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Changing culture not just process: Community led support in action



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Executive summary

Introduction

Community Led Support (CLS) is a strengths-based approach to social care. This involves working with people and communities to achieve what matters to them, and builds on existing relationships, skills, networks, and strengths they already have. The National Development Team for inclusion (NDTi) developed CLS as a way for the whole social care and health system to work together to make strengths-based working happen in practice. It has now been applied in over thirty local authority areas across the UK. CLS supports local areas to understand how best they can work together with other organisations, communities and people with lived experience of health and social care.

This report details the findings of a two-year study undertaken by a national collaboration of universities funded through the National Institute for Health and Care Research (NIHR) National Priorities Programme for Adult Social Care and Social Work. It builds on insights from previous studies about the importance of co-production, culture, leadership, and use of data in the implementation of strengths-based approaches. The study team were guided by lived experience and practitioner groups. Research included:

- Studying CLS programme documents and materials
- Interviews with local leaders and practitioners
- Observation of local and national CLS activities
- Analysing activity and finance data to understand the impact of CLS
- Engagement with the NDTi team

Main findings

Local areas which engaged in the CLS programme showed positive changes in their social care assessment and care management activities compared with 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 greater proportion of people's care package reviews being undertaken in a planned way two years post-programme.

Culture

Cultural change is dependent on sustained commitment by senior leaders and providing engaging communications which focus on the main CLS principles with wider organisational and partnership networks. A system-led approach can make changes in core processes easier, which can guide the daily work of practitioners and help them to be more strengths-based in their practice. Community hubs in which practitioners are available to local people provide a chance for local authority staff to talk directly with community members, voluntary and community sector groups, and with other partners. Despite a commitment to share influence and resources, management and the strategic direction of CLS often stays mainly in the local authority due to traditional ways of hierarchical working within social care governance and policy.

Leadership

NDTi reflect the values of CLS throughout their leadership of the programme and in their willingness to learn through evaluation by people from outside their organisation. A national network, which NDTi run for all CLS sites to participate in, provides valuable peer support and a way to share local experiences of transformation. There are 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.

Co-Production

Working with people with lived experience of social care (co-production) was agreed by local authority leaders to be a core principle of CLS which should happen in direct practice with individuals and families when planning their own care, and at a strategic planning level when delivering services overall. To achieve this well, in particular at a strategic level, was often viewed and experienced as highly challenging.

As it takes time to create networks and trust, co-production requires long term commitment and resources. Collaboration with other organisations and consultation processes with people with lived experience were often given as standard local examples of how programmes were co-produced. NDTi should also better reflect co-productive principles within the governance of the CLS programme overall, including the network activities.

Key recommendations

- Co-production with people with lived experience should be better embedded within the governance and development of the overall CLS programme.
- Practical tools should be developed to help local areas to understand their practice cultures and identify how to improve these to better reflect strengths-based principles.
- CLS should provide a clearer definition of what is meant by co-production and more practical examples of how to achieve this in practice, including developing leadership capacity of people with lived experience.
- Distribution of leadership within local CLS programmes should include the voluntary and community sector.

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Introduction

“ 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. ”

National Development Team for inclusion

A strengths-based approach within social care emphasises what matters to people and communities and builds on their existing resources. These include people's individual experience and skills, networks of family and friends, and cultural, physical and social assets within their communities. In doing so, a strengths-approach seeks to move away from deficit-based models of care management in which assessments focus on people's difficulties and associated risks, and in which support is shaped by professional judgement and formal services. Strengths-based approaches are based on principles which mirror the core values of social care and social work in relation to people's right to self-determination, inclusivity, and respect, and which are embedded within the legislative requirements of the Care Act. Such practices have the potential for more effective use of public resources through preventing people's situations from deteriorating to a crisis point and reducing reliance on formal services. Strengths-based approaches are therefore widely supported within social care policy and practices and their underpinning principles are reflected in similar developments within primary care, housing support, and community development.

Despite such legislative, policy and practice support, local social care systems experience considerable challenges in embedding strengths-based approaches. Deficit models have been built into underlying assessment and care planning including recording processes and resource allocation. Practitioners have become familiar with bureaucratic structures which do not encourage creativity in their practice and flexibility in the use of resources. Providers have been commissioned to deliver set activities structured around risk-based care plans. People and their families have come to expect a professionally led approach in which support is allocated on the basis of need. Addressing these challenges to implementation therefore requires not only new guidance, systems and processes but

addressing the underlying professional and organisational cultures in assumptions of deficit have become normalised. Cultural issues include practitioner autonomy to work imaginatively with people and families, practice leaders ability to innovate with local partners, and co-production opportunities with community partners and people with lived experience.

Community-Led Support (CLS) is a system-led approach to embedding strengths-based approaches. Developed by the National Development Team for Inclusion (NDTi), it has been widely applied within local authorities in England, Scotland and Wales. CLS is different to other strengths-based approaches in that it does not seek to embed a defined practice model or intervention but rather help areas to re-design their ways of working so that these maximise the individual strengths and community connections of local people. CLS has a set of core principles which areas must sign up to and offers a range of support to enable local systems to embed these principles. This includes – the capacity and expertise of the NDTi team, a menu of developmental options for staff from within the local authority and wider system, and access to peer support networks and special interest groups. Annual in-person and online events further help to disseminate learning and facilitate those leading CLS within local areas to connect with colleagues across the country to share experiences and insights.

This report shares findings from a two year research project undertaken by a national collaboration of universities funded through the NIHR National Priorities Programme for Adult Social Care and Social Work. Building on insights of previous studies regarding the implementation of strengths-based approaches, and guided by both a lived experience and a practitioner group, the research focussed on four core aspects of CLS as a case study of strengths-based transformation – culture, leadership, co-production, and use of data. The research identified the underpinning assumptions, activities and outcomes expected by CLS and explored how these were reflected in changes of organisational and professional practice. This involved documentary analysis of the programme materials, interviews with local leaders and practitioners, observation of local and national implementation activities, and engagement with the NDTi team (for a full overview of the methodologies see appendix A). The impact of CLS on core social care activities was analysed through comparison with non-CLS areas. More details of the methods are outlined in Appendix A.

Key definitions

| | |
|------------------------------|---|
| Co-production | Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects (Think Local Act Personal, www.thinklocalactpersonal.org.uk/Browse/Co-production) |
| Person with lived experience | A person who has directly accessed health and social care services in relation to their own needs or through caring for someone else |
| Collaboration | Partnership working between different organisations and professionals to improve support for people and communities. |
| Leadership | Influencing others to achieve a shared vision based on common values. |
| Culture | The established rules and values within organisations and teams which shape expected behaviours. |
| Strengths-based approach | A holistic approach to health and social care which is based on what matters to a person and builds on their informal networks and resources through respect and openness. |

Before sharing the findings, it is worth noting that the research was undertaken in the aftermath of the COVID-19 pandemic at a time of unprecedented demand, financial pressures, and workforce capacity issues for local authorities and local social care systems. Maintaining existing services to a reasonable standard was therefore a major challenge let alone seeking to transform the fundamental practices, processes, and cultures. It is testament to the commitment and resilience of the NDTi team and the local teams that they continued to make progress and were able to engage within this research project. It is also worth noting, too, that in part due to the local challenges at the time of the evaluation there are limitations on the sample who participated. In particular, this meant that the experiences of the voluntary and community sector and the wider partner agencies in local areas were not captured in detail and no person with lived experience was interviewed regarding local implementation approaches.





