

Key concepts and the character of innovation in adult social care in England

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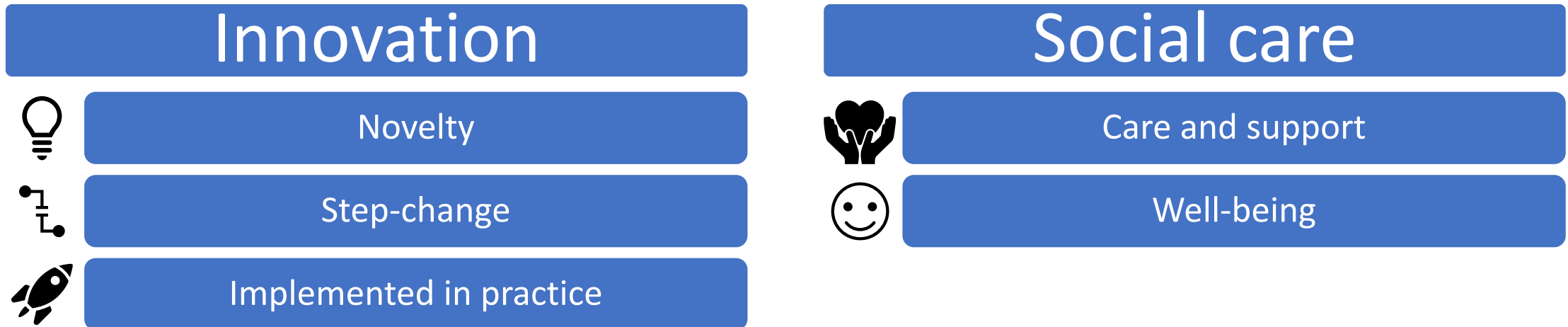


What is SASCI trying to achieve?

Build evidence to support the adult social care sector* to start-up, implement, sustain and spread affordable innovations that work well for everyone.

'Innovators'	Inform the practical design of innovations and planning for implementation, sustaining, and scaling
Influencers of innovation	Develop policies and make decisions to foster innovation and enable it to flourish
Research community	Further knowledge and theoretical understanding of innovation in adult social care context

What is innovation in adult social care?



Innovation is the implementation in practice of an idea, practice or invention within an organisation or system that is novel to the organisation or system. The introduction of the new idea, practice or invention produces a process of change with uncertain outcomes that is disruptive for the individuals, organisation or system.

What have we learnt about how to study innovation?

Study the process of innovation – ‘innovation journey’

Study all phases, not just implementation

Study organisations and organisations in systems

Use more comparative designs for case studies

Use theories from the innovation, organisational and management literature

Attend more to features of the ASC system and how these influence innovation processes

What are the relevant issues?

Understanding collaboration between organisations in the mixed economy of social care and local care systems

How organisations lead, manage and learn around innovation in a resource-constrained environment

The interplay between values and information (evidence) in decision-making processes

How governance structures influence whether innovations scale, spread and are sustained

How crises influence innovation processes

Case study approach and design

- Untold stories:
 - Innovative organisations
 - Innovative systems
 - Innovations that have achieved some degree of scale and spread
- Process perspective:
 - Examine how innovation processes of development, implementation and continuation unfold within organisations, across networks and within areas over time (Van de Ven et al 2008)
- Methods:
 - Key lines of enquiry to guide data collection and insight into processes
 - Interviews, observation, document analysis

Where next?

- Case studies provide rich data & could go in many directions
- Presentations outline issues and potential directions for exploring them
- Interested in your thoughts on avenues for exploration...
 - What would make a useful contribution to knowledge?
 - Were any findings surprising?
 - What would be most helpful for policy and practice?

Innovation in adult social care



How can the adult social care sector develop, scale and spread innovations?

A review of the literature from an organisational perspective

For more information:

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Going with the flow and navigating rocks: tales from journeys of three innovative organisations

Jane Maddison, Kate Baxter and Yvonne Birks

Three innovative provider organisations

New home care provider

Not-for-profit care home provider

For-profit care home provider

Why jump into the uncharted innovation river?

Strong values-based vision: eg ..

- to shift power in adult social care
- to improve well-being
- to grow a more positive view of ASC

Described by organisations as the (relatively) easy part ...

Manoeuvring the river “*is the hard part*”

Navigating ‘rocks’: eg ...

