Six innovations in social care

Community Catalysts CIC

Community Circles

Local area coordination

Shared Lives

Homeshare

Wellbeing Teams

Community Catalysts CIC

communitycatalysts®
unlocking potential effecting change

1. Problem: The homecare market is in collapse. Homecare can only be successful when it attracts and retains compassionate staff, but current industry models are unable to build in the time for dignity and companionship. Even where older people are adequately supported, they are often chronically lonely.

2. Solution: Community Catalysts' established approach is based on releasing local people's capacity to care. This model uses a ratio where 1 coordinator supports c. 200 small, self-organising enterprises. This results in low-cost, flexible and personal care for older people and their families, and appropriately paid, highly satisfying self-employment for local people.

3. Evidence base: In rural Somerset over the last two years, we have supported the development of 133 brand new and 38 established community enterprises. Between them, these enterprises are supporting 600 older people and provide employment opportunities for 180 local people. Between them, they provide 2,200 hours of care and support a week.

4. Expected impact:
- Older people are well supported at home by people from their neighbourhood.
- People can work locally, earn an income and make a positive difference.
- Commissioners know that older people are being supported well at home. Because of this, people come home earlier from hospital, unblocking beds. They stay connected to their community, helping to relieve isolation and loneliness. The cost of care delivered by community enterprises is cheaper.

5. Stage/spread *(where it is/how much is there?)* We have supported the development of more than 1,800 community enterprises in 50 areas of the UK, who support c. 12,500 people between them. Collectively, these community entrepreneurs provide c. 2,500 jobs and c. 1,500 volunteering opportunities. Our approach can be adapted to focus on particular local priorities, including day opportunities and homecare.

6. What would councils/local areas need to do or have in place to enable it to happen?
- A skilled and knowledgeable Catalyst employed for 2 years to support local people to understand local needs, develop ideas, provide patient coaching and expert support, link to local sources of advice and form self-sustaining networks.
- A locally-rooted Catalyst working at a neighbourhood level through community structures and networks, helping to strengthen what is already working well.
- The backup of a national organisation and a network of enterprises across the UK sharing learning and helping to address barriers.
- Buy-in from the whole system from senior leaders to front line staff – Community Catalysts support areas to understand and value these new approaches, and make the necessary systems change to enable community enterprise to thrive.
- A comprehensive risk and quality management approach.
- One Catalyst employed for two years will cost £135,000.

7. What would kill it?
- A Catalyst being recruited and employed by a local partner who does not have the skills, attributes or focus necessary for the job.
- System buy-in being only partial, lacking senior commitment to the necessary culture and systems change.

Where to go for more information:
Email: info@communitycatalysts.co.uk

Community Circles

1. Problem: Many people are isolated, lonely, and lacking community connections and support from people other than paid workers. This leads to a lack of wellbeing and failure to prevent unnecessary or excessive use of expensive services. Existing service responses do not prioritise or are not effective in tackling this.

2. Solution: Community Circles are facilitated by volunteers who are recruited, trained and supported by Circle Connectors. They bring together family members, friends, community members and (in some cases) service staff to support individuals. They use person-centred methods and tools to identify the things that are important to people and then plan and act to achieve these things – increasing wellbeing, combatting loneliness, building community connections and improving care outcomes. Circles are currently mostly used by people with dementia, learning disabilities and mental health needs, as well as older people, but are also being explored with other groups who may benefit – for example, young unemployed people, disabled children and adults, and at-risk families. Circles can benefit people living in a range of settings and using various forms of support – at home, in care and nursing homes, schools or training settings, hospices, etc.

3. **Evidence base:** Currently limited by stage of development. A PSSRU report (2014) on a sample of Circles for people with learning disabilities showed significant reported increases in social care-related quality of life as measured by ASCOT, in addition to increased community connections, reductions in carer stress and reduced likely costs for people with high support needs (caveat: small sample – but PSSRU considered findings promising). Evaluations of goal attainment and wellbeing built into Circles method. Evaluation with Academic Partner about to start in largest scheme (Doncaster).

4. **Expected impact:** Increased wellbeing linked to achievement of Circle goals and personal and community connections developed. Improved care-related outcomes, reduced carer stress, prevented or reduced use of some services. Increased volunteer base and contribution to recruitment in social care. Improved and more effective connections between local VCS, businesses and service providers.

5. **Stage/spread:** Early stage, preparing for spread. 10 Circle Connectors embedded in organisations and localities. Significant new projects starting in 2017 are likely to double this. Spread strategy aiming for 10k Circles in 5 years.

6. **What would councils/local areas need to do or have in place to enable it to happen?** Commissioner willingness to encourage and lever with providers and local VCS. If wanting rapid development in an area of service or support, an initial small investment will be necessary (approx. £60k).

7. **What would kill it?** Reliance on public sector commissioning. Intrusive regulation. Pale imitations of the method/model.

