

**Putting People First**  
**Transforming Adult Social Care**

## **Support Related Housing**

Care Services Efficiency Delivery: supporting sustainable transformation

### **CSED Case Study**

### **KeyRing: Living Support Networks**

November 2009

**KeyRing**  
**Living Support Networks**

<b>Background</b>
<p>Living Support Networks (LSN) are networks of people who need some support to live safe and fulfilling lives in the community. Each LSN aims to stimulate mutual support by members and a volunteer helps each member to realise their full potential by using their talents to the full.</p> <p>KeyRing is a charity that has facilitated LSNs since 1990. Currently, it supports around 900 people in LSNs in 54 separate local authority areas throughout England and Wales. Initially KeyRing focused on adults with learning disabilities, but since 2006, membership has gradually extended to other client groups. CSED felt LSNs were potentially very cost effective as they:</p> <ul style="list-style-type: none"> <li>• Use the time and skills of a volunteer and of the individual members rather than being overly reliant on expensive professional staff,</li> <li>• Facilitate access to universal services rather than costly specialist day services, and</li> <li>• Encourage members to develop their skills and confidence by encouraging them to do things for themselves rather than be dependent on support. Often this leads to additional (to KeyRing) specialist support being reduced/ withdrawn over time.</li> </ul>
<b>Description of the initiative</b>
<p>Typically, a network has ten people. They live in properties (from all types of tenure) in a defined geographic area. People with support needs occupy nine properties and a Community Living Volunteer (CLV) lives rent-free in the tenth. The CLV provides at least 12 hours of their time each week to:</p> <ul style="list-style-type: none"> <li>• Support the members flexibly,</li> <li>• Facilitate members to support each other, using their particular skills, and</li> <li>• Build links with neighbours, community organisations etc. such as CAB, police, etc.</li> </ul> <p>A Supported Living Manager (SLM) supports each CLV. The SLM manages a cluster of networks. Members also have direct support from the SLM (when needed) and access to the KeyRing “Out of Hours” service. Some LSNs also have a paid community support worker who provides more intensive ‘floating’ support to members who need it.</p>
<b>The drivers for the initiative</b>
<p>Initially the driver to establish LSNs was feedback from adults with learning disabilities saying they wanted a place of their own.</p> <p>More recently, “Valuing People” and “Valuing People Now”<sup>1</sup> have added impetus by indicating that people with learning disabilities have rights as citizens to have choice in their daily life and to have a real chance to be independent and a part of their community.</p> <p>By helping people to help themselves, help their neighbours and by providing advocacy where appropriate, LSNs:</p> <ul style="list-style-type: none"> <li>• Promote the rights of members as citizens,</li> <li>• Help members to be actively involved in their communities,</li> <li>• Promote choice for members on a day to day basis, and</li> <li>• Help members, in very practical ways, to achieve independence.</li> </ul> <p>Also by contributing to the stability of each member’s home life, each LSN helps to enhance the effectiveness of other services that need consistent access to an individual at an address. For example, drug rehabilitation, community psychiatric nursing etc.</p>

<sup>1</sup> Government policy documents that aim to make the lives of people with learning disabilities better.

Innovative features of this initiative										
<p><b>Building Social Capital</b></p> <p>By its nature a LSN accesses resources not normally involved in supporting vulnerable people e.g. it leverages:</p> <ul style="list-style-type: none"> <li>• Volunteer time, skills and talent,</li> <li>• The members' talents, and</li> <li>• Neighbour/ community support.</li> </ul> <p>By de-professionalising practical support, the more expensive time of professional staff can focus on the highest risk issues.</p>	<p>LSNs are an “innovation” since the approach is rare in our experience.</p> <p style="text-align: center;"><b>Living Support Networks</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">New</td> <td style="text-align: center;">Leverage</td> <td style="text-align: center;">Innovation </td> </tr> <tr> <td style="text-align: center;">Old</td> <td style="text-align: center;">No Change</td> <td style="text-align: center;">Efficiency</td> </tr> <tr> <td></td> <td style="text-align: center;">Old</td> <td style="text-align: center;">New</td> </tr> </table> <p style="text-align: center;">Is how we are doing things new or old?</p>	New	Leverage	Innovation 	Old	No Change	Efficiency		Old	New
New	Leverage	Innovation 								
Old	No Change	Efficiency								
	Old	New								
<p><b>Focus on Local, Flexible, Practical and Emotional Support</b></p> <p>Support from the volunteer and by other members is very flexible, so people can have more or less support as required. Frequent contact helps identify potential problems early. This helps to sustain community living and reduces the escalation of needs that can lead to increased:</p> <ul style="list-style-type: none"> <li>• Demand for specialist services,</li> <li>• Hospital admissions, and</li> <li>• Crime levels, homelessness, etc.</li> </ul>	<p><b>Emphasis on people with support needs doing things for themselves</b></p> <p>Everyone we met (staff, volunteers and members) emphasised that KeyRing helps people to help themselves and to help others. Over time, this builds individual skills, confidence and resilience.</p> <p>Consequently, external support (over and above KeyRing) such as floating support, home care, day centre attendance etc. can often be reduced or withdrawn over time in the knowledge that KeyRing provides an early detection/ support “safety net” when needed.</p>									

