Evaluation

Local Area Coordination in Suffolk Programme

Dr. Gina Yannitell Reinhardt, Senior Lecturer/Associate Professor (University of Essex)
Dr. Kakia Chatsiou, Senior Research Officer (University of Essex)

April 2018

This report was developed by Dr. Gina Yannitell Reinhardt, Associate Professor/Senior Lecturer, and Dr. Kakia Chatsiou, Senior Research Officer, Department of Government, University of Essex, with funding from the Higher Education Funding Council for England (HEFCE) and the Department for Communities and Local Government (DCLG), as part of the *Universities as Anchor Institutions "Catalyst" Project.*

With thanks to the staff at Suffolk County Council and the Local Area Coordination Network for their time and for providing information and support for this report and facilitating the evaluation in general.

For further information, please contact Dr. Kakia Chatsiou at **achats@essex.ac.uk**.

Current version: 20180417

essex.ac.uk

lacnetwork.org

suffolk.gov.uk

Contents

1 Executive Summary

1.1 About the project

The Local Area Coordination Programme is a long term, integrated, evidence-based approach to supporting people with disabilities and mental health issues, as well as older people and their families and carers, to:

- Build and pursue their personal vision for a good life;
- Stay strong, safe and connected as contributing citizens;
- Find practical, non-service solutions to problems wherever possible;
- Build more welcoming, inclusive and supportive communities.

During the initial pilot phase (December 2015 to May 2018), Local Area Coordinators (LACs) aimed to support local residents to:

- Access information in a variety of ways that are useful;
- Be heard and in control, and make choices;
- Identify their personal strengths, goals and needs;
- Find practical (non-service) ways of doing the things they want or need to do – reduce demand;
- Develop and use personal and local networks - reduce isolation;
- Plan and connect with, be part of and contribute to local community life;
- Access support and services if required - services in the right place at the right time from the right people.

1.2 Scope of the Evaluation

This document is an end-of-project progress report of the programme with findings and recommendations on lessons learnt and further steps for evaluating the *Local Area Coordination* pilot programme in Suffolk. This evaluation is focusing on the pilot running until May 2018, on occasions comparing with the findings of the interim evaluation report conducted in October 2017.

It is our understanding that investment in this pilot was premised on a broad capability to use the networks and relationships built by Local Area Coordinators (LACs) which would lead to cost avoidance by reducing demand to other services. Note that not all of the financial benefits from the programme would have had the time to be realised by the end of the pilot. To draw concrete conclusions about the full impact of the programme's interventions to the community, a similar evaluation would need to be conducted well beyond the time frame allowed.

1.3 Key project aims measured

Based on the LAC Programme business case and evaluation framework, as well as discussions with LAC Network and local LAC members responsible for programme delivery, we discerned the following key project aims (key success themes). We then discussed and developed measures for each project aim that could indicate positive impact on the people and the community.

We list here each key project aim:

- Project Aim 1: Users can easily access support and services if required;
- Project Aim 2: Users identify personal strengths, goals and needs;
- Project Aim 3: Users reduce demand on other services;
- Project Aim 4: Users feel less isolated;
- Project Aim 5: Users connect and feel part of the community life;
- Project Aim 6: Users can be referred to other services in a straightforward and seamless way.

1.4 Key findings

Overall, analysis of the data available for the pilot phase of the Local Area Coordination programme suggests the following:

- **Facilitating access to support and referral of users to services:**

The most common interactions between LACs and users involves *advice or information*, followed by *assistance with daily benefits* (such as employment benefits). Information/advice is provided more for younger users (from 35 years and over) and men users than for older users and women, whilst advocacy is provided more for younger users (beginning at age 35) and men users than for older users and women.

LACs are also engaging in *linking users with a related service* where possible. 1 in 5 users with that need was linked with a related service. Whilst not enough data was available to measure quantitatively how satisfactory these introductions were for users, qualitative information from the User cases, suggests that overall users are happy with the way LACs have facilitated their access to other services. A smaller proportion of LAC users (1 in 10) is reported to have stopped using additional services after meeting with a Local Area Coordinator. It is unclear at this stage whether this was only thanks to LAC's facilitation or whether other circumstances also helped improve users' lives and wellbeing, but worth nothing nonetheless.