How does CLS envisage change?

The CLS programme documents underline that CLS is not looking to implement a prescribed intervention but instead seeks to enable local areas to create the conditions which will enable strengths-based practice to flourish across the health and social care system. It is a dynamic programme with a menu of tools and activities for each local area to adopt and adapt appropriately. The role of NDTi within this change process is to provide underpinning principles and strategic framing, to share learning between the network of members on what has worked successfully, and to provide expert facilitation and developmental support. The overall philosophy is that impactful changes will be embedded and sustained through local organisations, professionals and communities identifying and owning opportunities for social care and health agencies to work differently; not to implement set models. This belief was supported by the quantitative component of the research which found that implementation of CLS is correlated with local authorities seeing a reduction in the levels of people who require funded care provision and that this is maintained over time. Furthermore, there were no indications of increased expenditure suggesting that the improvements were achieved within the same resource envelope.

“ We try and become partners, because it matters to us that it works as much as it matters to sites that it works. We're not just prescribing a solution. We're getting involved with them through the values to see how and where and if that solution works, and if not, how might it work differently? We create the permissions and the freedom for people to think differently. At the application we engage with the staff groups and articulate that permission, and describe how they can work differently. ”

NDTi manager

The CLS process is one of continual evolution rather than pre-determined end points with new practices being tested out by local areas and their learning being carried into the next stage of development. NDTi act as an encouraging guide and critical friend who will support and challenge local leaders to achieve the principles of CLS even in the face of competing pressures and external expectations. Culture

change is explicitly outlined as a fundamental outcome of CLS with the objective of embedding a culture based around trust and empowerment. Other CLS principles also have an implicit cultural component – for example, how organisations and professionals engage with people and communities, the importance of valuing individuals' different strengths and gifts, and an overall drive to reduce unnecessary bureaucracy. The NDTi team endorse the importance of achieving culture change within the programme documents, and moving from a culture which was focussed on process and organisational assurance to one based on enabling practitioners to 'do the right thing' and deliver 'the job that they signed up to do'.

Along with being an outcome in its own right, culture is also seen as within the programme as an enabling factor which will promote or block wider adoption of CLS principles. For example, NDTi highlight the danger that a blame culture will stifle practitioners' willingness to innovate through fear of recrimination if their new practices are not seen to be successful. **Leadership** at all levels of the system was seen to be the main facilitator to changing culture. Senior management should undertake the leadership task of communicating the new principles, establishing a common vision, maintaining a visible presence, and demonstrating authenticity in their own behaviours. CLS also encourages leadership to be devolved and power distributed from the corporate centre closer to those working directly with people and families. This requires senior leaders to accept that they cannot know or control everything that is happening and instead be confident in the commitment and abilities of others. As a programme, CLS believes this should include leadership by people and organisations external to local authorities. The new leadership practice was described by the NDTi team as being 'brave' and 'authentic'. Supporting activities provided within the programme include running developmental workshops, providing constructive challenge, support, mentoring and coaching to current leaders, and connecting leaders to share learning through the national network.

“ We can't emphasise enough the importance of co-production and collaboration and of getting a wide range of stakeholders on board early on, particularly including people with lived experience and family carers...their insight will be invaluable and if they can inform and be involved in implementing a different way of working, they will be its greatest champions. ”

(Let it Evolve, Collaborate and Co-Produce, NDTi 2021)

Co-production is highlighted as the other main enabler of culture change outlined in the programme documents. Drawing on the programme to rebuild the confidence of people and communities in social care which had been lost through austerity and process-focussed services is again both an outcome and a facilitator of the change. The necessity of co-production with people with lived experience and local communities, and better collaboration with other organisations and sectors, through local adoption of CLS was emphasised by the current NDTi team. Their definition of co-production includes collaborative working not only with people with lived experience but also between organisations:

Co production is 'about people, communities and services/organisations working together to create opportunities and solve problems'. (NDTi Webpage 2024)

Whilst not explicitly linked to culture, NDTi's encouragement for local areas to create opportunities for staff to share how CLS has made a difference to professional practice and the lives of people and communities is another potential facilitator of culture change. Such processes can create new 'stories' of organisational life in which these practices are celebrated and normalised. Similarly, the annual CLS gatherings, online events, and personal accounts of impacts, and how these have been achieved, help to build a culture within the network which reflects the core values. These help to build members' belief that such practices are possible, that peers whom they respect are engaged in similar activities, and to create a common identity of champions of change.

How is culture change experienced in practice?

Local authority leaders held similar views to that of NDTi regarding the need for culture change. Along with the need for less bureaucracy, more trust, and greater collaboration with partners, local authority leaders raised other cultural issues. These included addressing siloed working within local authorities, an adversity to potential risks through doing things differently, and reactive firefighting being the norm over long term strategy. It is worth noting that a generally negative view of what culture was like prior to CLS was not held by all, with one local area describing their ways of working as looking for innovation and receptive to new practices. An additional dynamic mentioned by several local authority leaders related to collaboration with health care services, who were described as not always signed up to the CLS values. NHS leaders were often thought to be more comfortable with maintaining traditional problem-orientated approaches and professional power in decision making than with the distributed approach within CLS.

Local authority leaders saw a strengths-based approach as requiring culture change within social work and care management teams and in other parts of the local authority. In particular, the need for new approaches within commissioning and procurement teams were raised. Colleagues in these functions are responsible for prioritising how available funding in social care is deployed, the extent to which resources were invested within local communities, and the nature of the relationship between the local authority and independent providers and voluntary sector organisations. For example, if contracts required care to be focussed on closely defined tasks, then providers could not then support people in more flexible and responsive ways. Similarly, if voluntary sector organisations had short term and insecure funding then this would limit their ability to commit to long term transformation. The complex and long-term nature of such culture change, and the need for continual reinforcement of the new values and practices was recognised by local authority leaders.

