



Spotlight #7

Podcast transcript

Key:

I = Interviewer

J = Jane

N = Natalie

I: Welcome to Spotlights, the podcast for the domestic abuse sector. In this series SafeLives are shining a spotlight on people affected by domestic abuse who are also experiencing mental health problems.

In this episode I will talk with Jane and Natalie about Shared Lives, a scheme that offers support, care and accommodation to vulnerable people including those facing challenges around mental health.

Welcome, Jane and Natalie. Jane, could you start by telling us a little bit about Shared Lives?

J: Yes, so Shared Lives is when a young person from the age of 16 or an adult who has care and support needs moves in with an approved Shared Lives carer and lives with them and their family in the family home. The Shared Lives carer, as I said, is approved and the two people, the person with the support needs and the Shared Lives carer are carefully matched to ensure that they're compatible and together they share a family and community life.

There are over 14,000 people currently who are using Shared Lives across the whole of the UK. Sometimes they live in Shared Lives with their Shared Lives carer for a long time which we call a long-term arrangement, and that can be for several years. The longest I've ever heard of was somebody who'd lived with their Shared Lives carer for 40 years and sometimes people live with their Shared Lives carer just for a short spell; maybe because they need a break or some respite, so they might stay with their Shared Lives carer for a weekend or two or three weeks. And some people visit their Shared Lives carer on a daily basis or as part of a day support package. So they might go and see their carer once or twice a week, something like that.

I: And why did Shared Lives Plus feel the need to develop this model in the mental health sector and can you tell us what the needs were that you were trying to meet?

J: Yeah, so firstly just to say that Shared Lives Plus is the national membership organisation for Shared Lives and so we have members that are Shared Lives

Schemes and Shared Lives Carers and we provide lots of support, advice and guidance to people who provide the Shared Lives arrangements the individuals with support needs. So we often send out documents that are guidance documents, policy statements. We help people source insurance to ensure that they're safe in providing their Shared Lives arrangements. And we tend to be a voice for Shared Lives nationally with decision makers, policy makers and the government.

So as a national organisation we recognise that Shared Lives, which traditionally had been mainly supporting people with learning disabilities, was actually diversifying to different groups of people so people who were older people, young people in transitions, parents with learning disabilities and their children, ex-offenders, people leaving hospital. But one of the main groups that Shared Lives was growing into was to support people with mental ill health. So over the last...would be about five or six years we've seen that type of support in Shared Lives increase by about 40% so it's quite significant really.

So when an opportunity came up to access some funding which came from the Cabinet Office we wanted to use that money to develop and grow that type of support, the type of support that Shared Lives was offering to people with mental ill health. And the reason for that, as I say, is because there was the natural growth but also it was recognised that it was Shared Lives could offer an alternative accommodation base, a type of support in the community which people with mental ill health might not have had access to before and may be part of helping them to recover from a crisis or maybe establish some continuity in them, re-discovering their independence as their illness stabilised.

It also was part of the drive to look at how social action was important for people with mental ill health and how family carers could be supported in a different way other than only having access just in the traditional more standard types of support, that often are like residential settings for people to go for maybe respite or to be the form of independent living that they were accessing as they left their own family home.

So there's a few different reasons that have sort of coalesced altogether at the same time as Shared Lives was growing and developing in this field, and that's why we went for some money to boost that development and growth and have some guidance and good practice, ways of working pegged out for people, Shared Lives schemes to meet the need that was obviously developing out there.

I: So in taking that opportunity I'm sure it came with some of the challenges that often happen, so can you tell us about some of those challenges and how you managed to overcome them?

J: Yes, as I said, some Shared Lives schemes were already providing support to people with mental ill health but others weren't, they were interested in it, they could recognise the need, and also just to say at the time that we were particularly developing this it was around the time that the five year forward for mental health came out so we'd got a new strategy in place which was supporting innovation in providing help to people with mental ill health. So on the back of that I think there was, kind of, a culture around that made this possible.