A very small percentage (2.5%) was referred to public health initiatives, which might indicate that whilst LAC's remit might overlap with Social Prescribing and other Public Health initiatives, LACs are filling a need unmet by these other initiatives.

- **Reducing demand for other services (health, police, education, council):**

The LAC programme has accompanied a reduction of inappropriate GP visits by as much as 20 visits per week. Based on Manchester New Economy (MNE) Model estimates that one GP visit costs £31.25 in GP wages, a reduction in 20 visits indicates a savings of approximately £625 weekly, or £32,500 yearly, in GP wages, based on this modest reduction in inappropriate visits. This savings does not include the savings in NP wages, facilities costs, administrative costs, or prescription costs, associated with the reduction in visits.

The LAC programme has accompanied an increase in home safety for approximately 58 users. Suffolk County is estimated to have approximately 71 burglaries per 1000 people, or 7%, per year. If burglaries are reduced for 7% of the 58 people who were helped, that amounts to a reduction in burglaries by 4. Using the Manchester New Economy Model to estimate the cost to police of one burglary at £725, this increase in

home safety represents a savings of £2900 per year. This total does not include savings in victim health, economic, or social costs, and only considers direct costs for police.

- **Reducing isolation and improving feeling of belonging and community:**

The issue of social isolation is key among LAC users, with almost 1 in 2 users reporting a feeling of social isolation. LAC users who have engaged long term with the LAC programme seem to benefit the most from the support offered, with those who were monitored using the 5 Ways to Wellbeing Questionnaire reporting a significant improvement in their perceived engagement in the community[1].

Whilst rural only partially (18% of its total geographical coverage[2]), 1 in 3 LAC users in Suffolk were supported to overcome barriers due to living in a rural area.

Personal Support networks are an untapped source of resilience and force for good for individuals in times of crisis. The LAC programme with its informal network and relationship building could support individuals further, by building capacity and raising awareness in that area. Personal support networks are important for 1 in 3 LAC users, with 1 in 5 getting introduced to their LAC by a trusted member of their family, friends, or neighbourhood.

1 in 10 individuals (of those recorded) have been supported by LACs and encouraged to share their skills within their community and a small minority was directed to access volunteer opportunities or work experience. For every 8 people receiving LAC support to share their skills within the community, unnecessary GP visits decrease by 1-2 per week. 74 people receiving support should correspond to a reduction in unnecessary GP visits of 9 per week. See above for calculations on the value of these reductions in terms of GP wages saved and user wages increased.

- **Contributing to improvement of wellbeing of its users:**

Overall, the LAC programme has contributed positively to the perceptions of wellbeing and setting of life goals of its users. There was an overall improvement in the users' perceptions of wellbeing from an average 3 to an average 6 (in a scale of 1-10, where 10 means improved wellbeing).

Interactions with the LAC programme seemed to have encouraged healthy physical activity habits, too. 1 in 2 users who highlighted exercising as a goal report that they have increased their exercising. The *amount* of increase is higher in younger age groups (though there is no age difference with respect to *whether or not* there was an increase), with no difference based on gender. 1 in 5 users who highlighted eating

[1] For individuals that were supported long term, there is an improvement of 3 points in their average scores of perceived wellbeing for the categories that were related to engaging with their community, feel included and less isolated.

[2] (Suffolk Observatory, 2017, Data Explorer – Indicator: G Rural Reality)

habits report that they are eating a healthier diet, with no differences based on age or gender.

1.5 Key recommendations

The following are the key recommendations drawn from the findings of the evaluation:

Recommendation 1: **Maintain programme momentum and increase the number of Local Area Coordinators**:

Growing the programme will ensure future initiatives can:

1. **Build on LAC's existing networks and knowledge:** Capitalising on existing good working relationships with users and practitioners is key to facilitating access to support and streamline referral of users to services and other points of interest within the community. In the long run, it is crucial that the programme builds on existing networks and collaborations to expand its practitioner base and raise awareness of the programme's aim to help users navigate the complex landscape of service provision particularly for vulnerable individuals.