CLS gave a helpful overall framing which resulted both in the development of new local initiatives and a coherent narrative to connect together existing strengths-based approaches. The NDTi team brought skilled expertise, helpful tools, and practical insights from their work with other areas. Due to its national reputation, engaging NDTi and using the 'badge' of CLS provided credibility with local stakeholders to new strength-based strategies. Local authority leaders were less focused on the benefits of specific CLS change activities (although training was mentioned by many) but rather on the more holistic role

of NDTi in providing support, guidance, mentoring, and visioning. Being members of the wider CLS network, and attending the annual gatherings, were also seen as helpful. These enabled local authorities to gain peer support, to feel part of a wider movement, and to gather inspiration and practical solutions from others. Local authority leaders recognised that colleagues within their organisations and external partners who were not closely linked to the programme may not be aware that they were embedding CLS.

“ It feels like the relationships are more meaningful because of the opportunities through the [network] gatherings and things like that to come together. ”

Local authority manager

Other facilitators of cultural change mentioned by local authority leaders included the use of 'strengths-based mantras' by senior managers. These sayings provided a simple yet powerful articulation of the new culture which could be applied to a diversity of decisions. 'Stories of change' (in which case studies were shared through in person meetings and in written formats) were also highlighted as demonstrating that change was possible and new practices celebrated within the organisation.

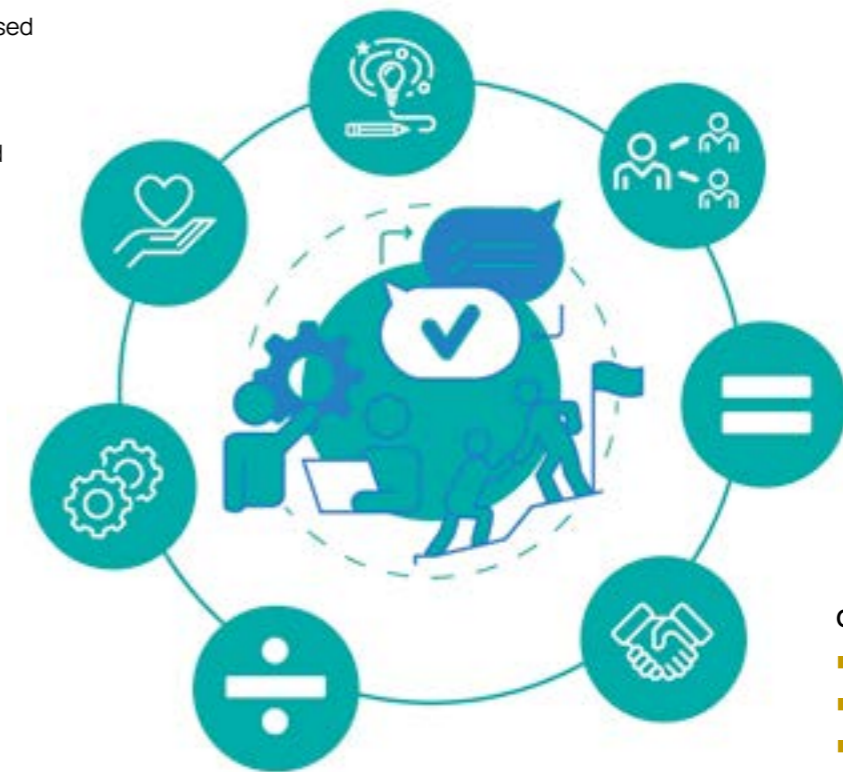
'Change ambassadors' (staff members identified as being local leaders of the approach) were not deployed in all local authorities but where these roles were created, they were seen to be a helpful means to communicate key messages and reiterate principles alongside more formal briefings and training.

“ I said to them, I've just got three things I ask of you, **do no harm, don't break the bank, don't blow the budget.** Otherwise, go for it, I am giving you permission to try things out. ”

Local authority manager

Culture before CLS:

- Process focussed
- Lack of trust
- Siloed working
- Risk orientated
- Competitive



Culture after CLS:

- Positive collaboration
- Community orientated
- Diverse and inclusive
- Trust in practitioners
- Learning from innovation

Figure 1. Figure showing a summary of the ideas held about culture before the CLS program and what culture did or would look like after the CLS program, based on our research findings

The two most common examples of where change had been achieved in local systems related firstly, to improving assessment processes to be less bureaucratic, more co-produced and relational in nature and secondly, to developing community hubs in a fixed or mobile locations to provide a more informal and accessible venue for people to access support and information. Both these developments are practical improvements which have the potential to enhance the experience and outcomes of people and communities. They can also be seen as powerful embodiments of a new culture of trust and empowerment. For example, through the new assessment processes, practitioners could engage with people and families on a much more open and flexible basis than previously so were more trusted (as the processes around their practice were less specified and they had greater opportunity to use their professional judgement). This also supported greater empowerment of the practitioner, as they could consider a greater variety of formal and informal support options which complemented that of the person and their family. Interestingly, findings from the quantitative analysis showed that in the early years of adopting CLS there was an increase in people being signposted away from formal services to other resources, but this effect declined over time.

Similarly, community hubs were both an important achievement and helped to create an environment which reflected the new culture. They sought to be a more welcoming and open space in which people and practitioners could be trusted to engage with each other on relevant issues without the need to go through screenings and referral processes. They enabled community-based options to be considered before proceeding to formal support services and for practitioners to engage with other professionals about an individual without the need to make a formalised contact. The environment of the hub also allowed social care practitioners and team leaders to connect with community-based partner organisations and so begin new collaborations and initiatives to respond to local needs. The Community Hub Scenarios outlined below describes a typical day in these resources based on interviews with workers who are based within the hubs.

Community hub scenario one

- The session runs once a week at the voluntary sector-run community space, with social workers on a rota, the same one returns about every eight weeks
- The social worker will arrive early to chat with the voluntary sector staff
- The social worker uses a side room for 'talking appointments'. Generally, three are scheduled per day, lasting 1.5 hour each
- The community space has activities running throughout the day
- Relevant information will be read before the appointment. Usually one person cannot attend, one person is referred to community services, and one person will be allocated to a social work team for further support
- The social worker might refer to activities happening in the space and introduce them to the staff present
- By holding the appointment at the community venue, the social worker can assess how the person is practically able to navigate around their own community (transport/mobility, etc...)
- At the end of the day, any paperwork is completed, they say goodbye to staff and leave

Community hub scenario two

- The session runs once a week at a set time and day, in a building identified by the community as already being a popular community space
- The council representative sets up by putting the sign out the front of the building advertising the community hub
- Volunteers make the teas and coffees, and the room is already set up with tables and chairs
- A representative from the council works with anyone who comes in, and tries to either help directly, or phones other services in the community to see what might be available
- At the end of the session they bring the sign in, and hint that its nearly lunchtime. The building is locked over lunch before a different group comes in later in the day
- The representative from the council leaves and has any information needed for formal referrals, if they've not been made already

1: Two community hub scenarios (more detail in Appendix B).

