead to little or no contact with health and adult social care until they reach a crisis point.

This can result in a crisis response by the system, typically admitting someone to hospital or residential care. The unwanted result, of moving out of their own home environment, into one that is unfamiliar and confusing, can negatively impact their physical, mental health and wellbeing, contributing to a further decline in quality of life for everyone involved.

Increasing, high-cost demand on systems: On the other side of this scenario is an overstretched and underfunded health and care system which often struggles to meet these crises and is only able to do so at great expense to the public purse and in ways that further divert attention and resources from prevention and earlier action.



1 Alzheimer's Society Personal Experiences of the Dementia Journey

2 Alzheimer's Society Personal Experiences of the Dementia Journey

3 Alzheimer's Society Personal Experiences of the Dementia Journey

Testing a different approach

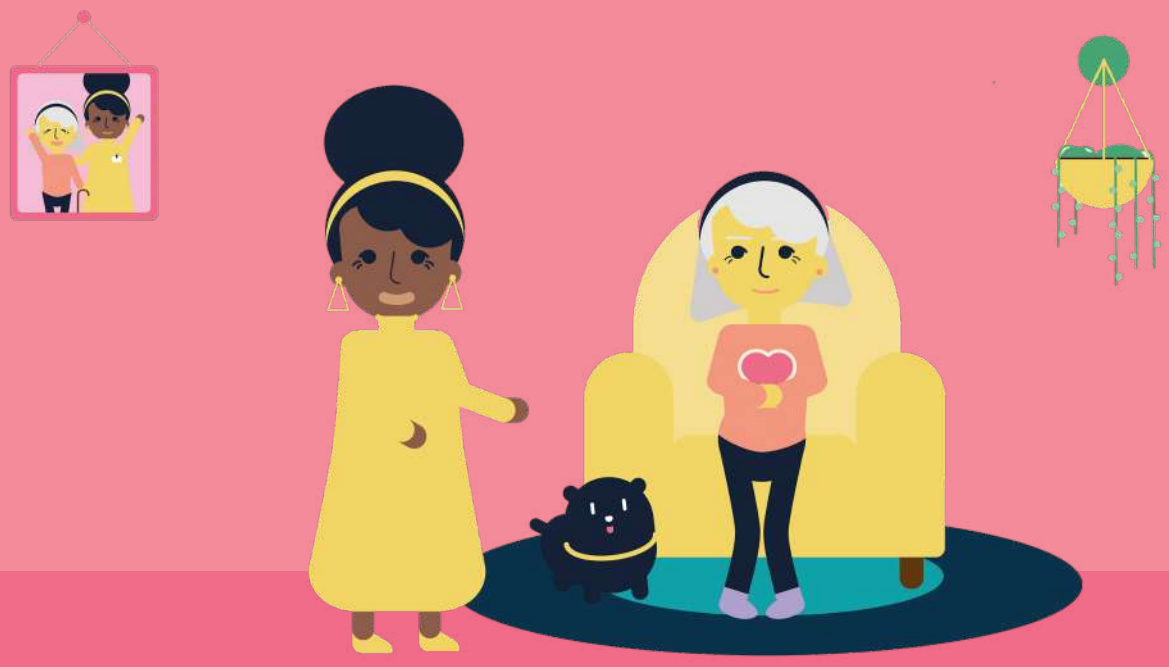
Live More aimed to test an approach to address these challenges, providing a small amount of consistent, personalised support earlier, to improve people's lives, strengthen family carers' ability to continue caring and help prevent or delay the need for more intensive services.

What is Live More?

Personalised support built around relationships, not services

Live More uses a well-established social care approach called Shared Lives in a new way, to offer early, flexible day support to people living with dementia and their families.

Rather than attending a general day centre or care home, a local Shared Lives team matches people with an approved Shared Lives carer - sometimes described as a companion. They get to know one another and spend regular time together, doing things they both enjoy.