CSED COMMENT
<p>KeyRing was selected to be a case study as it is consistent with several strands of CSED work. For example, it is very much about ensuring individuals have a suitable and supportive home environment, which is vital if the current over reliance on expensive and inflexible residential types of support for people with learning disabilities is to be reversed. It also:</p> <ul style="list-style-type: none"> <li>• Emphasises enablement (rather than dependence),</li> <li>• Allows support that is highly flexible and needs led, and</li> <li>• It is consistent with co-production as users offer each other mutual support.</li> </ul> <p>Lastly, support from a range of agencies to each member is better co-ordinated and, therefore, more effective in individual outcome terms and more efficient in cost terms.</p>

Independent evaluations
<p>The Joseph Rowntree Trust funded an independent evaluation of KeyRing by the Norah Fry Research Centre during 1998. It concluded that KeyRing Living Support Networks met high quality standards and were very cost effective.</p> <p>In 2002, KeyRing was independently evaluated by Paradigm (A Learning Disability Consultancy). It concluded that Key Ring was “<i>Considerably beyond most organisations in terms of focus and outcomes</i>”. It specifically noted that KeyRing Members had strong connections in their neighbourhoods and used community resources, were proud of what they could do individually and as a team, took an active part in network meetings, and regarded KeyRing as a club rather than a service and felt ownership of it.</p>

## Costs and benefits

### Approach:

Three networks were selected for detailed evaluation. One was:

- Long established, in an inner city and mainly had members with learning disabilities,
- Four years old, in a market town and mainly had members with learning disabilities, and
- Rural and had members with a mixture of mental health/learning disability needs.

In each case, we reviewed the record of support for each member and visited the network to gather evidence on cost effectiveness. In particular, we identified alternative types of support that the LSN was a substitute for or which had been reduced/withdrawn overtime as members became more capable, confident and resilient in terms of living independently in the community.

### Outcomes

Individual support plans showed that members in all three networks were achieving good outcomes and the following quotation from a member of the inner city network demonstrates the impact a LSN can have on an individual's social life and confidence. *"Before KeyRing I didn't do nothing, never went out, had no social life. Now I do!"*

There is evidence that LSNs can enable people who had high levels of support (from paid care workers or from family) to gradually move to living independently in the community. For example, four members in the inner city network had previously lived in 24 hour supported living environments and two had previously lived with close relatives who gave support. Similarly, six members in the rural network had previously lived with supportive family members. All these people were at high risk of tenancy breakdown, which could lead to homelessness and all members are vulnerable to some extent and are a safeguarding risk.

The fact that none of the people from previously very supportive environments had lost their tenancy nor experienced homelessness during their time with KeyRing (17 years was the longest case) demonstrated how effectively LSNs can sustain people with support needs to live independently. Also while some members had experienced some abuse KeyRing had effectively detected abuse at an early stage and acted to prevent it escalating.

### Cost Savings

How much does it cost to achieve the good outcomes described above? The table below shows that each LSN was cost effective as they substituted for alternative forms of support that would have cost more e.g. floating support and day care. Members also tend to approach the volunteer in the first instance. This saves social services duty team resources.

Network	Number of Current FTE Members <sup>2</sup>	Annual Cost of the Network	Savings on alternative support	Net Saving/ (Cost)
Inner City	9	£30,630 <sup>3</sup>	£47,590	£16,960
Market Town	9	£38,090	£55,430	£17,340
Rural	7.5	£41,200	£42,945 <sup>4</sup>	£1,745
<b>Total</b>	25.5	£109,920	£145,965	£36,045
<b>Ave per fte Member</b>	n/a	£4,310	£5,724	£1,414
<b>Adjusted averages<sup>5</sup> per fte Member</b>	n/a	£4,233	£5,724	£1,491

<sup>2</sup> Networks aim to have either nine full Members or eight full Members and two associates. Associates are former Members who have less support from the CLV. Associates are counted as 0.5 of a fte Member.