Discussions at the CLS Gatherings highlighted that local areas had very different experiences of similar interventions being used to embed culture change. For example, peer forums had worked well in one local authority as a place in which practitioners could openly discuss and debate alternative options to support people and families, but in another such authority forums were not successful as practitioners did not feel safe to be open and were worried about being criticised by others. In yet another area, the local authority was concerned about peer forums in which team managers were not responsible for chairing the discussions which suggested a continued lack of trust in practitioners and a wish to maintain organisational control. Experience of change champions was also mixed

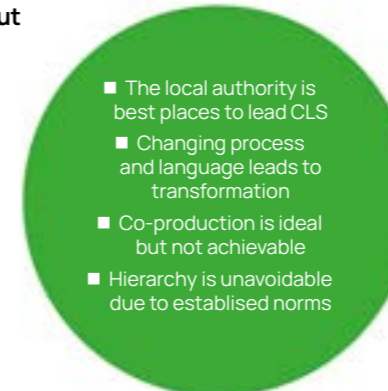
– it appeared that these could initially be positive, but the contribution of the individuals concerned tended to diminish over time and/or the organisations' investment became diluted or was replaced by other developments. Overall participants found difficulty in articulating in any detail what aspects of culture needed to be changed within their organisations. Similarly, little rationale could be given for why initiatives introduced through CLS were selected in particular to achieve the necessary culture changes. At the second gathering, there was considerable enthusiasm for the concept of 'artefacts' to make local cultures tangible and provide an opportunity to consider the values and assumptions which underpinned such artefacts.

Cultural change and CLS

Exposed values: What does CLS say is important?



Underlying assumptions: What do artefacts suggest about local views?



Cultural artefacts: Practical examples of culture change

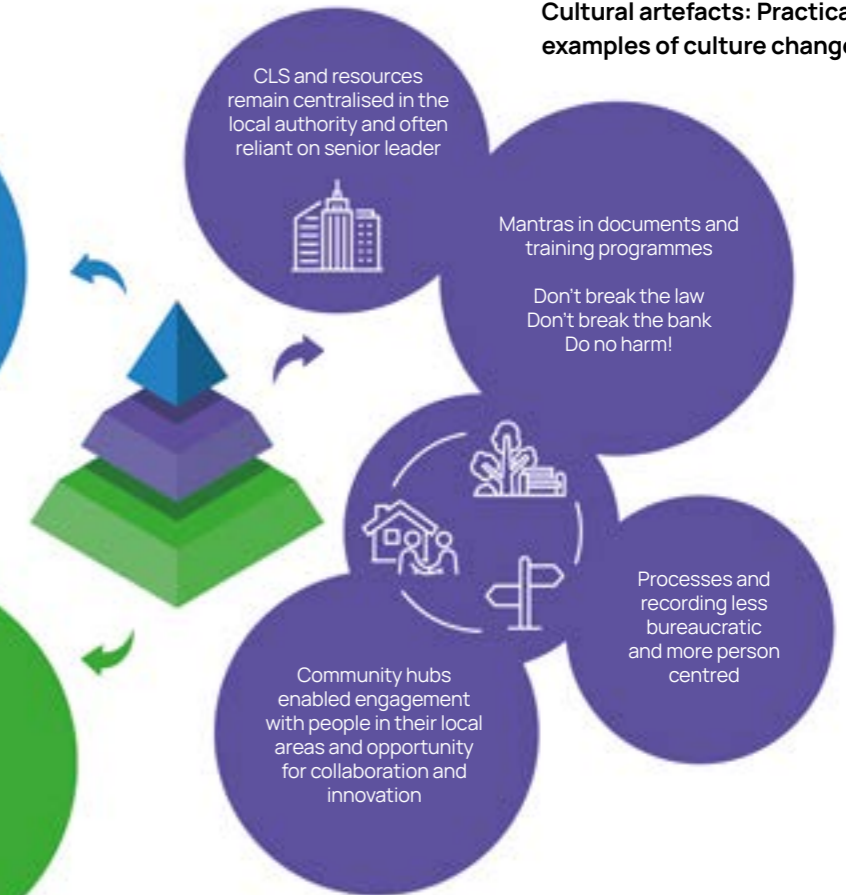


Figure 2. Figure showing representation of cultural values, assumption and artefacts within CLS, this figure reflects research findings and information from the annual gathering.

Whilst recognising the benefits of culture changes, the practitioner group highlighted that formal processes were still needed to address situations in which people could be at high degrees of risk and guide staff as to how they should respond in times of crisis. The group's view therefore was that a strong steer and supportive process would be helpful with such issues. This highlights that the same cultural approach will not also fit all situations. The practitioners also stated that a shift to a more positive and trusting culture would require considerable time for staff to adopt. They saw sayings such as 'doing the right thing' as helping to encourage professional autonomy and trust, and that the CLS branding signified that strength-based approaches were being prioritised.

Pilot programmes were seen by the group as being open to both positive cultural interpretation (new ways of working are being encouraged) and/or more negative interpretation (there is only short-term funding available). Practitioners were keen to highlight the issues contributing to the potential mismatch between the values of CLS and what was experienced in practice. These included - the workforce is overworked and the environment under financial pressure,

so enthusiasm is hard to maintain; staff who are not involved in the initial decision to engage with NDTi can be suspicious that change programmes are only employed for the financial savings, or may already feel aligned to an existing change programme; training is essential but it is hard to know how effective it is in changing practice; and if there is no vision shared across staff then CLS will not be successful.

The focus for the lived experience group in relation to culture was principally on how local authorities communicate with people with lived experience and their communities. This mirrors the discussions of the practitioner lived experience group when discussing leadership. From the perspective of the lived experience group, the culture of organisations was largely shaped by the people acting within it. They highlighted underlying assumptions held by practitioners which needed to change to reflect CLS – this included recognising that people faced more complex challenges than that connected with one label or diagnosis and therefore integrated working across agencies was vital. They also shared that practitioners could do more to incorporate family and friend networks in their practice.

How is leadership experienced in practice?

Strengthening leadership was envisaged by local areas as being a key enabler to their new culture and therefore transforming leadership practice was a common local starting point (Figure 2). This included encouraging people with practice supervisory roles to see themselves more as 'leaders' (who would enthuse and support others to innovate) rather than 'managers' (whose main emphasis was on co-ordinating, allocating resources, and following organisational processes). Those with responsibility for operational teams were seen as particularly important as they oversaw the quality of direct practice and created conditions in which team members would feel safe to explore new approaches. There was also emphasis on better connection with professional values as the basis for their leadership and courage to challenge organisational and practice behaviours which did not reflect these values. Local authority leaders recognised that this would require not only brave managers but working to create an organisational environment which would be receptive to such constructive criticism.