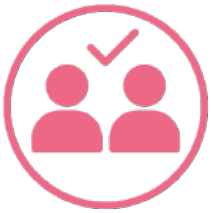
How Live More works



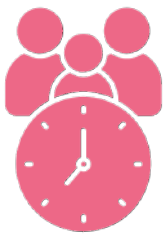
Identify: People living with dementia and their families are identified through community and primary care networks.



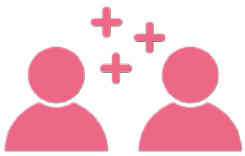
Refer: The person is referred to their local registered Shared Lives scheme.



Match: The scheme identifies an approved Shared Lives carer who is a good match for the person, considering shared interests, personality, routines, location and practical needs.



Spend time together: The Shared Lives carer and person with dementia spend regular time together doing things that matter to them both – such as walking, gardening or swimming to shopping, socialising or simply spending time together at the carer's home.



Everyone benefits: The person living with dementia enjoys companionship, choice and opportunities to stay connected with a life that matters to them. Their family carer gains valuable time for themselves and space to reconnect with their own life, while Shared Lives carers experience meaningful relationships, a sense of purpose and are paid for their time.

This reflects the model tested across Greater Manchester.

Live More in Greater Manchester

Live More was a test and learn initiative, across all 10 Greater Manchester boroughs, funded by the Department of Health and Social Care's Accelerating Reform Fund.



It explored the potential of Shared Lives day arrangements offered to people and families living with dementia as a model of early action and proactive prevention. The support was deliberately made available before the point at which people are typically reached by, or able to access, publicly funded adult social care support.

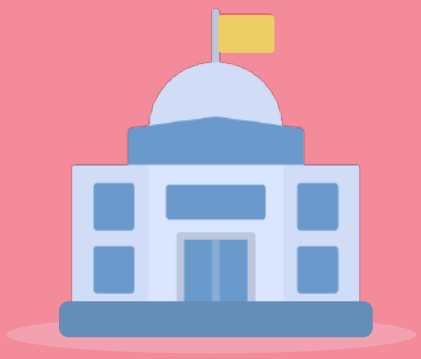
The programme was jointly developed and led by Greater Manchester ADASS and Shared Lives Plus, working with NHS Greater Manchester, Greater Manchester Combined Authority, Dementia United and the 10 local Shared Lives schemes, and formally launched in 2025 by Andy Burnham in his previous role as Mayor of Greater Manchester.



People were initially offered support for six months, typically receiving one session each week lasting between two and six hours.

Schemes used a mix of outreach strategies to promote Live More, including email, community events, and direct engagement with health, social care and voluntary sector contacts.

Key achievements to date across Greater Manchester



10 councils
and their Shared Lives schemes



171 referrals
indicating wider unmet need



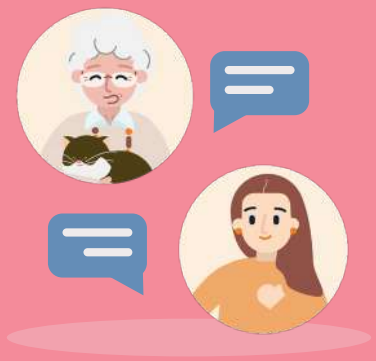
69 people
living with dementia drew on day support



48 Shared Lives carers
offered Live More support



140 people
living with dementia and loved ones tried out Shared Lives



669 support sessions
have taken place to date demonstrating the scale of personalised support being offered



70+ participants
involved in programme evaluation activities

Their insights help us learn, improve and strengthen the Live More programme for even greater impact

People spent their time doing things that mattered to them, including going for walks, swimming, visiting parks, garden centres, museums and local attractions; having coffee or lunch at cafés and pubs; shopping, running errands and attending appointments; playing darts or pool, baking, watching films and going to church.

Others enjoyed quieter time together chatting, watching TV, looking through photographs and reminiscing. People also visited relatives, joined singing and memory groups, tried new activities, returned to old interests and gradually built confidence to get out and about again, or spent time at the carer's home.