Where to go for more information:

Website: www.community-circles.co.uk
Email: martin@community-circles.co.uk

This animate explains how Community Circles work:
https://www.youtube.com/watch?v=HuLCz8sRWN0&feature=youtu.be

This animate describes how Wellbeing Teams and Community Circles address health, loneliness and wellbeing: https://m.youtube.com/watch?v=pECj3fFgYiM

Local Area Coordination

1. Problem: Much of current service provision focuses on people's deficits or particular condition label. Often support is not available until the person is in crisis & then only to meet the need that has a service solution already designed & available. Much of the support available to people is not place based or community rooted & often does not support people as contributors as well as clients.

2. Solution: Local Area Coordination is an evidence-based approach to supporting people as valued citizens in their communities. It enables people to pursue their vision for a good life and to stay safe, strong, connected, healthy, and in control.

Local Area Coordination works to:

- Provide an accessible point of contact in the local community
- Focus on people's own visions for a good life beyond services or formal support
- Help people build on their own assets and natural supports before looking to service solutions
- Walk alongside people building their capacity (not dependency) for as long as both agree
- Build trusting relationships with individuals, wider community members and workers in organisations
- Ensure that the Coordinator is a well-connected, contributing member of the local community with a link back into the service system
- Support system reform by bringing together all partners

3. Evidence base: Considerable international & national evidence show predictable outcomes & cost impact Examples include: Kingfishers (2016) Social value of local area coordination in Derby. A forecast social return on investment analysis for Derby city council. Broad R (2015) People, Places, Possibilities. Progress on Local Area Coordination in England and Wales.

4. Expected impact: When designed to include the core elements, Local Area Coordination sites see reductions in isolation, visits to GP surgeries and A&E, referrals to Adult Social Care or Mental Health evictions and costs to housing**,** dependence on formal health & social services, safeguarding concerns – people leaving safeguarding sooner. A Social Return on Investment: £4 return for every £1 invested, and an increase in community connections and capacity.

5. Stage / spread: Local Area Coordination has been a central part of the Western Australia system for 29 years & is in place internationally. As of January 2017, 11 areas in England and Wales are implementing Local Area Coordination into their core model, with more planned in 2017.

6. What would areas needs to have in place to make it happen?
Commitment to core elements of design & practice and developing cross system leadership through implementation will make the outcomes achieved predictable. Start small with 2 or 3 Local Area Coordinators & grow from there.

7. What will kill it?
Removing any of the core elements or leaving them weak reduces the impact and effectiveness, and therefore changes the outcomes. Trying to roll it out & not grow through relationships undermines it.

Where to go for more information:

Website: www.lacnetwork.org
Email: info@lacnetwork.org

Shared Lives

SharedLivesPlus
THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

1. Problem: Regulated care and support for disabled and older people is of variable quality and, even when good, does not actively help people and families to support and build informal networks. People with long-term health or care needs are typically offered either nothing, a crisis-only response, or a medicalised response which ignores or undermines their own capacity and resilience along with that of their families and social networks.

2. Solution: In Shared Lives, an adult (or sometimes a 16-17 year old) who needs long-term support is matched with a carefully approved Shared Lives carer. Together, they share family and community life. Half of the people using Shared Lives live with their Shared Lives carer, sometimes for many years. The other half visit their Shared Lives carer for day support or overnight breaks. Shared Lives is also used as a stepping stone for someone to get their own place, and is being developed as home-from-hospital support. Shared Lives is used by people with learning disabilities, people with mental health problems, older people, care leavers, young disabled adults, parents with learning disabilities and their children, people who misuse substances, and offenders.

3. Evidence base: Shared Lives consistently outperforms all other forms of regulated care in CQC inspections, at 92% good or excellent. An independent report by Social Finance showed that Shared Lives costs £26,000 less per year for people with learning disabilities than other forms of regulated care (£8,000 less for people with mental health problems). Kent University and others have found positive outcomes, and there is now a national outcome-measuring tool in use.

4. Expected impact: Shared Lives enables people with significant support or health needs to live well in a supportive household in the community of their choice.

5. Stage/spread *(where it is/how much is there?)*: There are over 9,000 Shared Lives carers. They are all approved following rigorous recruitment and training by one of the UK's 150+ local schemes, regulated by the government's care inspectors. Almost every area has a scheme, although some are small. Shared Lives has grown by 27% in two years, gaining an additional 2,500 people.

6. What would councils/local areas need to do or have in place to enable it to happen? A well-resourced, supported and networked CQC-registered Shared Lives scheme, with support from the national membership network.

7. What would kill it? Over- or under-regulation: a careful balance is needed between infrastructure and autonomy. Price cuts or corner-cutting would prevent Shared Lives from delivering stability, outcomes or savings.

Where to go for more information:

The national body for Shared Lives is Shared Lives Plus. They offer membership support to local Shared Lives organisations and individual Shared Lives carers, as well as strategic support to commissioners.