The contribution of senior managers to changing organisational norms was also emphasised. This involved setting the overall direction for the new culture, providing legitimacy to new and unproven approaches being tested out, and representing the vision to other internal and external senior leaders. Local authority leaders saw their organisations as largely being bureaucratic entities in which power was located within the senior executives. Therefore, corporate directors explicitly giving permission for new ways of working provided reassurance to practitioners and their team managers that this was endorsed by the organisation. It was also hoped that CLS would lead to a more inclusive approach to leadership which would enable those not in formal management roles and outside the local authority to influence future developments. The leadership training from NDTI was seen to be an enabler through embedding a common leadership approach. Where this training was inter-sectorial it provided opportunity for leaders across the system to develop together.

Leadership was raised by the practitioner group as a key aspect to embedding the CLS program. They underlined the need for continued and consistent messaging from senior managers in how they communicated their commitment to the principles to the wider workforce. It was noted, too, that senior leaders will not have the same experience of what is available in the community as practitioners and should therefore seek to be informed about the reality of local assets. Practitioners emphasised the importance of distributed leadership at different levels and for these leaders to encourage and support the workforce to undertake practice changes. They highlighted that when the word leader is used, people are most likely to infer that this means those in management and changing this perception would require altering their underlying perceptions.

There also seemed to be a mixed response from practitioners regarding the opportunity to have greater freedom in their work (i.e. to lead their own practice) which ranged from some feeling liberated and empowered to others being uncomfortable and anxious with the lack of structure and certainty about what was expected of them. Again, being socialised into bureaucratic norms will have made this a difficult adjustment for some. Contextually speaking, local authorities felt their position was part of a broader systemic problem, as funding and priorities originate within central government and the connected policies and objectives do not always feel aligned with the values reflected with a strength-based approach.

CLS ideals of leadership

- Brave leadership
- Resilient to adversity
- Creative and open
- Collaborative and valuing
- Willing to challenge



Actions leaders

- Build diverse network
- Encourages difference of view
- Maintains vision
- Distributes authority
- Open to learning

In terms of changes on the ground, leadership was starting to be more distributed within local authorities. Middle managers were able to provide examples of how they had been able to instigate considerable practice improvements in their teams. Examples were also given of reviews of core organisational processes being trusted to groups of front-line practitioners. Overall, though, there was still a noticeable focus on the central role of senior managers to the development, sustaining, and achievements of local CLS programmes. This undoubtedly reflects how local authorities generally operate, the legal responsibilities of directors, and staff being socialised into bureaucratic cultures. Middle managers also reported that whilst responsibility for identifying and embedding innovative practice had been distributed, the resources to achieve this were often not delegated. This could result in them facing a tension between the bold aspirations of senior managers with the realities of a pressurised and stressed workforce.

“ We’ve got more and more pressure on the system as more and more people need support ... with the funding you can get, you squeeze what you can out of it. To me, the detriment of that is the wellbeing of the staff. ”

Local authority manager

Limited distribution of leadership outside the local authority was raised by the voluntary sector. Despite being connected within their communities and arguably better demonstrating the values of trust and empowerment within their cultures, few voluntary and community organisations saw themselves as having a central role in the development of CLS. Some questioned the premise that change across the whole system was in fact needed and instead proposed that it was local authorities, not the system, which had to change. Whilst welcoming the overall vision of CLS, voluntary sector organisations were frustrated that local authorities, who in their view had not demonstrated system leadership previously, saw themselves as best placed to introduce and co-ordinate this change rather than the distributing to the community sector. On a practical basis, they and other local stakeholders highlighted that community hubs were in some cases duplicating similar resources already provided by other organisations.

“ I think team managers really embraced the idea ... I think at a senior management level there’s a disconnect between what they feel is available and what is actually available. They really have this blue sky thinking ... they go to these events, and it’s all singing and all dancing. But, actually, what does that really mean for the community? ”

Local authority manager

Figure 3. Figure showing a summary of the ideas held about leadership and the values needed by leaders involved in CLS, and how these values might be actioned, based on our research findings.

How is co-production experienced in practice?

The lived experience group saw co-production as tantamount to CLS working as intended, reflecting the emphasis NDTi use in their mission statements and values. They spoke at length about ways that sites would need to enable the community to participate fully in all stages of the CLS journey through providing sufficient time and resources. The co-production processes needed to include local authorities hearing both negative and positive stories of people with lived experience, taking a varied approach to accessibility and community spaces (physical, psychological, communication and language needs, such as using interpreters or wheelchair ramps, or home visits), and instilling confidence that people can share their opinions and feel listened to. The group also raised how better education of professionals and managers in relation to how to co-produce with people was needed, as was gathering practical evidence co-production is happening, where, and how it makes a difference. As set out, the research found little evidence to suggest that co-production was truly an embedded approach carried out throughout all stages of CLS planning, implementation, and evaluation. The lived experience group was unsurprised and acknowledged that co-production was sometimes uncomfortable or difficult for local authorities to carry out, but emphasised again that it must be essential for CLS, because the outcomes can be so beneficial for all involved.

Co-production was endorsed by local authority leaders as being a core principle of CLS but also highly challenging to achieve in practice. It was striking how self-critical local leaders were of the degree of aspiration of their plans to facilitate greater influence of people with lived experience and engagement of communities and their considerable pessimism that these would actually be achieved. There was also inconsistency in what local leaders perceived as constituting co-production, the types of strategic decisions that people could influence, and the degree of influence that people could be expected to have on these decisions. It was also not always clear if local understandings of co-production included practitioners and / or external partners within the change process along with people with lived experience and communities. There was greater confidence by local authority leaders on changing the basis of the practice interactions between people and professionals (micro co-production) than within planning and commissioning (strategic co-production). Community Hubs were seen to connect practitioners more openly and flexibly with members of the community and with other agencies, but it was not often clear if and how related insights would then be used to influence wider strategic developments. Again, systemic issues around funding and

the time needed to develop meaningful relationships where co-production can flourish were seen to be one of the key barriers to facilitating co-produced programmes. On working to produce homelessness support programmes, this operations director states:

“ Building trust and getting people experiencing homelessness to work with us to be able to deliver a community-led service can take years but we’re expected to do that within a short period of time, and the money might continue, or it might not. ”

Local authority team manager

Whilst NDTi’s emphasis on co-production had been heard and adopted as an important principle, local authorities were less explicit on how the CLS programme was practically supporting them to develop the necessary capacity, skills, and infrastructure to embed co-production within the strategic planning and implementation. There were examples provided of strategic co-production underpinning major strength-based developments and of people with lived experience and communities informing overall social care strategy within the local authority. Community hubs again provided an opportunity for different agencies to reflect on what issues had been raised during the day and identify local support gaps. Community hubs became a centre of organisations’ co-production through sharing a space and resources, whilst meeting the need of the community. As this healthcare practitioner said:

“ The council were doing this community hub model ... similar to the vision we formed through what patients had told us ... there was no point in us creating something totally separate, so we now work alongside their project, and the ideas have evolved by pure engagement with people from across the system. ”

Healthcare manager

In general, though, most interviewees did not think that people with lived experience and communities were sufficiently embedded in how CLS was implemented. Concerns were also raised about how sustainable good

co-productive practices were as these were typically reliant on one particular person. More examples were given of collaboration with other professionals, particularly in relation to the community hubs.

