Evaluation of the strengths-based programme community-led support

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Theme: *Choose at least one option*	☐ Ageing & Care ☐ Asylum & Migration ☐ Young People ☐ Support for Children & Families ☐ Community Care ☐ Integrated Care & Support ☒ Co-Production ☐ Disability ☐ Housing & Homelessness ☐ Artificial Intelligence ☐ Digitalisation ☒ Quality Care	☐ Labour Market Inclusion ☐ Social Inclusion ☐ Technology ☐ Workforce and Leadership ☐ Social Benefits ☐ EU Funding ☐ Social Service's Resilience ☐ Mental Health ☐ Person-Centred Care ☒ Research & Use of Evidence ☐ Management & Planning ☐ Other, please specify:
Principles of the European Pillar of Social Rights: *Check the 20 principles here.*	☒ 1. Education, training, life-long learning ☐ 2. Gender equality ☐ 3. Equal opportunities ☐ 4. Active support to employment ☐ 5. Secure and adaptable employment ☐ 6. Fair Wages ☐ 7. Transparent employment conditions ☐ 8. Social dialogue ☐ 9. Work-life balance ☐ 10. Healthy, safe work environment	☐ 11. Childcare and child support ☐ 12. Social protection ☐ 13. Unemployment benefits ☐ 14. Minimum income ☐ 15. Old age income and pensions ☐ 16. Health care ☐ 17. Inclusion of people with disabilities ☐ 18. Long-term care ☐ 19. Housing and assistance to homeless ☐ 20. Access to essential services
Current status of the practice:	☐ Concept and Design Phase ☐ Testing or pilot phase ☐ Temporary practice that has terminated ☐ Temporary practice that is ongoing and has a termination date ☒ Established and ongoing practice ☐ Scaling Up and Transformation Phase ☐ Other (please specify)	
Summary: *Please summarise the practice in maximum 3 sentences. This will be the*	Community-led support (CLS) is a strengths-based approach to social care which involves working with people and communities to achieve what matters to them and building on their existing relationships, skills, networks, and strengths. The National Development Team for Inclusion (NDTi) developed CLS as a way for the whole social care and health system to collaborate to make strengths-based working happen in practice. The evaluation was the	

disclaimer of your project on our website.	first time that CLS had been independently researched and the insights and collaboration were able to evidence its impact and improve its change processes.
Context/ Social issues addressed *Please explain the problem you attempt to solve with your practice.*	The benefits of a social care system which focuses on matters to people and families and builds on their informal and community resources are well recognised. These include addressing loneliness, enabling people to retain their independence, and facilitating their ongoing contribution to society. The challenge, however, lies in transforming a social care system in which practice and processes have been focussed on deficits to one which is strengths-orientated.
Objectives: *Please provide **a maximum of three** objectives in bullet points.*	1. CLS seeks to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community-focused in achieving outcomes, empowering of staff and a true partnership with local people. 2. The evaluation sought to understand its impact and the processes through which it achieves change, in particular how it engages with co-production, leadership and culture.
Activities: *Please describe the activities put in place to achieve the objectives (maximum 300 words).*	The National Development Team for Inclusion (NDTI) encourages local authorities to participate in the programme and embed evaluation processes within their change programmes. They had previously undertaken internal evaluations of the programme but never opened Community Led Support to external research. They were keen to have independent scrutiny to objectively measure their impact and help identify potential improvements in how they approach strengths-based transformation. The research collaboration brought together an interdisciplinary team with the relevant skills to provide a holistic view of the change processes and impacts of community-led support. The researchers initially met with the NDTI programme team to gain an overview of their approach and develop a trusting working relationship. Members of the research team also attended the annual gathering of the various local authorities involved in the programme to understand their interests again and explain to them the purpose of the research Throughout the two-year evaluation, the research team met regularly with the programme leads to share emerging insights and co-design the next stage of the work. A lived experience group, who have personal insights into accessing social care, also provided support and challenge throughout. The evaluation took a theory-based approach to its design. This began by setting out the core assumptions, activities, outputs and outcomes of Community Led Support through analysis of the programme documents and interviews with the programme team and the leadership groups within local authorities. There was a particular focus on culture change, leadership, and co-production, as these were central to the Community Led Support approach. Implementing these change theories was explored through mixed qualitative methods, gathering the perspectives of practitioners, frontline managers and community partners. To understand the impact, local authorities' annual performance and activity returns within Community Led Support were compared with those not part of the programme (called a 'difference in difference' methodology).
Outcomes: *Please explain what the results were/are so far and how you evaluated this.*	This research used a theory of change design, incorporating qualitative interviews, focus groups, and workshops and a difference-in-difference study of impact through nationally gathered performance and activity data. This research identified that local authority areas engaged in the CLS programme showed positive changes in their social care assessment and care management activities compared to non-CLS areas. These include an increase in people who approach local authorities being signposted from formal services to other resources in the first two years of CLS being introduced and a more significant proportion of people's care package reviews being undertaken in a planned way two years post-programme. These changes were significant statistically and suggested that the programme had led to fundamental improvements in their core processes so that these became more asset-based and community-orientated.

| | In relation to the overall processes of change, the research identified aspects of the programme which were working well, and areas which could be strengthened. NDTi reflected the expressed values of Community Led Support throughout their leadership of the programme and in their willingness to learn through evaluation by people from outside their organisation. The national network, which NDTi run for all local sites to participate in, provided valuable peer support and a way to share experiences of transformation. There are many examples of leadership being distributed from senior to practice leaders within local authorities which supports greater flexibility and autonomy for staff. Practice leaders can though experience challenges in balancing the hopes and wishes of senior leaders with the pressures on frontline teams. There is less evidence of CLS leadership being distributed to voluntary and community sector organisations and considerable opportunity to strengthen the leadership contribution and diversity of people with lived experience of health and social care in the development of local services.

Cultural change was demonstrated through sustained commitment by senior leaders and engaging communication approaches, which promoted the main principles with wider organisational and partnership networks. This led to substantial changes in core assessment and care planning processes, which guided the daily work of practitioners to be more strengths-based in their practice. Community hubs in which practitioners were available to local people provided an opportunity for local authority staff to talk directly with community members, voluntary and community sector groups, and with other partners. Despite the commitment to share influence and resources, management and the strategic direction of Community Led Support often remained in the local authority due to traditional ways of hierarchical working within social care governance and policy.

Working with people with lived experience of social care (co-production) was agreed by local authority leaders to be fundamental to strengths-based working. This was becoming embedded in direct practice with individuals and families when planning their own care. However, co-production at a strategic planning level was seen as highly challenging and there were few examples of how this had been embedded sufficiently within local approaches. |
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| **Links to supporting documents**: *e.g. website or report of the practice* | https://www.ndti.org.uk/assets/files/Culture-not-Process-NDTI-Evaluation-May-2024.pdf

 https://www.ndti.org.uk/change-and-development/community-led-support |
| **Comments and tips** *i.e. for people willing to use your Practice* | Strengths-based change requires a clear set of principles which can be used to shape the future vision and a systems approach which responds to local priorities and dynamics.

 Programme evaluation benefits from an open and honest interaction between researchers and change leaders with regular sharing of insights to enable the programme to reflect on its approach and how this can be improved.

 Embedding opportunities for people with lived experience of social care to inform and challenge the design, analysis and interpretation of findings helps to ensure that the evaluation focusses on what matters to people and communities. |