<sup>3</sup> This fee is artificially low the fee charged is not on a "Full Cost Recovery" basis. This under funding has resulted from a series of below inflation annual fee increases. KeyRing is currently working with Commissioners to address this anomaly and calculates that the full annual cost of the Network is £35,000. This would reduce the net savings in the last column from £16,690 to £12,590.

<sup>4</sup> Based on savings of £5,724 per Member pa in this Network (based on 7.5 fte Members) the savings value would increase to £51,535 if there were nine fte Members. This would give a net saving of £10,335 in the last column rather than £1,745.

<sup>5</sup> Adjusted averages if the rural Network was full (9 fte Members) and the inner city Network recovered its full annual cost of £35,000.

## User Case Study

### Background

Z is a 44 year old man with a mild/moderate learning disability. Before KeyRing supported him, Z lived in a shared residential unit run by Social Services, and attended a day centre 5 days a week.

### Support from KeyRing

When he joined KeyRing in 2005 his day care and support from staff at the residential unit was replaced by flexible support from KeyRing and 4 hours per week of community support to help with budgeting, shopping and all domestic tasks.

The community support has gradually reduced and KeyRing recently noted by that Z was still continuing to receive 2 hours support to help with grocery shopping at a local store across the road. This seemed unnecessary, as Z had become able to travel to his nearest city independently to go to the cinema and to shop for himself. KeyRing advised Social Services about this and this led to a planned reduction in his support in line with his increased capability and confidence.

### Outcome

Z now lives independently in a privately rented house with a friend and his girlfriend. He now shops independently and receives only 1-hour of support from KeyRing each week to assist with tenancy related tasks. He also has a paid part time job, a busy social life, is completely independent and is able to help support other Members of the KeyRing Network i.e. in 4 years he has moved from a highly supported life to one of virtual independence.

## Carers Case Study

### Background

X's son Y moved into a Living Support Network just over a year ago. Y had already tried to live on his own, but it had failed and he had moved back home with his Mum (X).

X was aware that Y needed to develop the ability to live independently before she became too old to look after him. Y also wanted to live in his own place, but needed to know support would be on hand if he needed it. X says, *"Some risks are worth taking. Now I've seen such a change in our son. He's done so well this last year and I'm so proud of him."*

### Support From KeyRing

The Community Living Volunteer and the network manager support Y with his bills, money and with managing his tenancy. Y also socialises with the other network members on a regular basis.

### Outcome

Y is more confident and he now has his own social life. He has started work in a local hotel and he provides support to other network members. This all helps him feel good about himself.

X says that for the first time in her life she does not know everything about him and concludes that a Living Support Network is an ideal situation for Y as he gets on with his own life, but has people around to support him when he needs it.

With support from KeyRing Y has developed the skills of daily living necessary to manage his own accommodation. This demonstrates the value of the enabling approach of KeyRing.

### Implementation Advice

Evidence from the three networks reviewed indicated that:

- Member selection is very important e.g. people must want to engage and must want to live independently. If they do not, the risk is that they will not progress by being a member e.g. the rural network we reviewed had more unplanned leavers than the other two networks. Although we cannot be certain why this was, KeyRing staff offered a theory. They felt it might be because, in an effort to become more cost effective by filling all nine available places in the rural network, it took more risks on new joiners.
- To maximise cost effectiveness, commissioners must be prepared to withdraw other support over time as the members become more able. There was evidence in all three networks that some support over and above KeyRing was no longer necessary, but risk averse care managers were reluctant to withdraw it.
- The availability of properties for the members to live in is a critical success factor. Therefore, co-operation between the local authority, landlords (public and private) and KeyRing is vital if the potential benefits are to be achieved/ maximised.
- There is the potential to extend the LSN concept to other client groups. KeyRing has already begun this process, but it is early days. We see particular potential for people living in the community who have an enduring mental illness and for older people who are isolated.

### CSED Conclusions

LSNs are a simple idea and are fully consistent with “Valuing People Now” and “Putting People First”. Our detailed examination of three networks found that they:

- Help adults with support needs to achieve more than traditional forms of support, and
- Are cost effective, as the costs of a network are, over time, more than offset by reductions in other forms of support as members become more self-sufficient.

We were keen to include Living Support Networks in our portfolio of case studies because, at present, relatively few exist while potentially many thousands of people could contribute to and benefit from being members of them i.e. there is significant potential to expand the use of LSNs where commissioning processes identify they could be cost effective.

### CSED contact:

Dan Short  
Tel: 020 7972 4388  
Email: [Dan.Short@dh.gsi.gov.uk](mailto:Dan.Short@dh.gsi.gov.uk)

[www.dhcarenetworks/csed/](http://www.dhcarenetworks/csed/)

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