Schemes matched a total of 48 Shared Lives carers for Live More arrangements during the pilot phase. Schemes tended to draw upon their existing Shared Lives carers rather than recruit specifically for the pilot, as its limited timescales required them to mobilise carers rapidly, many of whom had existing experience of supporting people with dementia.



About the evaluation

The evaluation used a theory-based approach. Rather than just measuring the final results, it focused on understanding exactly how the project's interventions led to its outcomes.

This approach was experimental in nature, testing a range of approaches to evaluating early action and prevention, aimed at developing a rich evidence base that explored:

- **The impact and value** of Shared Lives to people and families living with dementia, the wider community and health and care system.
- **The feasibility** of establishing and implementing the approach.

The evaluation combined three approaches:

Storytelling – capturing people's lived experience.

Process evaluation – interviews and evidence from people living with dementia, families, carers, schemes and strategic partners, led by Sanah Sheikh, an independent research and evaluation consultant.

Social Return on Investment – an independent economic evaluation led by Colligo Labs, using baseline and follow-up outcome data.

Our lives get better when they're shared



Impact and value of Live More



Impact for people living with dementia

The evaluation found consistent evidence that Live More made a positive difference to the everyday lives of people living with dementia, helping them to live well.



Improved mood and wellbeing - The most consistent impact of Live More was a reported improvement in mood and emotional wellbeing. People were described as happier, "more upbeat" and "really smiling" after spending time with their Shared Lives carer, while carers described sessions filled with smiles, laughter and enthusiasm.

Re-engagement with meaningful activities and identity - Live More helped people reconnect with hobbies, interests and parts of their identity that dementia had made harder to maintain. Activities reflected individual interests – from shopping, gardening and DIY to dancing, swimming and nature walks. Families described seeing the "spark" of the person they remembered, while one person reflected: "I'm feeling good... I've done something I like doing."

Choice, autonomy and dignity - A defining feature of the programme was enabling people to make choices about how they spent their time. Shared Lives carers consistently asked people what they wanted to do, helping preserve independence, dignity and control: "She doesn't tell me I have to do this... it's doing what I want to do."

Relationships that feel like friendship - For many people, Shared Lives carers were regarded as genuine friends rather than care workers. People and families consistently described them as "like a friend" or "a neighbour" who came to spend time together.

Impact for family carers

One of the strongest findings from the evaluation was the impact Live More had on helping family carers keep caring.



Restored identity and sense of self - Live More enabled family carers to reconnect with friendships, interests and parts of their lives that had been displaced by caring. This was about more than simply having a few hours away from caring. Carers could use that time because they knew their loved one was safe, happy and doing something meaningful with someone they trusted. For some, the difference this made was unexpected: "I was surprised that just being able to see a friend for a coffee would make such a big difference, but it really has." Others described being able to make plans with friends, regain a sense of normality and "feel like my old self again."

Genuine respite and greater resilience - The strongest and most consistent finding across the research was the value that family carers placed on having genuine, unworried quality time to themselves during the day support sessions. Importantly, this respite was underpinned by trust, knowing their loved one wanted to spend time with their Shared Lives carer. The language used was highly evocative. "Peace of mind" was a near-universal phrase. They described being able to "recharge", "switch off completely", and have their mind "at rest."

Reduced practical burden and improved family life - Shared Lives also eased some of the everyday pressures surrounding caring. Shared Lives carers helped with practical activities such as shopping, appointments and errands, reducing the number of responsibilities falling solely on family carers. One carer returned home to find: "The shopping's away in the cupboards... a relief, and a pressure off me."

Wider community and system impact

From individual wellbeing to wider system value, the benefits of Live More extended beyond individual support sessions.



People reconnected in everyday community life - The programme helped people with dementia to stay connected or to reconnect with everyday life, doing things they enjoyed doing accompanied by someone who related to them like a friend. These experiences reinforced people with dementia's sense of belonging and cumulatively, contributed to a community in which they are present, active and visible.

