

HEALTH AND SPORT COMMITTEE

SOCIAL CARE INQUIRY

SUBMISSION FROM SHARED LIVES PLUS

Introduction

Shared Lives Plus promotes supportive shared living through Shared Lives care and Homeshare with local and national governments. Our members are 6,000 Shared Lives carers, 150 Shared Lives schemes and a growing network of over 20 local Homeshare organisations.

Shared Lives is a cost-effective and highly personalised alternative to residential care, where an adult who needs support is matched with an approved, self-employed carer, and either visits them for day support or short breaks or moves in with them, sharing family and community life. Shared Lives is a unique form of social care: one that offers a professional care service within the environment of a family home. Care Inspectorate gradings point to the high quality of the care provided: in the past year, 12 out of 15 schemes were graded 5 or 6, with none graded below a 4 for care and support.

There are now 15 Shared Lives schemes in Scotland, supporting over 550 people. Although a relatively small part of the social care landscape, it is one which is growing rapidly, having experienced a 77% increase over the past three years. Shared Lives can support people with a wide range of needs, including very complex needs. Half of the Shared Lives provision in Scotland is now due to reasons of dementia or old age, with almost 40% of people in Shared Lives in Scotland have a learning disability.

Shared Lives Plus submitted evidence to the Committee's Inquiry on the future of social care in February 2020. We would now like to supplement that evidence now with lessons learned from the Covid-19 pandemic.

Shared Lives during the pandemic

Shared Lives services can take three forms:

- Long term placements, where the supported person lives in the family home of their Shared Lives carer
- Day support
- Short breaks
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Many Shared Lives carers deliver a combination of the three. Likewise, many people who live in long-term Shared Lives placements will also visit other Shared Lives carers for day support and/or short break provision.

The cancellation of day and short break services since the advent of lockdown, means that many Shared Lives carers have been prevented from providing day support or short breaks. Some schemes have been able to engage their day support Shared Lives carers in different ways – e.g. through providing telephone or video-call support – and have been able to continue paying them. There is one example in Scotland where a local authority has chosen to pay short break and day support carers 80% of their prior income. This is not the norm, however, and many day support carers and short breaks carers have suffered a loss of income because the person they support can no longer visit them. Despite their self-employed status, the majority of Shared Lives carers are not eligible for the Treasury's Self-employed income support scheme (SEISS), because the Qualifying Care Relief tax break means their profits register as zero.

Long-term Shared Lives carers, by contrast, have found themselves in the position of providing 24/7 care, since the suspension of day services and community activities in March. Caring without a break for so many months brings a substantial risk of carer burnout, and this can be exacerbated by situations in which supported people are struggling with the uncertainty and challenges associated with the pandemic. Some schemes have recognised that their long-term Shared Lives carers are now providing day support as well as long-term care, as well as incurring increased expenses, and have awarded them additional payments accordingly, but this is not universal.

We are aware that Scottish Government has made two tranches of £50 million available to IJBs to assist with the increased costs of social care as a result of the pandemic, and we would highlight the importance of HSCPs ensuring that Shared Lives carers are properly recompensed. It is our view that payments to long-term Shared Lives carers should be increased in recognition of their increased workload during the pandemic; not to mention their increased costs and expenses. It is similarly important that day support and short break carers continue to be paid, given that they are not covered by the Treasury's SEIS scheme. The need for the services these carers provide will be greater than ever as we move towards the re-opening of day services and short breaks, and it is vital that they are not forced to leave the sector.

Testing

Access to testing has been a significant issue for people supported by Shared Lives. While Shared Lives carers have been able to readily access testing, this has not always been the case for service users, who typically have only been able to access a test if symptomatic; and this can prevent new Shared Lives matches being arranged. Increased testing will allow Shared Lives carers to offer respite, which is

much needed given that it is unsustainable for Shared Lives carers in long-term arrangements to continue providing 24/7 care.

Flexibility

Throughout the pandemic, Shared Lives scheme staff have not been able to meet with their Shared Lives carers and the people they support. This lack of face-to-face interaction has been a significant change and challenge for such a person-centred model of care. Nevertheless, schemes responded quickly and flexibly to put in place remote means of communication – video-calling for example – and inventive ways of maintaining contact in a safe way – e.g. through socially-distanced garden visits.

Social distancing has meant that the normal processes of recruiting, assessing and approving Shared Lives carers have been impacted by the pandemic: the household visits, meetings, assessments and matching visits that are integral to Shared Lives have not been able to take place face to face. Again, schemes have worked creatively, and have begun to bring recruitment, matching and carer approval processes online.

Conclusion

We would highlight the importance of choice being a key principle underpinning the reform of the social care landscape. In our earlier submission, we called for Scottish Government support in accelerating the development of Shared Lives throughout Scotland, ensuring that it becomes part of the menu of care options in every local authority area. It has long been our ambition to ensure that everyone who requires care has the option of receiving that care through Shared Lives. The response of the Shared Lives sector during the pandemic has highlighted the need for that ambition to be realised at pace.

Although the cancellation of day and respite services has been challenging for service users and Shared Lives carers alike, Shared Lives has proved to be a remarkably resilient and safe model of social care throughout the pandemic. Shared Lives carers have gone above and beyond, with long-term carers providing 24/7 care for the people they support since March. There is little evidence of long-term placements breaking down, despite the evident pressures. Shared Lives households were able to self-isolate during lockdown, minimising rates of infection, and there have been no reported deaths associated with Covid-19 within Shared Lives in Scotland. The challenges of lockdown and social distancing have been particularly difficult for many people with learning disabilities and other support needs; but for many, being cared for within a family environment has been the safest place they could be.

Shared Lives has long been associated with significantly lower costs and more positive outcomes than other forms of social care. While Shared Lives is a small part of the social care sector in Scotland, it is one that had experienced significant

growth, before the advent of lockdown. Without increased support, there is the risk of this momentum being lost. We call for an increased financial commitment to social care in general, and to Shared Lives carers in particular, to support their retention and encourage the recruitment of more Shared Lives carers, who can offer the safest form of care and support to the people who need it.

Finally, it is important that any review of the future of adult social care is not simply restricted to residential care and care at home. There is an opportunity now to identify and scale-up alternative models of care, including those smaller, community-embedded models like Shared Lives, which are evidenced-based and support people to live full and rich lives within the community.