# Observable Impacts of Community Led Support:

A summary of six opportunities and impacts of CLS Strength Based & Place Based working in Adult Social Care.

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## Disclaimer

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## Data Acknowledgements:

Data sources are SALT and ASC-FR: Data resources are publicly available at Adult Social Care Activity and Finance Report, England - 2019-20 - NHS Digital

Comparators are taken from the output of the Chartered Institute for Public Finance and Accountancy's Nearest Neighbour Model which identifies similarities between councils based on a range of socio-economic indicators. This report uses a CIPFA family grouping of the closest 15 councils based on this work.

# Community Led Support

[Community Led Support](#) (CLS) is an NDTi programme that supports values led, effective change within adult social care. Now in its seventh year, it consists of a network of over 30 areas across the UK. The programme assists organisations to be strength based and to work collaboratively with their communities and their staff teams to redesign systems that work, that evolve and are continually refined based on learning.

As an engine of change in adult social care CLS can be applied within systems and across organisational boundaries but at its heart it is about timely, principled action which builds on strengths, is person-centred and outcomes-focussed. It seeks to break down barriers and bureaucracy to make an effective system which includes all partners. This seeks to prevent, reduce, and delay the need for support, make optimum use of the available resources to the best of their ability and efficiency, and inform quality and effectiveness of care services and community assets.

The application and impact of this change can be described through the *Cogs* diagram below:



*Fig 1: The Cogs of CLS: how application of CLS any one area of the system creates wider opportunities and impact.*

Understanding benefits and impact requires a range of sources of evidence and information and the kind of data used in this report is just one of many, along with change stories, feedback from people, staff and partners, etc. that need to be used. Really understanding what is happening, why, and the conditions for that, requires the analysis of all of this data, as shown in our latest [learning reports](#).

This report, however, addresses one aspect of that range of indicators, focusing on information that is reported by systems in those English Local Authorities that have been implementing CLS over recent years and compares this with the average. The findings, we feel, are worth sharing and demonstrate, without showing causal effect and without attributing this effect solely to CLS, sufficient evidence to conclude that something different appears to be happening when the principles of community led support are applied over a number of years.

Note: This information does not capture data since the COVID-19 pandemic but does demonstrate impacts that are apparent when a strengths based, community focused approach is adopted, an approach we believe is ever more needed now.

# Observed Impacts of CLS.

The methodology below uses the data returned by all English local authorities and isolates those who have been employing Community Led Support principles in their approach to adult social care over a significant period of six years or more. It is acknowledged that Community Led Support is often one part of a coordinated approach to strength based and preventative ways of working for sites and, as a result, some of these effects can be explained by the contribution as well as the direct attribution of this way of working.

> Notes on the data:
> a) Data applies to English Local Authority CASSRs only.
> b) Numbers have been standardised to per 100k population to create comparative data sets.
> c) CLS P1 refers to Phase 1 CLS sites: This is an aggregation of the original cohort of English sites that joined CLS in 2015-16
> d) CLS P2 refers to Phase 2 CLS sites: This is an aggregation of a second group English sites that joined the CLS programme between 2017 and 2019.

