The new care and support

NAAPS supports three linked approaches:

Shared Lives, Homeshare and micro-enterprise.

First some stories, then some broader themes.

Finally some implications for research.

Stories

- Alison owns a pub. Neil has a drink problem.
- Gillian 88 and Neil 61 use Homeshare.
- Barbara delivers care personally to all her new clients before matching them with a worker.
- An ex-school cook in Oldham supplies the meals on wheels to elderly people in her block of flats.
- Choice, Support Transport was developed to fill a gap left by day centres by ex-staff and users.
- Jenny wanted to work in dance, so she set up DanceSyndrome and leads dance activities.

1. Shared Lives

- An individual or family shares their family and community life with someone who wants to live in or use their community.
- This can be long term, short breaks or day support.
- Matching, safeguarding, regulation.
- 11,000 people (and rising) supported in England. Highest (star) rated of all forms of regulated care.
- 10 new long term arrangements generate pa savings of between £23,400 (older people) and £517,400 (learning disabilities).
- Anecdotal evidence suggests SL services achieve higher rates of employment success and better health outcomes.
- Now used with older people, care leavers, people with mental health problems, (ex)offenders, parents with learning disabilities...

"The whole village is helping, but in a natural way."

2. Homeshare

- 10 schemes (and falling) in the UK.
- Someone who needs low level support or companionship to continue to live independently in their own home is matched with someone who lacks affordable housing.
- Participants and their families supported to take ownership of their arrangement.
- The Crossroads scheme in London is rolling out to London boroughs and employers.
- Much for the UK to learn from other countries.

3. Micro enterprise

- 1000s of micro-enterprises (five workers or fewer), often funded via personal budgets or by self-funders.
- Based on the needs of an individual or small group and drawing on the local community.
- DH pilots in Oldham and Kent; practice guide published.
- Now working with 20 areas, big providers...
- Quality mark in development to as an accessible route onto preferred provider lists for micro-enterprises.
- MMU early findings: failure rate falls from 90% to 10% with support.
- Many operate sub-legally and below the radar for around 18 months, then collapse. (*Low flying heroes,* NEF*).*

Inter-dependence not isolation

- A life rather than a service: a family, a community, a contribution, a job.
- Using families and close relationships as the building blocks for building the Tiny Societies.
- Light touch interventions. Risk-sharing.
- Mixing paid and unpaid support: adding value that cannot be purchased. A spectrum from family care to institutional care.
- Small is beautiful. Market building is the missing ingredient for real choice and localism.
- Demand may be liberated, but as yet, supply is not.

Cf: Keyring, Homestart, ULOs like CHANGE....

Research: strategic approaches

- Commissioning for micro-enterprise and real choice.
- Some councils have been adept at assimilating personal budget changes without real change.
- What is the role of national and local gov?
- What does the new care and support look like? What are people (prevented from) buying with personal budgets?
- Risks and risk sharing?
- New models of ownership, control, co-design, mutuality?
- The unintended consequences of the new mechanisms.

Research: practice

- New care and support relationships: boundaries? ‘appropriateness’? risks and rewards?
- The new workforce? The role of family carers?
- The new outcomes: contribution to family and community; number and strength of unpaid relationships – life rather than service outcomes.
- A single set of outcome measures.
- The limits of providing a service (rather than a relationship)? Lessons from community development.
- The isolation epidemic.

Design for life – 20th April.

Everyone needs access to clear evidence of what works and what doesn't.

The sector and academia urgently need a shared view of what constitutes robust evidence on cost-benefit.

This must speak to the outcomes identified by people who use services and by carers.

Social care's 'knowledge revolution' must go beyond the information vision of the NHS: the info needed to set up or control services, not just to be informed consumers.

Co-authored by: Crossroads, ECCA, PRTC, NAAPS, Shaping our Lives/ Brunel, ADASS Workforce Development Network.

Contact details

Alex Fox, CEO, NAAPS, alex@naaps.org.uk
www.naaps.org.uk; 07738641897
http://alexfoxblog.wordpress.com

Sian Lockwood OBE, CEO, Community Catalysts
www.communitycatalysts.co.uk
Sian.lockwood@communitycatalysts.co.uk