Helping prevent carer crisis - The strongest system-level finding was that Live More contributed to preventing family carers from reaching crisis. Carers described the support as critical to their ability to keep going: "Without it I would have snapped...total emotional and physical collapse." Referral partners and scheme staff reinforced this, describing families at or near crisis where regular, trusted respite helped prevent situations escalating.

Supporting people to remain at home - By improving both carers' resilience and the wellbeing of people with dementia, the programme has the potential, as established through wider literature, to help people stay living at home and delay the point at which more intensive or residential care becomes necessary. In some cases, Shared Lives also provided a bridge into additional commissioned support.

Filling gaps around formal provision - Shared Lives carers and scheme staff frequently identified and responded to needs that might otherwise have gone unnoticed, from accessing benefits and health appointments to recognising illness, falls and deteriorating mental health. Their regular presence and trusted relationships meant they could identify problems early and connect people with appropriate services, helping ensure that, as one referral partner put it, people did not "fall through the cracks."

“It’s a lifeline”: Jean and John in Bury



Jean and John have been married for over 50 years. A few years ago, Jean began to notice small but significant changes. Over time, those changes became harder to ignore. **“You’re living with somebody you didn’t marry,”** she said. **“My role has changed from wife to carer… and that’s huge.”**

Jean first heard about Shared Lives in Bury, managed by Persona, through another carer. **“I just wanted to do everything I could to help John,” she said. “It felt like relief… that somebody cared, and something that might make our lives easier.”**

John was matched with Joe, a Shared Lives carer who shares his interest in practical, hands-on activities. **“He was matched perfectly,”** Jean said. **“John likes DIY - and he needed a bit of men’s company as well.”** They started with a few hours a week. Over time, as John’s needs increased, that support grew to ten hours across two days. Now, those sessions are a key part of both of their weeks.

When Jean talks about the impact of Live More, she is clear. **“It’s changed our lives,”** she said. **“It’s something we desperately needed. Having those two days…it’s something for me to look forward to.”** For John, time with Joe brings purpose and enjoyment. **“They’re doing things, making things… it gives him a sense of achievement,”** she said.

While the support benefits John, Jean is clear that it is just as important for her. **“I don’t know that I could manage without it,”** she said. **“It’s a lifeline.”** Having time to herself each week allows her to step back, rest and reconnect with her own life. **“It re-energises me to carry on,”** she said. **“I’ve got to be healthy and well to look after him. This enables me to do it.”**

And while there are still difficult days, there is now something to hold onto each week. For John, it’s time spent doing things he enjoys, with someone who understands him. For Jean, it’s space to breathe - and the support she needs to keep going. **“I just don’t know what I’d do without it,”** she said.



“It just makes life easier”: John and Margaret in Tameside

John and Margaret, who live in Tameside, have been together for more than 20 years. Around nine years ago, Margaret was diagnosed with dementia. At first, support was limited. They attended sessions at the memory clinic, but outside of that, John was managing on his own. **“Everything was falling onto me,”** he said. **“I’m 82, it’s getting difficult.”**

Things began to change through a conversation at the hairdresser. Margaret’s hairdresser, whose own mum had dementia, suggested John visit the Ashton Carers Centre. It was there he first heard about Shared Lives.

Ausra now visits once a week, usually on a Monday morning, and they spend around three hours together. Each week is shaped around what Margaret feels like doing. That might be a trip to the shops, a visit to a garden centre, or somewhere new. They often stop for a coffee or something to eat.