CLS values of co-production:

- Reciprocity and trust
- Equality of expertise
- Long term commitment
- Inclusive and diverse
- Ready to be challenged



Activities of co-production:

- Actively engaging diverse communities
- Representation on steering groups
- Learning from individual discussions
- Designing community hubs

Figure 4. Figure showing a summary of the values of co-production within CLS, along with the activities which can enact these values within CLS programs. This diagram is based on research findings and insights from lived experience and practice groups.

Once again, the practitioner group spoke about the difficulties and systemic barriers to undertaking co-production. These included the lack of resources and capacity, co-production sessions not always being well facilitated, and an overall lack of momentum. They also shared potential enablers such as drawing on co-production groups as critical friends of the development, being explicit that co-production could include uncomfortable discussions, and using the peer network to share good examples of co-production. Peer forums, whilst not involving people with lived experience directly, could encourage practitioners to better co-produce their direct work with people and families.

At the 2022 Gathering a broad range of strategic community engagement examples were shared but these were largely consultative in nature rather than enabling co-design. More robust examples of strategic co-production were often achieved in collaboration with other partners, such as voluntary sector organisations, who had longer term processes to engage with people and communities. Community hubs were highlighted in the Gathering workshops as being one of the few examples in which strategic co-production with community representatives appeared to have directly influenced what was practically developed. In the 2023 Gathering, concerns were raised

about engagement activities tending to involve the same people resulting in limited diversity of views. It was also shared that the interest of individuals and communities in contributing to developments waned over time and particularly if little changes were seen to be made. Overall, the gatherings suggested that local health and social care systems struggled to embed co-production with people with lived experience within strategic developments. English local authorities were optimistic that new Care Quality Commission assurance process would lead to

more tangible co-production frameworks being introduced with accompanying infrastructure and investment. The ladder of co-production (www.thinklocalactpersonal.org.uk/latest/co-production-the-ladder-of-co-production) was not previously known to many at the 2022 Gathering but was seen to provide a helpful model to reflect on local approaches and opportunities. Micro-coproduction was generally seen as more common as the new relational approach facilitated by CLS led to people being able to shape their support in partnership with professionals.



Conclusion

The importance of creating a receptive organisational culture is well recognised within strength-based transformation. Supporting local systems to achieve positive changes in their organisational and practice cultures is justifiably therefore central to the overall design of CLS. NDTI's primary role within the programme is to encourage, support, connect, and constructively challenge local leaders to collaborate with local stakeholders. The evidence from this evaluation is that CLS has successfully helped local leaders to articulate inspiring local visions which are endorsed by practitioners and managers. These visions, in combination with the distribution of leadership within local authorities and the practical developmental supports provided within CLS, have led to tangible improvement in how social care is accessed and experienced within local areas. This includes core processes of assessment and care management, and in developing community-based opportunities for people, families and partners to connect directly with social care practitioners. As a result, positive trends can be seen over time in the social care activity and performance metrics within the CLS engaged local authorities. This includes for example, changes in the reviewing of care packages so that after two years more of these are undertaken in a planned manner rather than being in response to a crisis (i.e. unplanned).

Throughout the research the NDTI team have demonstrated the values of authenticity and trust which underpin CLS – they have been open and transparent, willing to discuss what is challenging as well as what is going well, and have provided considerable opportunity for the research team to openly share and discuss emerging findings e.g. within the Gatherings. It is worth noting that this is not always the case when a transformation programme engages with an external research partner, particularly one with the national reputation and standing of CLS. They have consistently demonstrated a deep commitment to achieve cultural change in social and health care delivery and considerable resilience in their belief that whilst difficult, lasting improvements can be made. They have in many ways been role models of the distributed and brave leadership behaviours which are promoted in CLS. Whilst strategic co-production was seen by all as a core principle of CLS, local areas had difficulty in understanding what the most effective approaches would be in and mobilising the necessary resources and capacity. Whilst there were good examples of co-produced activities and processes, overall these were restricted to discrete components and often fragile to changes in key personnel. Such limitations were also true of CLS as a programme as a whole, as people with lived experience are not currently involved with NDTI in reviewing and strengthening its offer. Embedding co-production within the governance of CLS would both

provide valuable insights as to how the programme can be improved, generate examples to be shared with local areas of how people with lived experience can be practically involved, and provide a powerful cultural artefact of the values of CLS. Similarly, it has been notable that the Gatherings do not involve many participants who describe their expertise as being based on lived experience rather than being a practitioner or manager. Again, this means that valuable insights are lost as well as the opportunity for participants to experience inclusive discussions. Involving people with lived experience could also enable reciprocal skill development for all and support people, practitioners, and managers to engage confidently with each other as equals. The role of the lived experience group within the research demonstrates the value that such a contribution would bring.

Local areas had grasped the need for culture change to support strengths-based practice and could articulate their aspirations for transformed practice conditions. However, they often then struggled to identify and describe what aspects of their culture that they would actually focus on and how CLS related activities would result in the expected culture changes. Similarly, whilst there was recognition of the value of distributing leadership authority from more senior levels to enable innovation and some good examples of this, most local sites were not that clear about what exactly what was being distributed and the organisational enablers which the devolved leaders would need to enact their new responsibilities. Being more explicit about the transformation processes within culture and leadership would help local areas to prioritise their resources and capacity, and to review progress and identify further opportunities. Furthermore, leadership did not appear to be distributed beyond the local authority with little opportunity for voluntary sector leaders to have much influence in the overall design and implementation of CLS. Alongside losing out on their valuable insights and networks, this also can be seen to be at odds with the collaborative nature and community orientation of the programme.