## Observations of Impact:

1. **Community Led Support increases use of signposting to community / 3rd sector and partners.**
An increasing trend in being able to meet new requests for support with solutions in universal services or partners in the third sector and other services as the primary response to the request for support highlights the value of quick pre-crises response from CLS sites.
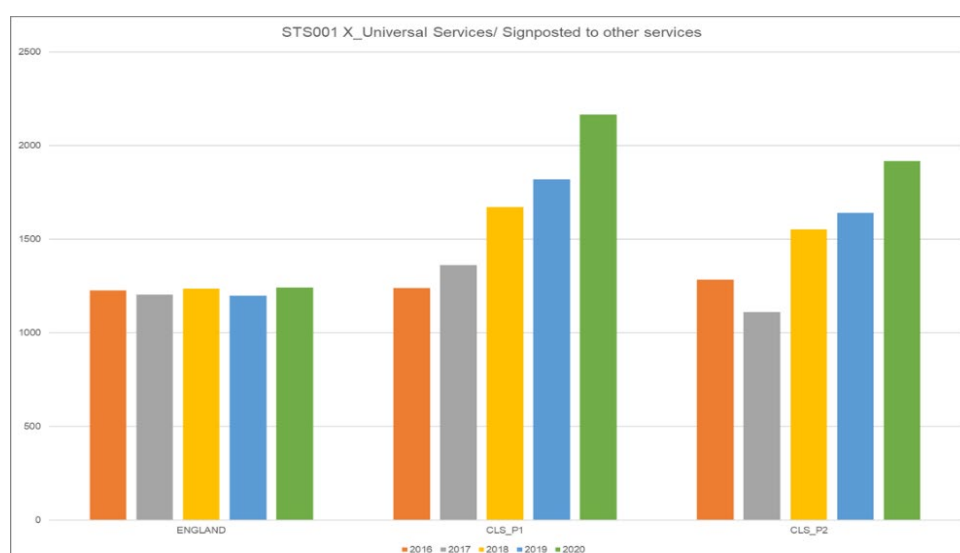


*Fig 3: Comparable rates of Request for Support Signposted to other Services. Source NHS Digital SALT returns 2016-2020*

**Why does this impact matter?**
Being able to support people with professional advice and opportunities outside of formal social care services is an indication of responsive, pre-crisis, skilled intervention that keeps people safe, well and independent. People are connected with available support and opportunities for wellbeing at the very time they, or their carers, indicate these are at risk of failing. This is in stark contrast to post crises intervention which either waits for the failure for people to become 'eligible' for services, or indirectly causes the crises through slow response to initial request for help and support.
**Pre-crises intervention is not only significantly less traumatic for people but also highly cost effective and indicative of a preventative system.**

2. Community Led Support sites show a trend of increased rates of community contacts from new Request for Support. The capacity to see more people faster and to deal with issues without waiting lists, prevents any intervening crises taking these requests for support into other routes such as hospital discharges.
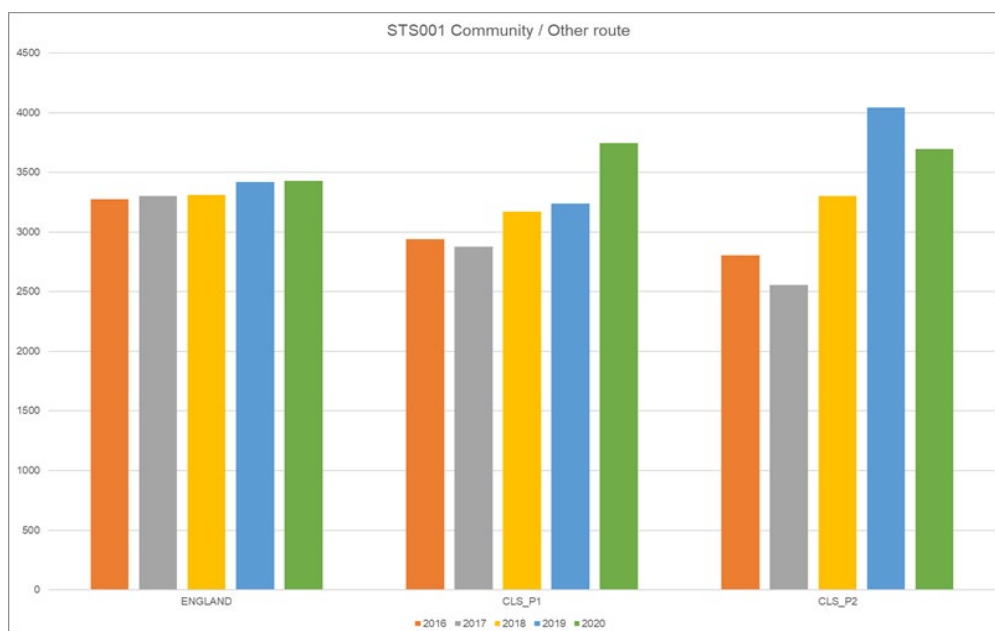


*Fig 2: Comparable rates of Community Request for Support (RFS). Source NHS Digital SALT returns 2016-2020*