That sense of reassurance has changed how the week feels. **“I’m more relaxed,”** he said. **“Margaret’s more relaxed.”** It has eased the pressure between them too. **“We’re not bickering at each other.”** For John, the difference Live More has made is clear. **“It’s a very, very good service,”** he said. **“Without it, I’d be stuck in basically 24/7.”** Now, there is space in the week - time to rest, to get things done, and to feel more like himself again. For Margaret, there is connection, routine and enjoyment he said, **“it makes a difference”.**

While Margaret is out, John uses the time in simple but important ways. **“I get on with what I have to do,”** he said. **“Do a bit of shopping, a few jobs. Then I come home and put my feet up for an hour.”** What matters most is the peace of mind. **“I can get on with what I want to do without worrying about Margaret,”** he said, **“It just makes life easier.”**

Why does it work?

The relationship is the intervention

The clearest and most consistent finding across all strands of the evaluation is that families and people living with dementia experience relationships with their Shared Lives carers as friendship, not care.



People described Shared Lives carers as someone who "sits and chats," a "friend" or "neighbour" - rarely, if ever, as a support worker or a service. This distinction is important as it is closely linked to how and why the programme has achieved the outcomes described earlier.

Trust was built through gradual introductions, giving people living with dementia, families and Shared Lives carers the time for relationships to organically evolve, with the peace of mind that carers were carefully vetted and supported by Shared Lives schemes.

For people living with dementia, many of whom were initially reluctant to accept support or resistant to being seen as needing help, this framing offered a way to engage with Live More on terms that **felt safe and acceptable.**

For family carers, it was closely linked to their ability to step back fully during sessions, and 'switch off', **trusting that their loved one was with someone they knew and liked.**

The evaluation identified careful matching, person-led delivery, consistency and deliberate non-clinical framing as important enablers of this relationship.



Creating the right relationship

Careful, deliberate matching – Staff matched people and Shared Lives carers around shared interests, personality, routines, location and practical needs, treating the match as a relationship to be built.

Consistency of relationship – The same Shared Lives carer supported the person over time, helping trust and familiarity grow and giving family carers confidence to relax fully.

Person-led, flexible delivery – Sessions were shaped around what the person wanted to do, with an emphasis on purpose, confidence, connection and ordinary life rather than a fixed programme of activities.

Making support feel different

Deliberate non-clinical framing – Live More was described in simple, practical language focused on companionship rather than care, helping people and families feel more comfortable engaging.

Proportionate processes – Schemes moved away from full statutory-style assessment processes and focused on gathering the essential information needed to establish safe, appropriate support.

Test-and-learn culture – Schemes were encouraged to adapt, problem-solve and move quickly as the pilot developed.

Creating the conditions for delivery

Strategic leadership and engagement – Leadership from GM ADASS and NHS Greater Manchester helped build senior commitment, system ownership and momentum.

Trust, relationships and partnerships – Referrals depended heavily on schemes building trusted relationships with local partners and individual champions.

Dedicated teams and carers – Small, experienced and motivated teams and Shared Lives carers were central to making the programme work in practice.

Creating the conditions for relationships that feel like friendship

- Strategic leadership
- Careful matching
- Person-led flexible delivery
- Consistency same person each week
- Trust and relationships
- Dedicated teams and carers
- Proportionate processes
- Test and learn culture
- Shared interests
- Choice and flexibility
- Ordinary life (not activities)
- Companionship (not clinical)

A relationship that feels like friendship



Person living with dementia



Shared Lives carer



Family carer

The economic case

Live More created around £6 of social value for every £1 invested.



The independent Social Return on Investment analysis found measurable economic value associated with Live More, particularly through improvements in the wellbeing of people living with dementia and their families.

This analysis draws on established HM Treasury Green Book methodology, providing an appraisal of the likely programme outcomes should it continue:



£4.33m

Estimated total social value



£3.6m

Net social value, against £0.7m investment



£5.96 : £1

Social value for every £1 invested

Where does the value come from?

88% of estimated social value – improved wellbeing

48% people living with dementia / 36% family carers / 4% Shared Lives carers.

12% - Other economic benefits including; measured cashable savings across health and social care and benefits to households.

The valuation identified a likely benefit from delaying moves into residential care, based on peer-reviewed evidence from comparable interventions and applied to the Live More cohort. As the pilot was only six months long, this longer-term outcome was modelled rather than directly observed.