   Existing networks could be supplemented by considering reaching out to the following groups:

   - Personal Support networks are an untapped source of resilience and force for good for individuals in times of crisis. The LAC programme with its informal network and relationship building could support individuals further, by building capacity and raising awareness in that area.
   - Whilst only 1 in 10 individuals (of those recorded) were supported to share their skills within their community and a small minority was directed to access volunteer opportunities or work experience, it would seem that this is an area that additional activity could improve individuals' perceptions of their contribution and role within their communities, as seen from the average scores at the 5 Ways to Wellbeing Questionnaire (*Give* Category).
   - Mapping assets (people, resources, organisations) within the community in a more formal way and share that information back with the community and new LAC members might enhance connections and improve knowledge sharing and discovery.

2. **Maximise benefits of avoiding unnecessary GP visits and increase cost avoidance benefits:** Reducing unnecessary GP visits saves money in GP wages and opens space for users to earn extra income. We therefore recommend that LACs remain careful to note opportunities to encourage a reduction in unnecessary GP visits with users, even highlighting the opportunities greater health brings. Currently LACs serve only 16.4% of the County population. If these LAC positions were continued and additional LACs were added to cover the entire County population:
   - Annual health care savings in GP wages alone could amount to £198,170.
   - Individual user wages could be increased by £2600 annually per user, or a total of £491,461 countywide. These wages would generate additional revenue through taxes.

- Police costs for burglaries could be reduced by £17,683 annually.

3. **Review and expand user engagement to reach out to a more representative part of the population**: By increasing the number of LACs and therefore the areas they cover, LACs will be able to reach out to a more representative part of the population:

- Based on the distribution of users receiving information and advocacy, we recommend that LACs assess their practices and evaluate whether they may be suggesting information and advocacy at different rates for different types of users. If so, LACs may consider consciously trying to suggest information and advocacy more often for older and female users. If, instead, LACs determine that women and older users are less likely to desire advocacy and information, there should be an evaluation as to why this is the case. Are there alternative strategies these groups are receiving instead? Are these groups relatively lower in self-esteem, and could they benefit from encouragement along the lines of feeling worthy of help?
- Since approximately 18% of Suffolk residents live in rural areas (Suffolk Observatory, 2017, Data Explorer – Indicator: G Rural Reality), increasing the number of LACs to reach these areas is likely to decrease feelings of isolation for 1 in 3 of those experiencing isolation across the County.

Recommendation 2: **Improve consistency and continuity of measurement of Key Performance Indicators**

Continued and improved measurement of performance metrics and key performance indicators is key to the next phases of the programme, as is reviewing performance measures at regular intervals, consistently recording metrics, and gauging change over time. Not only will these practices ensure consistent monitoring of programme impact and performance, data collected can also be used to explore further areas of interest and expansion for the programme.

Areas where data collection could be improved:

- The issue of social isolation is key among the LAC users, with almost 1 in 2 users reporting a feeling of social isolation. Future data capture efforts should include a more detailed way to measure improvements in the area of social isolation, as it is likely to be the one less likely to be supported by mainstream services.
- Quality and consistency of the information recorded could also be improved and lead to a quicker and more effective reporting, as well as more comprehensive evaluations in the future.
- Improved and more consistent recording of information for operational purposes.

We strongly encourage a subsequent evaluation one year after the end of the pilot, to capture experiences and expectations of stakeholders and any impact to people's lives. Data should be collected and updated on an ongoing basis by stakeholders such as LAC staff and funding organisations (SCC, Public Health and CCG). Existing administrative data from funding agencies and other stakeholders would be valuable in studying LAC impact on broader populations, and in more diverse individual characteristics, in the long term.

We also remind the reader to recall that it is sometimes not possible to know, measure or calculate long term impact and actual financial benefits at all times.

2 Background

2.1 Scope

This document is a progress report of the Local Area Coordination programme, updating the findings of the *Interim report* made available to stakeholders in October 2017, and including additional recommendations for lessons learnt and next steps for the next phases of the programme. This report aims to provide:

- A brief background to the project, its key aims and objectives;
- Updated information on how the programme has been performing against the key indicators (project aims). This will enable stakeholders to:
    - Review objective information on programme's successes and challenges;
    - Reflect on work accomplished;
- An overview of lessons learnt and initial recommendations based on current measures and activities – to aid with decision making for the programme's next steps.