Having said that Shared Lives isn't particularly well known, even now it's not very well known and it certainly hasn't been to the mental health field so I think probably the greatest challenge was getting Shared Lives known, being able to explain it and promoting it to mental health services both locally and nationally as well as to people who have experienced or have mental ill health. It's quite a difficult concept sometimes to get your head around so I think that was one of the main challenges was describing

it and why it was accessible and useful to people with mental ill health as opposed to some of the very traditional services that are out there.

I guess the other thing was then if that came to be and there was an understanding locally it's, kind of, where does Shared Lives fit in the general scheme of how services are set up locally? Definitely a community service being based in the community but how does it link with people leaving hospital or people who are in their own home or are living with family who are in need of extra support? So finding a way in, if you like, or how Shared Lives fitted into existing pathways for people with mental ill health was another challenge. And what seemed to work well with that was there was a champion locally in the mental health sector who understood Shared Lives and had seen it work well who could speak from the mental health sector or from a mental health perspective about Shared Lives to promote it and the understanding of it.

Some of the other things, obviously Shared Lives is reliant on Shared Lives carers and these are people who give up their time and offer up their family home to support individuals. Recruiting Shared Lives carers can be a challenge sometimes in making sure that there are enough carers there, because as I mentioned before people are matched to carers. So not every carer would receive every individual referred; there's a process that lasts up to six months where people are put together and matched to make sure that they're compatible and that they're going to get on when they live together and it's going to work. So recruiting carers can be a bit of a challenge finding the right people and particularly when we were looking specifically or we are doing more and more now to look for carers to work with a particular group of people. As I mentioned before Shared Lives has tended to work traditionally with people with learning disabilities which is what it's used to, but recruiting carers who are going to work with people with mental ill health, for example, was slightly different so that presented a bit of a challenge I think.

I think they were the main things really that we discovered and they tend to be ongoing things that we find in the sector.

I: Sure, so what kind of outcomes have you seen?

J: So we saw that people were able to do things like reduce their medication and that people with mental ill health have perhaps been on medication to help them manage their symptoms and keep their lives stable, but sometimes there are side effects with those implications and so what we found is people living in Shared Lives arrangements were able to review if you like or found that they could with the extra support they got managed to reduce their medication so that was helpful to them.

We found that people tended to present less to medical services - to NHS services - because of the support they were receiving. So they started to have less contact with their community psychiatric nurse, for example, because they were receiving other support not only in the Shared Lives home but because of other things they were accessing through the Shared Lives arrangement in the local community.

We found that people were more likely to register with a GP and a dentist so their general health and wellbeing improved. Some people who had chronic illnesses such as asthma, diabetes, heart disease started to be able to manage those things a bit better. So people did things like lost weight, for example, which helped them manage like their blood pressure so they were...maybe went to the dentist and had their teeth seen to, which they hadn't had them looked at for a number of years so people's general health and wellbeing improved.

There was less crisis; so people didn't tend to hit a point of crisis. They found that living in the Shared Lives home they were starting to notice signs that their mental

health was deteriorating, either them or the Shared Lives carer, that could be managed. And within the Shared Lives support plan there was contingencies put in place and if somebody's mental health was deteriorating the Shared Lives carer or the person could call for help and assistance earlier to help them manage so the individual doesn't go into crisis. So we found that to be true as well.

They would count as the main things in terms of the individual and them feeling better health wise I think. People got more involved with doing things, so generally we find this across Shared Lives; they started to use public transport, and get out a bit more than they had done before, they took part in family life and in any of the family homes it could simply be something like keeping their own room clean and tidy, doing their own washing and ironing, making their own meals so those kind of every day things that we sometimes take for granted that can be difficult when you've got mental ill health.

