



Case Study - Learning Disabilities support via Shared Lives

Background

The Shared Lives initiative offers adults with learning disabilities the opportunity to live more independently in a family-based setting, matched with a host carer who provides tailored support in a shared home environment. It focuses on supporting individuals to achieve personal outcomes such as greater independence, community inclusion, and an improved quality of life.

In the example provided, the service supported “R,” a woman with previous experience in Shared Lives whose initial placement ended due to compatibility issues. Despite this, Shared Lives remained the most suitable option to meet her continued aspiration for independent living. With the support of a dedicated project worker and her family, R transitioned towards a new placement. Though medical challenges caused delays—necessitating additional training for the host and health funding—ongoing communication and problem-solving helped keep her goal on track.

The case illustrates both the value and complexity of Shared Lives arrangements, highlighting the importance of integrated planning, flexible funding pathways, and coordinated care between health and social services to meet individual needs effectively.

Please can you describe how you/ the person you care for came to be supported by the project?

R previously lived in Shared Lives for approximately two years; however, the placement broke down due to compatibility issues. Therefore, R returned to live in the family home, where they are currently living. Living more independently continued to be one of their personal outcomes, therefore other Shared Lives options have been investigated as this was assessed to be the most suitable accommodation option. A new Shared Lives placement has become available and transition visits have taken place – successfully.

R was due to move into their new placement, however due to an emergency medical need this was delayed. R has been extremely excited to move into their new placement, and once they were medically fit to move sadly there were two areas that caused delay:

- Appropriate training for a medical need for the Shared Lives carer
- Additional funding for support regarding medical need, which is required from health funding as support is beyond what would be expected under social services.

What worked or didn't work? - Was there anything particularly good about the support that you/the person you cared for received from the project?

R and her family have praised the Shared lives host and project worker, and feel the move will be very beneficial for R.

The Shared Lives project worker, family and I have communicated well to try and resolve the delays as quickly as possible, to aid R in achieving her personal outcome of living more independently.

“An area for improvement would be accessing the additional funding information sooner, and the process of how this is applied for. However, as this information has now been provided and the process completed, hopefully this would not cause any delays in the future in a similar situation.”

From your perspective, what does a 'good' or 'successful' experience with the project look like? What are the lessons learned?

One of the main learning points for myself has reinforced, where possible, to have required training and funding in place, prior to an individual undertaking transition plan. However, in this circumstance R's health changed during the transition and therefore the training and funding was required after the initial transition had started. It has taken several months for both the training and funding to be arranged, which has delayed R's move.

“Moving into more independent living is one of R's personal outcomes and therefore a “successful” experience/outcome for R would be to settle into their Shared Lives placement, with the least amount of stress/anxiety possible”

In the context of the support received from the project, what is happening for you/ the person you care for at the moment?

R has experienced a delay in her move into Shared Lives, initially due to an emergency medical procedure. Following this further training was required for the Shared lives host, which required additional funding (from health as this was beyond the scope of what would be expected by social Services). Following training being provided and funding being agreed R will now be moving into her Shared Lives placement.

“ R is extremely excited to move!!!”

Conclusion

What do you think people can learn from your experience with the project? and What would you like to see happen to the project going forward?

R's move has been delayed, due to two factors

- Appropriate training for a medical need for the Shared Lives carer
- Additional funding for support regarding medical need, which is required from health funding as support is beyond what would be expected under social services.

As these factors have now been resolved, R will be moving into Shared Lives. However there has been a significant delay in her move, due to lack of knowledge of funding costs, and arranging appropriate training.

“For any future cases with similar circumstances I hope that more proactive steps will be taken at an earlier stage during the transition planning to ensure funding and training is in place to prevent any unnecessary delay which could have risked losing the placement opportunity.”