**Why does this impact matter?**
A significant number of initial requests for support for people who have had no previous engagement with social care come from people or their families who are living at home in their community. It is widely reported that when people who make these requests are left waiting for a suitable response for a significant time, crises such as falls, carer breakdowns or health deterioration can take place. These people can then be seen entering the care system in other ways, such as through hospital discharges.
**A rising proportion of first-time requests for support from the community as opposed to hospital discharges indicates a responsive way of working that prevents crisis and trauma.**

3. Community Led Support sites show reductions in the use of residential care. Comparisons of CLS sites show a more pronounced fall in the use of Residential Care as long-term support. A tendency

towards crises prevention due to faster response times, as well as the additional care capacity created through use of community assets, appears to positively impact the rates of people requiring residential care.
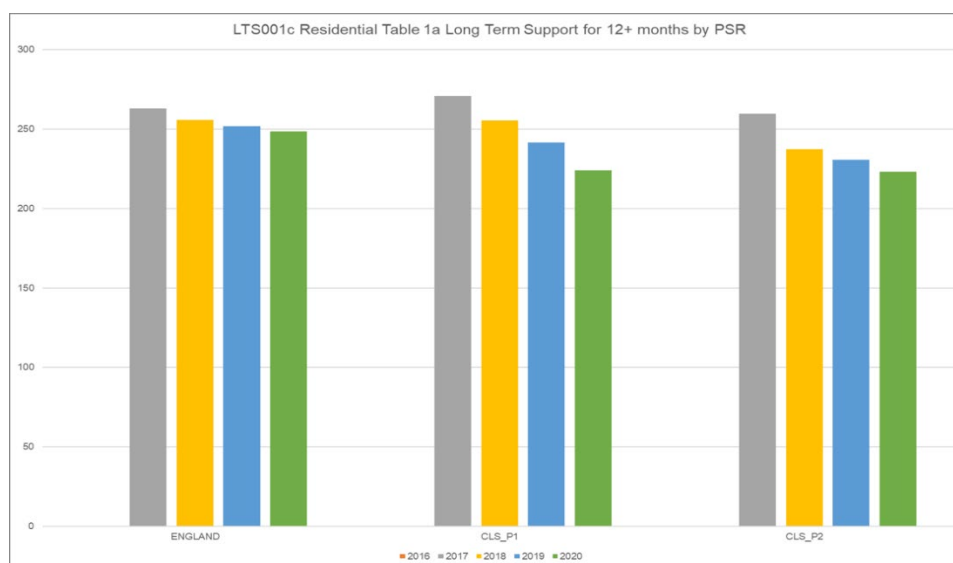


*Fig 4: Comparable rates of Use of Residential Care as Request for Support entry to ASC. Source NHS Digital SALT returns 2016-2020*

**Why does this impact matter?**

It is the wish of most people to live well and remain safe in their own homes, and it is the strategy of many local health and care systems to avoid the use of residential care for this reason, as well as the financial implications of using this type of care. As the average life expectancy rises, those areas who can use home based care, adaptations, housing design and community assets and supports to keep people safe in their homes for longer appear to show a trend of reduction in residential care.

**Trends in declining use of residential care signal an ability to keep people safe and well in their own homes for longer.**