Recommendations

Culture Change

The CLS programme should:

- Develop processes and tools to help local areas to better understand their working cultures and identify which aspects they want to improve
- Share good examples of culture change and how it was supported in practice

Local CLS areas should:

- Take time to gain a holistic view of the cultures within their organisations and within partnerships
- Use the CLS processes to collaboratively identify what they want to change
- Be clear about how cultural interventions will lead to desired changes
- Understand how to monitor and review progress in their cultures

Leadership

The CLS programme should:

- Give greater challenge and support to local areas about distributing leadership to those within the voluntary and community sector
- Arrange periodic reviews of the programme from an external critical friend

Local areas should:

- Be more deliberate in what aspects of leadership they want to distribute and to whom
- Open development opportunities to people with lived experience and those from the voluntary and community sector
- Recognise leadership experience and skills of the community and voluntary sector and facilitate opportunities for them to lead within local CLS implementation
- Agree expected outcomes from leadership development and regularly review progress towards these

Co-production

The CLS programme should:

- Provide greater clarity in its definition of co-production and how this relates to other terms such as collaboration
- Embed co-production within its own governance, review, and programme development
- Facilitate networks more inclusively, including participation within the annual Gatherings
- Ensure that co-production is more visible in its work and celebrate the successes of co-production within the programme and local areas
- Give greater challenge and support to local area about their co-production vision and activities

Local areas should:

- Embed strategic co-production throughout their implementation programmes
- Involve people with lived experience when reviewing current services and identifying further opportunities for development
- Build on practical examples of co-production which have worked elsewhere and share their own learning
- Celebrate small steps towards co-production which are part of a longer journey
- Ensure there is sufficient infrastructure and investment to sustain co-productive development



Appendix A: Methodology

Study oversight

Lived experience: The lived experience group were five individuals who had experience of CLS or strength based social work in their area. All had experience of accessing services in their local area, and some also had professional health and social care experience as well. We met with this group five times throughout the duration of the research project and have produced parts of this report in consultation with them. We discussed our research questions, methods, findings, and how to present these findings with the lived experience group throughout the duration of the research. We discussed each key concept for the change programme with the lived experience group. They were particularly generous regarding the values and experiences of co-production.

Practice wisdom: The practitioner's group were engaged with on two occasions throughout the duration of the research, once at the start of the project prior to empirical data collection, and once before the analysis of the second work package of data collection. The practitioner group was an established open meeting group for any practitioners engaged in CLS from across the NDTi CLS network. We spoke with people from within and beyond our case study sites, and the practitioners we spoke to were different in each session. In the first session we discussed the importance of the various theory of change concepts,

and what each meant to them as practitioners of CLS, this informed our interview schedules which were used for the first stage of interviews with managers and leaders in CLS. In the second session we focused on the concept of culture, and asked for insight into how we might identify artefacts of culture. This informed our analysis of our second round of data collection and what we presented at the CLS Gathering 2023.

This research used a mixed methods approach to evaluate CLS, including qualitative and quantitative approaches to data collection. We collected most data through two phases of research, informed by an initial document analysis. Meanwhile, colleagues with specialism in quantitative data collection carried out the quantitative data collection and analysis.

Document Review

Two researchers conducted a document review of all public documentation relating to the CLS programme (12 documents including reports, videos, and webpages). We analysed documents examining descriptions of 'culture', 'co-production', 'leadership' and 'data'. This informed the interview schedules for phase one of data collection. We attempted to add to this documentary analysis once sites had been recruited, but we were unable to gain access to a substantial amount of internal site CLS documentation.

Recruitment for qualitative research

We invited all sites to participate express interest to participate, through an invitation sent by NDTi. Five of 22 local authorities involved in the CLS programme signed up to participate in this research, two sites dropped out of the research after the first phase due to other commitments and/or leadership change.

The below table details the research activities in phase one and phase two of the research, this is described in further detail below.

Table 1.1: Research activities and participation

| Research Phase | Research Activity | Type of analysis | Predicted uptake | | Actual uptake | |
|-------------------------|----------------------------|---|------------------|---------|------------------|---------|
| | | | Per site | Overall | Per site | Overall |
| Phase one (five sites) | Semi-structured interviews | Thematic analysis | 5-6 + NDTi staff | 25-30 | 5-6 (5/5 sites) | 30 |
| | Document collection | Document analysis | 5+ documents | 25 | 0-4 (4/5 sites) | 5 |
| Phase two (three sites) | Semi-structured interviews | Thematic analysis | 6-8 | 18-24 | 4-11 (3/3 sites) | 21 |
| | Focus groups | Thematic analysis | 6-8 | 18-24 | 0-3 (1/3 sites) | 3 |
| | Narrative Interviews | Vignette (story) creation and thematic analysis | 2-3 | 6-9 | 0-3 (2/3 sites) | 4 |
| | Observations | Thematic analysis | 5 | 15 | 0-4 (2/3 sites) | 5 |



Phase one

Phase one consisted of interviewing people involved in the implementation and management of the CLS programme, using a theory of change framework to understand how CLS works.

The participant criteria for phase one of the research was as follows;

- Over the age of 18
- Professional involved in the implementation or management of CLS, e.g. local authority employees, Voluntary and Community Sector, Healthcare, and people with lived experience with a formal role in the programme

Table 1.2: Participants distributed by job sector

| Job Sector | Number of participants across LA sites | NDTI staff |
|--|--|------------|
| Local Authority | 18 | 3 |
| Healthcare | 3 | |
| Voluntary or community sector organisation | 6 | |

Within the sector 'Local Authority' some staff had previously been adult social workers (either within this local authority or at another location). We also interviewed three NDTI staff who were key in implementing CLS with invested sites. They worked closely with sites to achieve the shared vision of how the CLS programme might work for that area and provided training and guidance to sites.

Data

Semi-structured interviews were audio recorded. Questions focused on if and how CLS had influenced local authority culture, co-production practice, leadership, and use of data. In some cases we created collaborative eco-maps during or at the end of the interview. This could enable participants to portray the organisational dynamics of CLS in their local area.

Ethics

Ethical approval was granted for this research by Kings College London, ethics approval number: LRS/DP-21/22-28401.

Phase two

To understand how CLS operated on a day-day basis we spoke to people who were involved in implementing and carrying out CLS activities. For this, we used multiple methods as listed in table 1.1. The reasoning for our methods can be seen below in table 1.3.

Table 1.3: Methodology and analysis reasoning, and recruitment criteria

| Research activity | Purpose | Recruitment |
|---|--|--|
| Semi-structured interviews | To understand the values of CLS and how these are implemented on a day-to-day basis | All participant groups. |
| Focus groups | To identify how the CLS program and its values are seen by different professionals using value statements. | Different professionals involved in each case study site (e.g. a group of social workers). |
| Vignette interviews (narrative interview followed by story/vignette creation) | The aim of using a narrative interview was to create a transcript of a story of an average day at a community hub. We only used prompts when needed, focusing on the everyday actions of this work. | Practitioners who are involved in community hubs, from across all participant groups. |
| Observations | To understand CLS activities we sought to observe; training run by NDTi, events run by the local authority, and steering group meetings. We made field notes and asked for access to any materials used. | All participants at the event were notified before attending. |

Analysis

All data was analysed using a coding framework which had been agreed upon by the research team. This coding framework was deductive and inductive. We used the theory of change model to influence how we would conduct an initial search through the data for emerging themes, and secondly the research team, upon familiarising with the data, shared their own codes. These were then combined and re-organised to create the final coding framework to be used across all data. The data was then thematically analysed according to the Braun and Clarke's thematic analysis framework.