Website: www.SharedLivesPlus.org.uk
Email: info@sharedlivesplus.org.uk

Homeshare

HomeshareUK HS UK
THE UK NETWORK FOR HOMESHARE

1. Problem: Homeshare is still relatively unknown and small-scale in the UK, but has attracted significant interest, investment and growth over the past 12 months. Homeshare is a simple concept with numerous and wide-ranging benefits for all participants. It has the potential to be an effective and sustainable response to several key policy challenges, including tackling loneliness, helping an aging population stay in their own homes for longer, and providing affordable accommodation for young people, students and low-paid workers.

2. Solution: Homeshare brings together two unrelated people to share a home for mutual benefit. Typically, an older householder with a room to spare will be carefully matched with someone needing low-cost accommodation who is able to provide an agreed amount of support in exchange. The support provided might include: help with daily living tasks such as shopping, cooking and cleaning; companionship; overnight security; and/or engagement with local social activities. Homeshare itself does not provide any element of personal care for the householder.

3. Evidence base: There is currently no formal academic research to underpin the difference Homeshare makes, but a key piece of research headed by the Social Care Institute for Excellence will publish its findings at the end of 2017.

We believe that there are significant savings to be made due to a potential reduction in trips, slips and falls and use of other services such as home help. There are also potential savings due to improved wellbeing as a result of companionship and quality accommodation.

4. Expected impact: Older people able to stay in their own homes for longer and live happier, healthier lives, and feel re-engaged and connected to their local communities. Affordable accommodation and access to good-quality, comfortable housing for a range of Homeshare participants.

5. Stage/spread *(where it is/how much is there?)*: There are 21 schemes supporting over 300 Homeshare matches across the UK. Two of these schemes are able to provide national coverage. The number of Homeshare arrangements is growing year by year, but still remains relatively low and centred around London. A number of new schemes are still in their infancy, but expected to impact on northern cities (Manchester, Leeds and Liverpool) in late 2017.

6. What would councils/local areas need to do or have in place to enable it to happen? Form working partnerships with existing Homeshare schemes. Support or take a lead role in the development or expansion of schemes in areas not yet fully serviced by Homeshare.

7. What would kill it? Lack of support and/or promotion from Local Authorities and local Health and Social Care professionals.

Where to go for more information:

The national body for Homeshare is Shared Lives Plus. We provide support, training, events and resources for our members, and aim to influence national and local policy.

Website: www.homeshareuk.org
Email: contact@homeshareuk.org

Wellbeing Teams

1. Problem: Care for older and disabled people at home is not working for many people (25% increase in complaints, 25% services require improvement or are inadequate) or staff (staff turnover can be up to 40%, front-line pay is low typically on zero-hour contracts). Poor care at home contributes to greater demand on hospitals and long-term care.

2. Solution:
a) Improve people's experience by creating small, neighbourhood self-managed teams to help people regain and retain independence and provide excellent compassionate person-centred care. Teams include Community Circle Connectors to help people be connected in communities doing what matters to them, and therefore reducing loneliness too.

b) Deliver improved staff experience through small teams, paid at or above living wage, who self-manage. Coaches support teams focusing on culture and fostering reliability, kindness, trust and creativity.

c) This is affordable through the self-management structure reducing layers of hierarchy and automating routine processes with bespoke IT.

3. Evidence base: Inspired by Buurtzorg, Netherlands who have 10,000 staff in similar teams and evaluation shows excellent satisfaction rates for people and staff, as well as low overhead costs of 8% against typical industry costs of 25%. Wellbeing Teams overhead in 11%.

4. Expected impact: Improved quality of life for older and disabled people, reduced demand in the wider health and care system, better staff experience leading to lower turnover.

5. Stage/spread: After testing the model with six pilot teams in England and Scotland, there are six new teams starting in Greater Manchester with a commitment to four more within six months. There are 4 ways to get support to move in this direction. 1) Materials available as free download under a Creative Commons licence. 2) Paid membership site for people wanting support 3) Packages of support co-designed with provider/organisation in both health and social care 4) A new provider, Wellbeing Teams Ltd, hoping to scale from 6 – 600 teams.

6. What would councils/local areas need to do or have in place to enable it to happen? Wellbeing Teams support people who have funding from personal budgets or who are self-funders in line with The Care Act. It is helpful to have an Individual Service Fund framework in place.

7. What would kill it? Social Workers and Commissioners continuing to think about home care in relation to slots of time and prescribing this, rather than thinking in relation to outcomes and indicative budgets.

Where to go for more information:

- A 3 minute introduction to Wellbeing Teams. https://youtu.be/fnVyKoRTReY
- A 3-minute summary of how the teams are supported as Self-Managed Teams: https://youtu.be/w5q4lYV7GaY

Here is the recording of the webinar Helen did with the Social Care Institute for Excellence and Think Local Act Personal (1 hour) and how this links with commissioning and personal budgets. https://scieuk.adobeconnect.com/p6z0vo4fdal/

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