People were able to experience those things with the support of the Shared Lives carer. And also making new friends and new connections; by being in a Shared Lives home they were exposed to other family members, friends of the Shared Lives carers. Making new relationships was also something that we do see as they're generally in Shared Lives where people notice and where family carers were involved. So where people were going to Shared Lives for respite or for day support family carers were able to see the advantage of that for the individual but also for themselves, so some family carers who hadn't had the opportunity to do things themselves and pursue their own interests, I guess, and things that they wanted to do were able to do that as a consequence of the person being supported in Shared Lives on either a short term or a day support basis and that then was recognised as being helpful for their mental health as well. So they were some of the further reaching outcomes that we discovered.

I: So I think it's interesting is that the Shared Lives model not only impacts the individual that's accessing the support but you can see that there's a knock on impact for potential, you know, family carers but also a societal impact in the reduction of use of crisis services and general, sort of, wellbeing.

So moving to Natalie, you're currently working on developing the Shared Lives model for domestic abuse survivors, can you tell me a little bit more about that?

N: Yeah so since January of this year I've been working with three pilot schemes to see if this model of individually matching people with a Shared Lives carer can meet the needs of domestic abuse survivors. And we know that housing is a massive issue for domestic abuse survivors, whether that's being helped to stay safe in their own home or fleeing to a refuge or trying to move onto any other kind of safe accommodation, we want to be able to give victims and survivors another option and believe the Shared Lives model offers a safe, useful, and cost effective option. And of course it might not be suitable for everybody but our survivor consultations certainly tell us that it'll be suitable for some people.

A lot of the feedback we had from survivors was that they've had quite poor responses in the past to some of their housing issues, and that this sort of offer where they could be supported and helped in a way that really met their individual needs whilst also being given somewhere safe to live would be really, really welcome.

I: So you said there are three pilot areas so which areas are they in?

N: So I'm working with the Shared Lives schemes in Lewisham, Shropshire and Buckinghamshire and the pilot will be running until March 2020. And I certainly hope at the end of that pilot we'll be in a position to scale this up and share our learning across the rest of the UK.

I: So, sort of, to summarise what are you hoping to achieve with adopting this model for domestic abuse survivors?

N: So I think it's not just about having a safe place to live, it's not just about safe bricks and mortar it's about being able to tailor support to an individual rather than a label. So this isn't about seeing victims of domestic abuse as one homogenous group it's about really looking at what that individual person needs and then which Shared Lives carer can meet those needs. And that might be anything from getting public transport, doing a shop, cooking, getting back into education or work whatever that person needs, we'd hope to be able to match them with someone that can meet those needs.

And this year Safe Lives carried out a piece of work to support our response to the domestic abuse bill called Every Story Matters, and one of those respondents said this "It has ruined my life. I no longer feel that I can be a fully functioning member of society. I don't have the confidence to go out with my friends. Meeting new people results in anxiety attacks. I've gained six stone in weight. I struggle with the debt I've been left with and I feel I will never, ever be the person that I used to be. I feel alone."

And that really struck me. We had hundreds of responses to that piece of work, that that one quote has really stayed with me and I really believe that the Shared Lives model can help somebody who is feeling like this. Somebody whose confidence and self-esteem is through the floor, somebody who doesn't feel they're a fully functioning member of society. I mean that's absolutely awful and being able to build that person back up so they can be the person they used to be or indeed the person they want to be in the future would be amazing. And I think the Shared Lives carers' ability to support, to empathise, to back off when they need to, to kind of intrude when they need to will result in some really, really great outcomes.

So ultimately that's what we want to achieve. I want to be able to give victims more choice and this is about giving them one more option. But like I said it won't be suitable for everybody, but it will be suitable for some people to help them become as this person said "A fully functioning member of society again" when they're feeling that they're not.

I: Thank you both for taking the time to talk with me, your projects sound really interesting. Best of luck moving forward.

(All) Thank you.

I: Thank you for listening to Spotlights, the podcast for the domestic abuse sector. For more information about Shared Lives visit sharedlivesplus.org.uk and for more information about SafeLives visit safelives.org.uk.