4. Community Led Support sites show a higher rate of self-reported Quality of Life in response to ASCOF questionnaires. CLS focuses on people and their outcomes, emphasising the value of community connectiveness to keep people safe and well in their homes and communities.
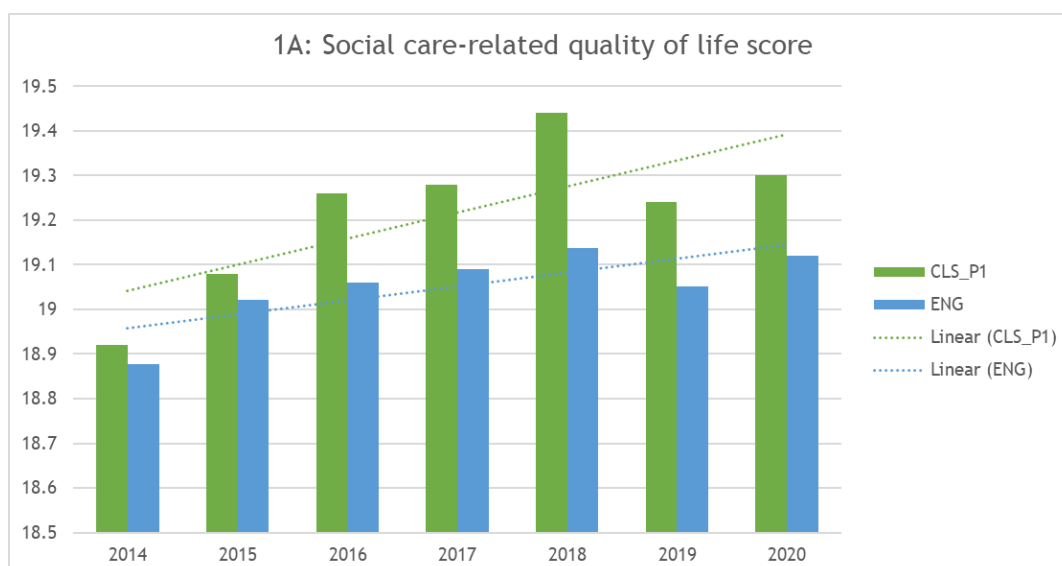
*Fig 5: ASCOF 1A comparison CLS vs England 2014-2020.*

**Why does this impact matter?**

The Quality-of-Life measure is important as it is a composite of those things in people's lives that contribute to their health and wellbeing in very significant ways: sense of control, personal care, food, nutrition, how safe they feel, their sense of control over their lives, dignity, where they live and how they spend their time. It is acknowledged that care and support cannot, on its own, deliver these.

**A higher score in quality of life would indicate a focus on personal outcomes, and a desire to meet these with opportunities and resources that extend beyond the statutory care services.**

5. Community Led Support sites show consistently higher proportion of people who say they have control over their daily life when compared to the national average position. CLS has a focus on working with people to keep them in control and working to achieve their outcomes.
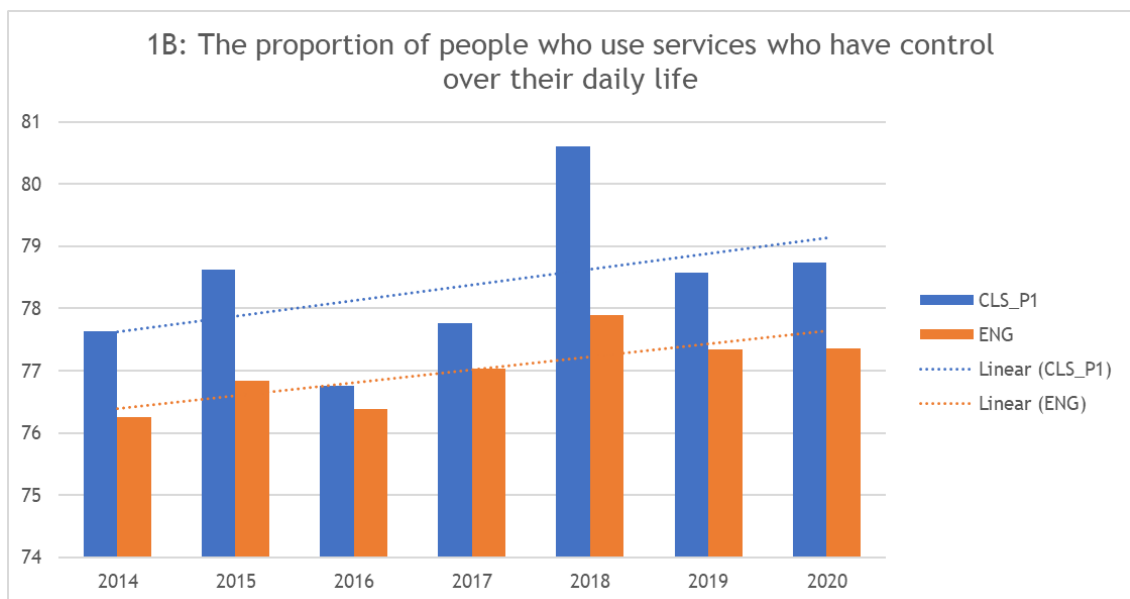


