

Community Led Support: Through a Human Rights Lens



Community Led Support
an  NDTi programme

July 2023

At the National Development Team for Inclusion, we are committed to promoting and protecting human rights across everything we do, every day. Human rights are at the heart of our purpose, to enable people to live the life they choose, regardless of age, disability, or other circumstances which put them at risk of exclusion.

Human rights mean that everyone deserves to be treated with respect, dignity, and fairness, and that we should all have a say over our own lives.

In the UK, the Human Rights Act is the main law that protects our rights. One of the ways it does this is by putting a legal duty on public services to respect, protect, and fulfil human rights at all times, from the way services are designed and delivered, to how staff interact with people on a daily basis. The Human Rights Act gives us a legal framework which helps staff in those services to make rights-respecting decisions, and people can use it in their conversations with public services if they are worried that their rights, or the rights of someone they care about, are at risk.

How does a Community Led Support approach support human rights?

The Community Led Support approach is based on a set of rules and principles that underpin the simple ambition to 'do the right thing' for those of us who need support at any time in our lives to live well, as independently as possible with purpose and connection.

One of the rules of CLS is 'don't break the law'. We work alongside public services which have a legal duty to uphold human rights, including local authorities and NHS services, because of the Human Rights Act. We also work with their community partners and local people, many of whom interact with public services on a regular basis. Whether we are working with duty-bearers or rights-holders, human rights at the centre of our approach.

It is impossible to ignore the immense pressures faced by health and social care services nowadays. However, it is also important to recognise that constraints on resources are never an excuse for putting people's human rights at risk. We must therefore think about how services can work differently to improve people's experiences and outcomes, ensuring that their rights are upheld.



The Three Rules of Community Led Support



Do no harm.



Don't break the law.



Don't break the bank.

The Seven Principles of Community Led Support

1 Co-production brings people and organisations together around a shared vision.

2 There is a focus on 'place' and community and on the whole person.

3 People can get support and advice easily, when they need it, so that crises are avoided.

4 Support is strengths-based, building independence, control and community connections.

5 Bureaucracy is the absolute minimum it has to be.

6 The system is responsive, proportionate and focused on outcomes.

7 The culture is based on trust, empowerment and shared values within and across teams and organisations.



Which rights can a Community Led Support approach support?



The right to be free from inhuman and degrading treatment (Article 3)

This right protects against very serious harm, including treatment which causes fear or extreme worry, pain, or feelings of worthlessness or hopelessness. Public officials must not treat people in an inhuman or degrading way. They should take reasonable steps to protect people from serious harm, and investigate when things go wrong to try to prevent it from happening again.

3

People can get support and advice easily, when they need it, so that crises are avoided.

6

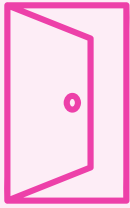
The system is responsive, proportionate and focused on outcomes.

Sometimes, people's interactions with health and social care services can take place when they have reached crisis point. With a Community Led Support approach, **we hope to reduce situations where people require an emergency response**, which can be stressful, upsetting and even traumatic for the individual and their loved ones.

Through our work, we have seen that **areas implementing CLS have observed waiting times for initial conversations reducing from an average of 13 weeks to just 9 days** (Valuing CLS, Feb 2023). By supporting people to understand where they can go for support and advice, having good, strengths-based conversations at an earlier stage, and responding in a proportionate way, we hope to reduce the risk of people's situations getting worse. Indeed, one of the three rules of CLS is to do no harm.



Which rights can a Community Led Support approach support?



The right to liberty (Article 5)

This right protects our freedom of movement. Public officials should not place restrictions on people's movement unless it is lawful, for a legitimate aim, and proportionate to do so. They should review decisions that affect people's freedom of movement and help them to challenge decisions they disagree with.

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Restrictions on people's freedom of movement can occur in any setting, but they can often be most keenly felt in hospitals where we may feel less able to come and go as we please and we are supervised to a higher degree. Supporting people to leave hospital in a holistic way, ensuring the needs of family carers are addressed, is vital to enabling people to thrive during this transitional period. Stories from areas implementing CLS have shown that **when health, social care and community partners work together to provide holistic support to people leaving hospital, the likelihood that a person was readmitted within three months was reduced** when compared with less broadly focused discharge planning ([Valuing CLS](#), Feb 2023).



Furthermore, we have seen a link between the CLS approach and the reduced use of residential care following hospital discharge ([Valuing CLS, Feb 2023](#)). By encouraging better relationships between health, social care, and community partners, it is possible to streamline process and reduce bureaucracy. This, together with the use of community spaces to enable strengths-based conversations when people need them, can help more people to be seen more quickly in the community, connect people with activities and support, and reduce isolation. This can ultimately reduce the use of resources involved in assessment and planning, meaning **the system is better equipped to respond to people before they reach crisis point, avoiding hospital admission and subsequent moves into residential care.**



Which rights can a Community Led Support approach support?



The right to private and family life, home and correspondence (Article 8)

Public officials should take positive steps to support people's privacy, relationships, community involvement, wellbeing, autonomy, enjoyment of their home, and their communication with others. They should not place restrictions on these things unless it is lawful, for a legitimate aim, and proportionate to do so. Public officials should review decisions that restrict this right and investigate when things go wrong to try to prevent it from happening again.

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Promoting people's wellbeing is a cornerstone of the Community Led Support approach, recognising that what is important to people is just as relevant as what is important for them when identifying potential solutions to help people to live a good life. Indeed, **we have observed improved quality of life** – a measure of choice, control and wellbeing using ASCOF questionnaires in England – for people receiving care and support and their carers in areas implementing CLS ([Valuing CLS, Feb 2023](#)).