This evaluation is focusing on the pilot running until May 2018, on occasions comparing with the findings of the interim evaluation report conducted in October 2018.

It is our understanding that investment in this pilot was premised on a broad capability to use the networks and relationships built by Local Area Coordinators (LACs) which would lead to cost avoidance by reducing demand to other services. Note, however that not all of the financial benefits from the programme would have had the time to be realised by the end of the pilot. To draw concrete conclusions about the full impact of the programme's interventions to the community, a similar evaluation would need to be conducted well beyond the time frame allowed.

The reader should also note the challenges in assessing impact of an intervention designed to prevent the occurrence of something else (such as GP visits or A&E visits) (MacKinnon, 1994; Mackinnon & Dwyer, 1993) and the well documented limitations of assigning monetary values to preventative programmes, including calculating social benefits and costs (Drummond, Sculpher, Claxton, Stoddart, & Torrance, 2015; Haddix, Teutsch, & Corso, 2003).

2.2 About the Project

The Local Area Coordination Programme is a long term, integrated, evidence-based approach to supporting people with disabilities and mental health issues, as well as older people and their families and carers, to:

- Build and pursue their personal vision for a good life;
- Stay strong, safe and connected as contributing citizens;

- Find practical, non-service solutions to problems wherever possible;
- Build more welcoming, inclusive and supportive communities.

During the initial pilot phase (December 2015 to May 2018), LACs aimed to support local residents to:

- Access information in a variety of ways that are useful;
- Be heard and in control, and make choices;
- Identify their personal strengths, goals and needs;
- Find practical (non-service) ways of doing the things they want or need to do – reduce demand;
- Develop and use personal and local networks - reduce isolation;
- Plan and connect with, be part of and contribute to local community life;
- Access support and services if required - services in the right place at the right time from the right people.

For more information on the LAC programme and its origins, see (Broad & others, 2012) . A more comprehensive overview of the history of the LAC programme in Suffolk is available in the Interim Evaluation report (Blake, 2017). Suffolk is one of a few pilot projects implemented in the UK, for more information on other programmes and their evaluations, see a list of evaluations of other localities[3] .

2.3 Key Project Aims, Objectives and Success Indicators

Based on the LAC Programme business case and evaluation framework, as well as discussions with LAC Network and local LAC members responsible for programme delivery, we discerned the following key project aims (key success themes). We then discussed and developed measures for each project aim that could indicate positive impact on the people and the community. We list here each key project aim in **bold**, followed by specific indicators measuring whether the aim has been achieved:

1. **Users can easily access support and services if required:**
   1.1. Was individual provided with advice & information?
   1.2. Was individual assisted with daily entitlements/benefits?
   1.3. Was individual provided with advocacy?
   1.4. Did individual get support to access an interpreter?
   1.5. Was individual supported to access paid employment (if so how many hours a week)?

2. **Users identify personal strengths, goals and needs:**
   2.1. Is the individual exercising more?
   2.2. Is the individual eating a healthier diet?

3. **Users reduce demand on other services:**
   3.1. Was the individual supported to make their home safe?
   3.2. Was the individual supported to get police advice?

[3] See for more information: http://lacnetwork.org/local-area-coordination/evidence-base/

3.3. Is the individual drinking less?
3.4. Is the individual attending GP/health appointments when appropriate?
3.5. Has the individual reduced inappropriate visits to GP/health teams (If so how many times less a week)?
3.6. Has the individual changed medication usage - changes as reported by the individual?
3.7. Has there been a change in the individual's mental illness/mental ill health - changes as reported by the individual?
3.8. Has there been a change in the individual's physical illness - changes as reported by the individual?

4. **Users feel less isolated:**
   4.1. How connected does the individual feel with those around them?
   4.2. Has the individual gained new skills or rediscovered old interests?
   4.3. Was the individual connected with others in the community?
   4.4. Has the individual been supported to overcome barriers to access due to rurality?

5. **Users connect and feel part of the community life:**
   5.1. Has the individual become more connected with the community through volunteering or joining a community group or supporting others?
   5.2. Was the wider personal network supported?
   5.3. Was the individual supported to share their skills within their community?
   5.4. Was the individual supported to access volunteer opportunities / work experience (if so how many hours a month)?