*Fig 6: ASCOF 1B comparison CLS vs England 2014-2020.*

**Why does this impact matter?**

Working in a way that closely matches the needs and wishes of the individual, putting those who use services in control of their care and support is a key element of social care. Having control over your daily life, your choices and your care is known to be a significant element in maintaining personal resilience, which in turn maximises people's ability to stay well, recover well and cope well with adversity.

**A higher score in a self-reported sense of control would signal a genuine desire to work with people in an inclusive manner, not doing 'to them' or 'for them'.**

6. Community Led Support sites show a higher proportion of people who self-report that they have as much social contacts as they would like when asked as part of the ASCOF national questionnaire. The CLS approach seeks to use the strengths of family and community before the application of formal support, and never loses sight of helping people achieve their outcomes.
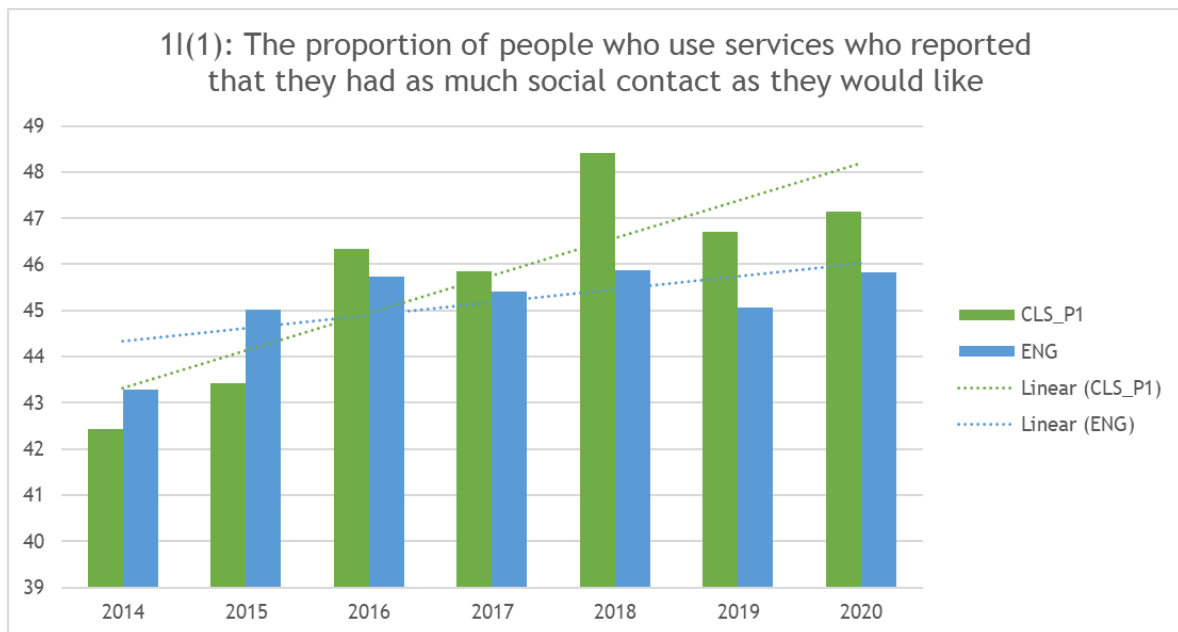
Fig 7: ASCOF 1I(1) comparison CLS vs England 2014-2020

**Why does this impact matter?**

Social relationships and engagement in community life are extremely important for individual resilience and can significantly impact mental wellbeing. Evidence shows that relationships make people feel emotionally safe, and a sense of belonging has been linked with the use of 'active coping mechanisms' like problem-solving. Social isolation is known to be extremely damaging for people's health and wellbeing leading to deterioration in health and increased use of services.

**A higher score in self-reported social contact would indicate an understanding of the importance of being in and being connected to one's place and community for health and wellbeing.**

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