People who are already in receipt of social care services may find themselves in a situation where things are getting worse, but their planned review is a long way away. Areas implementing CLS are encouraged to tailor the timing of reviews to take into account the complexity of support someone is receiving and the potential for things breaking down, and to maintain focus on supporting the wellbeing of the person getting support as well as their carers. We have seen that **this approach can help to reduce unplanned reviews, which are more likely than planned reviews to result in hospital admissions or moves into residential care**, which can have a significant impact on the person's wellbeing ([Valuing CLS, Feb 2023](#)). Helping people to get the right support when they need it, rather than allowing things to escalate, represents a more proportionate way of supporting their right to wellbeing.

A Community Led Support approach also shows respect for people's autonomy and sees them as the experts in their own lives, with public and community services offering advice and support when needed. Co-production is threaded through the approach, manifesting itself in the support planning process where people are in the driving seat when it comes to finding solutions to help them to live a good life, as well as in the overall vision for how health, social care and community support should operate.

Additionally, as our name suggests, support should be community-led. To achieve this, larger public bodies are encouraged to forge positive relationships with their vibrant community partners and local people and strengthen connections between them. This may lead to better utilisation of community spaces which offer people a familiar, safe and welcoming place to develop connections and get information, advice and support when they need it. Evidence shows that **through the process of Community Led Support, people feel less socially isolated and more connected with their community** ([CLS Evidence and Learning Briefings, 2020](#)).

The rights of staff employed by public services must also be considered, with an emphasis on wellbeing in the workplace. When there are high levels of sickness and staff turnover, this can result in reduced productivity, lower job satisfaction and a sense of feeling undervalued. **Staff in areas implementing CLS have reported increased work satisfaction and a sense of being trusted and valued**, with better understanding of partner services and increased knowledge of community options ([Valuing CLS, Feb 2023](#)).



Which rights can a Community Led Support approach support?



The right to be free from discrimination (Article 14)

Discrimination could involve people being treated less favourably than others in the same situation because of something about themselves, like a characteristic or status they have. It could also involve public officials failing to treat people differently when they are in a very different situation to others, or applying rules or policies that have a worse impact on some people.

Public officials can only treat people differently if this can be objectively and reasonably justified. They must protect people's right to be free from discrimination and investigate when things go wrong to try to prevent it from happening again.

2

There is a focus on 'place' and community and on the whole person.

4

Support is strengths-based, building independence, control and community connections.

Process-driven social care can often lead us down a path where rigid systems push us into practices which fail to take into account people's individual circumstances, making it difficult to be proportionate in our approach to support. Working in a strengths-based way which recognises people as unique individuals can help to transform how we work alongside them to enable them to live a good life. Evidence has shown that **through the process of Community Led Support, people have shared that this is the first time they feel that they have been properly listened to** ([CLS Evidence and Learning Briefings, 2020](#)).





Marian, May and Gill's Story

Marian has dementia and is cared for primarily by her daughter Gill. One day, Marian and her other daughter May came to a Talking Point to ask if there were any places Marian could go to socialise. A Talking Point member talked through some options and Marian decided she would like to go to a luncheon club.

Over the following weeks, it emerged that Gill had been struggling to cope with the stress of caring for her mother and was close to becoming ill herself. It was clear that without support, Gill would no longer have been able to care for Marian.

Marian joined the luncheon club and a coffee morning where she made new friends and reconnected with people she knew before her memory began deteriorating. This helped Gill to feel confident that she was leaving Marian in familiar company while she did other tasks. May was able to help Marian get to her clubs once a week, giving Gill a day off.

Marian feels happy and connected to others by attending her regular groups. Gill gets a break and sometimes comes to the café at the Talking Point with Marian to socialise over a cup of tea.

Without the support of the Talking Point, it is very likely that Marian and Gill would have reached crisis point when Gill's health impacted her ability to care for her mother. This would have likely resulted in Marian staying temporarily in respite services and subsequently a level of ongoing formal support from adult social care. Gill's **right to respect for private and family life (Article 8)** was protected, as her physical and mental health were being negatively affected prior to support from the Talking Point. This right was also supported for Marian, who was able to form relationships with others and remain at home, rather than having to go into respite care. Respite services can also be restrictive places, meaning Marian's **right to liberty (Article 5)** may also have been engaged.





Jim's Story

Jim's wife had recently passed away. He came to a Talking Point, saying that he had no idea what to do with himself, but knew he wanted human connection and a sense of routine and purpose.

Jim became a regular at the Talking Point, offering peer support to others attending and enjoying the social interaction he got there.

One day, Jim turned up at the Talking Point appearing extremely unwell and distressed. He said he was experiencing significant pain due to an ongoing condition that flares up every now and then, requiring treatment with antibiotics. Jim had tried to get a GP appointment but was told that there were none available.

Jim agreed for volunteers at the Talking Point to contact his GP surgery to request a repeat prescription or an emergency appointment, but they were only told that Jim should present at A&E if things got worse. The staff then contacted NHS 111 and supported Jim to explain his situation, and this resulted in a telephone assessment and prescription sent to his local pharmacy.

The following week, Jim was much better said he did not know what he would have done without the support he received from staff at the Talking Point. He felt they had saved his life.

Attending the Talking Point gave Jim a sense of purpose and helped him to build relationships with the staff and others who attended. It was thanks to Jim's ongoing relationship with staff at the Talking Point that they noticed that he was not his usual self and showed concern for his wellbeing. Without their support, Jim's physical health would likely have worsened, resulting in him having to attend A&E and possibly being admitted to hospital. Positive steps were taken to protect Jim's **right to respect for private and family life (Article 8)**, which includes his wellbeing, his relationships with others, and his participation in his local community.



If you have any queries about Community Led Support, or the contents of this report, please contact karen.dawkins@ndti.org.uk.



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