- “*shape or be shaped*” by the existing ASC system

Balancing today with tomorrow – what helps? eg ...

- vision
- culture
- framing

The innovation journey is always “*evolving*”

An on-going journey, never a destination:

- part of identity
- ideas mindset
- learning

A COVID example:

“Our experience of thinking outside the box, trialling new approaches, learning fast and applying change held us in good stead during 2020”.

For further information, please get in touch

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Unfulfilled Promise?: The Development of Shared Lives Schemes in England – emerging findings

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King's College London

ILPN Conference September 2022, London



What are Shared Lives (SLs) schemes?

- A model of care that seeks to replicate 'ordinary family life' for adults who live with, stay with, or regularly visit, Shared Lives carers
- Schemes offer a mix of long-term placements and 'short breaks'
- Carers are self-employed non-professionals who have a contract covering their 'fee' – they are recruited and vetted by the scheme co-ordinator or registered manager
- Carers are 'matched' with people needing support by staff working for Shared Lives schemes run by many local authorities or commissioned from voluntary sector (not for profit) organisations
- Shared Lives Plus – membership body that represents and supports schemes and carers
- Schemes are subject to Care Quality Commission inspection – 96% schemes are 'good' or 'outstanding' (Shared Lives Plus, 2021)

Innovation pathway – long and bumpy

- History of 'boarding out' and largely unregulated 'adult placements' in UK and globally
- Expansion of UK adult placement schemes in 1980s - mostly for people with learning disabilities following closure of long-stay (mental handicap) hospitals
- National Association of Adult Placement Schemes (NAAPs) set up in 1992
- Care Standards Act 2000 leads to loss of carers (unquantified) as registration demands seem onerous
- New regulations in 2004 path the way for spread of what are now known as Shared Lives schemes covering nearly all UK local authority areas

The role of Shared Lives Plus

- 'Shared Lives' replaces 'adult placement' from 2006 – NAAPS became Shared Lives Plus in 2011
- Substantial developmental financial grants to Shared Lives Plus from National Lottery and several pilot programmes from range of funders
- Potential to support range of care needs – e.g. mental health, older people, hospital discharge, survivors of domestic abuse – but most are Learning Disability focused
- Shared Lives features in several government policy documents including People at the Heart of Care (Department of Health and Social Care, 2021)
- Shared Lives Plus provides best practice guidance, consultancy support, and facilitates networks of scheme managers

Growth and possible contraction

	2012/13	2017/18	2021
People using Shared Lives	8,870	12,350	8,651
Carers	7,040	9,290	7,306

Source: Shared Lives Plus (2018; 2021)

- 67% of users in 2021 were people with learning disabilities compared to 70.6% (Bernard 2005)
- Remains small model of care – in 2021 Shared Lives accounted for just under 1% of total UK long-term social care by people supported, and just over 0.5% by workforce (Shared Lives Plus, 2021)
- Covid impact will be determined by forthcoming statistics – is 2021 a blip?

Why scaling-up is hard to do? (1)

Workforce challenges

- Leadership capacity of scheme manager and/or commissioner may be limited
- Capacity of the scheme may be thin - need to invest in schemes' personnel
- Recruiting carers - carers typically non-employed older women with a spare bedroom after children have left home – decreasing numbers
- Concerns over terms and conditions for carers – pay/contract, allowances, respite/breaks e.g. from day services

Why scaling-up is hard to do? (2)

Generating referrals

- Balancing referrals and recruitment – ‘chicken and egg’
- Social workers don’t always know about Shared Lives (according to Shared Lives)
- Carer recruitment and matching can take several months
- Difficulties generating NHS referrals

COVID related

- Focus on managing existing long-term ‘placements’
- Limited capacity to recruit new carers and develop relationship with referrers
- Additional pressures on carers

References

Department of Health and Social Care (2021) *People at the Heart of Care: Adult Social Care Reform White Paper*, London, Department of Health and Social Care.

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Shared Lives Plus (2021) *The state of Shared Lives in England 2020-21*, Liverpool, Shared Lives Plus.

Disclaimer and Acknowledgements

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- We are grateful to the 35 participants (so far) in this study and to members of the wider SASCI team and advisory groups.
- The views expressed in this paper are the authors alone and should not be represented as the views of the ESRC or UKRI or the NIHR.
- Thanks for listening.