Ethics

Ethical approval was granted for this research by King's College London, ethics approval number: LRS/DP-22/23-34269

Participants

Phase two research activities were varied, and we asked gatekeepers to share our research widely amongst the local network (across healthcare, VCS and within the local authority)

The participant criteria for phase one of the research was as follows:

- Over the age of 18
- Professional involved in the implementation and day-day running of CLS activities, e.g. local authority employees, Voluntary and Community Sector, Healthcare, and people with lived experience

Table 1.4: Participants distributed by job sector

| Job Sector | Phase 2, Site 1 | Phase 2, Site 2 | Phase 2, Site 3 |
|--|-----------------|-----------------|-----------------|
| Local Authority | 15 | 2 | 12 |
| Healthcare | 0 | 2 | 2 |
| Voluntary or community sector organisation | 2 | 0 | 1 |

The recruitment of participants was not well distributed across sectors, notably voices from the voluntary and community sector, social work practitioners, healthcare and people with lived experience are few or missing from this set of data. Overall we spoke to people largely employed directly by the local authority.

Quantitative data collection and analysis

This analysis examined the impact of CLS on new and existing clients in England from 2016 to 2022. This analysis used secondary datasets published by NHS Digital (Short and Long Term Services and Adult Social Care Financial Return) to compare rates of social care provision, reviews, and money spent or saved for local authorities that had implemented CLS relative to those that had not. We could estimate the treatment effect of CLS on social care outcomes, whilst controlling for general differences across region and time. In our analysis, we compared the effect of CLS pre- and post-implementation. In theory, we expected following implementation, effects of CLS to be present and increasing in comparison to non CLS sites.

For detailed methodology please contact the researchers at: R.J.Miller@bham.ac.uk or chloe.waterman@kcl.ac.uk

Appendix B:

Community Hub vignette one

The people

The research team spoke to a social worker who regularly attends the community hub and this vignette is written from their perspective.. They offer talking appointments to people at the hub. They have been working in the community hub for several years (5+). They work within the same area as GPs and the community hub is situated in this area. They work in a variety of other locations as well in the community, but these aren't branded under the community hub initiative (such as an NHS building, and a Library).

The building

This is a voluntary sector-owned building; the charity is set up for local people by local people to provide activities and education to improve the quality of life for people in the area. The building hosts many different clubs and activity groups, as well as the community hub activity. They have one main space and a few smaller rooms which might be loaned out to other groups.

A day in the community hub

We have a rota so that every week one social worker attends, it might be the same person every eight weeks or so. We have a side room with tables and chairs already laid out by the staff who work in the building. I like to get in a bit early and have a chat with the voluntary sector staff, sometimes I might find out I got some clients which are already known to them and vice versa.

At the community hub, I offer 'talking appointments'. Before I start the day I will have a look at my information I have for the people who have appointments that day. I will usually give them a call to see if they are still coming in, and see if there's any other information I might need to know beforehand. I will also know what's going on in the space that day or what is

generally available throughout the week, so I might suggest they take part in any of the activities going on, if appropriate. If I do that I will usually ask whoever is running the activity or whoever is free to come in and meet the person, just so they can meet and discuss anything.

If someone needs a referral to social work services, they might be referred to come to the hub in the community, as it might be easier for them to get to, so we will then have our appointment. It also helps us look at how they can live in the community, how do they get out and about, what might they need help with, all of that comes from being in the community in the first place, not us having to ask a lot of questions at the community space. We schedule our appointments to be about an hour and a half, the same as an at-home assessment, but it doesn't always take that long. Really it's all about getting the information we need without having to go through too many questions and making it easier for the person coming in. Often, we have about one person who doesn't show up, one person we refer to other services, and one person we will take on as a formal case. What's needed really varies from person to person, but we tend to do a lot of care packages or signposting to mental health services.

We have often scheduled three appointments a day, but often, someone might not show up, or one of the appointments is more for signposting to other services. We offer three appointments, but we are available all day if other things come up with people attending the space. More generally, we might offer some advice or guidance, or some people might not like talking on the phone, so they would rather come and ask a question in person. We find once a week is plenty, we used to offer more, but it didn't get much foot traffic.

When it comes to the end of the session I pack up my things, complete any other paperwork I need to whilst I have the room, and then say goodbye to the general staff, and head off.

Community Hub vignette two

The people

Lydia works for the local council and runs various community hubs. The research team spoke to them about how they run one of their community hubs, how they go about their average session, and what they do to help the community hub run smoothly.

John works for the local church, which owns and operates the building in which the community hub takes place. John helps to run the community hub with Lydia, and also runs various other activities within the building.

The space

The building is near a local shopping centre and was identified as a valuable community space through speaking with some people within the community, it was open prior to the community hubs being held there.

A day at a community hub

I, Lydia, come here (to the community building) every Thursday morning for two hours, to help people with a wellbeing need. Whereas social workers might have traditionally referred people to mental health etc... I am now here so people can come directly to me. First of all, if John hasn't already, I will put the sign outside by the door advertising the community hub, but really, that's all I do to set up the space.

In the space we have a coffee morning group which stays on one side of the room with the sofas, and we have our community hub space on the other side with tables and chairs, and we might have a couple of private rooms set aside if we need them. The people who now have the coffee morning previously visited us for advice, so they know what we do and everything.

The two volunteers who work in the space set up the teas and coffees and biscuits all morning, we come in after

they have already set up the space to use for whatever is happening that day. When someone comes in the door, the volunteers are usually the ones who will make them a cup of tea or coffee. I will look out for any new faces and greet them, and introduce myself just using my first name, I wear my lanyard which says I am from the council, but I don't tend to say that unless someone asks.

If we knew someone was coming in who we knew of, John would message me. We might try to come up with a bit of a plan together if we thought we knew why that person was going to come in, will they need a one-one, will we need a private space, things like that. But otherwise, you don't know who might turn up or what their problem might be, and so you have to be ready for whatever people come to you with, and know you might not have all the answers but you can do your best to find some.

We see ourselves as a bit of an advice service, we try to cover as much ground as we can, from mental health services in the area to how to pay a parking fine, we try to help people in the moment, we might not solve the problem straight away, but we can at least try to find out what other services they might need and where to go next.

Today we helped out an older woman who needed help to sort out a parking fine who didn't use the internet. We also helped out a mother and adult son who needed a social care referral for substance abuse and mental health issues. And we just helped a man who wanted to know more about help with paying fuel bills. And, if I couldn't help any of these people directly, I would get on the phone and call other services like citizens advice, housing, and the carers hub, and ask.

We usually get about four or so new faces each week, on top of the regulars who have their coffee morning, and maybe the odd familiar face who needs help with something.

We tend to signify we're ending the session by starting to pack up anything we have, bringing in the sign, and asking the volunteers to put away any mugs or biscuits. It's quite convenient in the morning as we can often say something about it being nearly lunchtime, and the regulars tend to get the hint it's time to leave. It also helps that we have another group who come to use the space after lunch, and we need be out in plenty of time for them. The building itself stays open, John will go on his lunch break, but I head off.



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