Overall, the direct cashable savings identified by the study are modest, but they could be considered a conservative minimum. The short timeframe and limited access to linked health and care data mean a longer evaluation would be needed to establish the full effect on service use and cashable savings.



What we learned

What does it take to make Live More work?

Testing Live More across 10 different local areas generated important practical learning for future delivery.



Shared Lives carer capacity

We learned: Most schemes relied on their existing cohort of Shared Lives carers, reflecting the short pilot timescales and the intensive recruitment and approval process required for new carers, although for some schemes, many Shared Lives carers were already fully committed, which limited their ability to respond to referrals.

For future delivery: Build targeted carer recruitment and develop carer and scheme capacity into the programme from the outset.

Scheme capacity

We learned: Live More was often delivered alongside already demanding workloads, other projects and service changes, which placed significant additional workload on schemes.

For future delivery: Resource the infrastructure of schemes to deliver and grow the model, not only investing in the direct support.



System engagement

We learned: Despite schemes' genuine efforts to build relationships, adult social care and statutory front-door services rarely engaged or got involved with Live More.

For future delivery: Embed Live More clearly within local dementia, community and health and care pathways.

Referrals and readiness

We learned: Converting referrals into genuine engagement often proved challenging. Not every referral translated into a suitable Live More arrangement, and some people's needs had already progressed beyond what it could safely provide.

For future delivery: Strengthen referral criteria and pathways so people are identified at the right point and feel supported to engage in Live More arrangements.

Sustaining arrangements beyond pilots

We learned: As with any time limited pilot, there were concerns from schemes and families at the outset about what would happen once the six-month support period ended.

For future delivery: Ensure that people and families involved in any future pilots are clear on the time limitations of support, and from the outset, explore follow on funding options.

What do we still need to know?

The six-month pilot provided strong evidence about the feasibility of Live More, alongside a breadth of evidence on Live More's impact on people's experiences and wellbeing.

To evaluate if Live More can realise its potential to reduce health and social care use over time, the next phase needs to reach more people, run for a longer period, and connect to health and social care data.

This would allow the longer-term preventative and cashable impacts of Live More to be tested more robustly.

Building on the evidence base

Our Greater Manchester pilot set out to explore whether Shared Lives could provide effective support to people and families living with dementia earlier – **before they reach crisis or require more intensive care.**

The findings provide a promising foundation for what comes next:

We know people want it: 171 referrals were received during a relatively short pilot, with 69 people consistently supported throughout the period. This shows there is a strong appetite and need for Shared Lives day support among people and families at this earlier stage.

We know why it works: The evaluation has identified why and how this approach works. The relationship between the person, family and Shared Lives carer sits at the heart of the model. These relationships are the intervention.

We know it has value: The economic analysis estimates approximately £6 of social value for every £1 invested, with improved wellbeing accounting for most of that value.

We know it can be delivered: Live More was implemented across 10 different Greater Manchester areas, operating in different local contexts and through different Shared Lives schemes.

We know it can change people's experiences: A modest amount of consistent, personalised Shared Lives support was associated with meaningful improvements in wellbeing, social connection, autonomy and everyday life for people living with dementia, while importantly giving family carers psychologically valuable respite and strengthening their perceived ability to continue caring.



The opportunity now

We believe that Live More has huge potential. The next step is to build on this evidence: **reach more people, embed Live More within local systems and evaluate its impact over a longer period.** The focus of Live More on reaching people living with dementia and their loved ones early resonates strongly with the UK Government's vision for a reformed approach to adult social care.

Live More is already developing beyond Greater Manchester, with interest from other local health and care systems and further activity being explored across the UK. The ambition is not to create another stand-alone service, but to understand the role that relationship-based Shared Lives support can play within a wider local ecosystem of early support for people and families living with dementia.

Interested in finding out more?

Contact Shared Lives Plus today...

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Find out more about Live More:



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Our lives get better when they're shared

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