6. **Users can be referred to other services in a straightforward and seamless way**
   6.1. Was the individual successfully linked with a statutory/commissioned service?
   6.2. Did the individual use any other services?
   6.3. Was the individual referred to a Public Health Initiative?

Table 1 summarises the 6 project aims alongside the source of data against which the aim will be measured. Note that a full Cost Benefit Analysis of the programme and its outcomes was not possible at this pilot phase, as the programme is still early in its implementation phase. Baseline statistics and any changes evidence have been recorded for this cohort, which should make a comparison possible for future evaluations:

no.	Project Aims	Data sources
1	Users can easily access support and services if required	LAC Operational Data User Stories
2	Users identify personal strengths, goals and needs	LAC Operational Data User Stories 5 steps to Wellbeing Questionnaire
3	Reduced demand on other services	LAC Operational Data User Stories External Stakeholder Questionnaire
4	Users feel less isolated	LAC Operational Data User Stories

		5 steps to Wellbeing Questionnaire
5	Users connect and feel part of the community life	LAC Operational Data User Stories
6	Users can be referred to other services in a straightforward and seamless way	LAC Operational Data User Stories

TABLE 1. OVERVIEW OF THE PROJECT AIMS AND CORRESPONDING RESEARCH ACTIVITIES.

2.4 Evaluating the *Local Area Coordination* Programme: an update

This evaluation measures how the Local Area Coordination programme has been performing against the pre-identified project aims and outcomes, and to facilitate discussions for the future of the programme and how it could develop beyond the pilot stage. The evaluation was conducted by combining data already collected by the LACs and the programme administrators, as well as testimonials and a survey distributed to a range of stakeholders involved in the programme (GP practitioners, social workers, police staff). This section presents information and descriptive statistics as of the end-to-project period (February-March 2018), updating the information contained in earlier evaluations.

The rest of this section includes an overview of some of the core elements of the evaluation design.

2.4.1 Data Sources

We considered the following data sources when reporting performance and metrics against each of the outcomes:

- **LAC Operational Data**: This data was recorded as part of the day-to-day operations of the Local Area Coordination staff. Earlier versions of the data are less detailed than more recent versions, but since adopting a common space for logging information, data has been much richer.
- **5 ways to** W**ellbeing questionnaire**: This questionnaire was completed by some participants, particularly those receiving long-term support. The questionnaire is based on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) and was initially filled in by all participants at the first point of contact with their LAC, and throughout to help measure an individual's progression throughout their contact with the programme. Users also fill it in at later stages in their interaction with the LACs to reflect upon their journey of improvement.

  Individuals are asked to rate how they feel about their wellbeing from a scale of 1 to 10, with 1 being a very poor position to 10 being a very good position:

  - *Connect*: How connected does the individual feel with those around them?
  - *Be active*: What aspects of physical activities does the individual participate in?
  - *Take notice*: Has the individual an awareness of the world around them, do they reflect on their experiences and appreciate what matters to them?
  - *Keep learning*: Has the individual gained new skills or rediscovered old interests?

- *Give*: Has the individual become more connected with the community through volunteering or joining a community group or supporting others?

- **Personal goals information**: This information was given by some participants, particularly those receiving long-term support. It included user statements summarising personal goals and next steps in their interaction with LACs.
- **User notes/stories and User cases**: This was filled in by LACs outlining the journey of some of the LAC users, highlighting the way LAC had affected their lives and their wellbeing.
- **Online survey to practitioners:** As part of the Interim evaluation (October 2017), practitioners engaging with the LAC programme received an email inviting them to complete a short online survey, and to feedback on their interactions with LAC members and the contribution of the programme in streamlining the process for service users (such as health, social care, education etc).
- **Stakeholder testimonials:** These were written statements, in the form of letters, emails or quotations sent from practitioners, caseworkers and other service providers that had interacted with or referred users to LAC.

Table 2 summarises the data used in this evaluation:

Datasets		
LAC Operational Dataset	Sample size/no of observations:	608
	Number of variables (including derived):	110
	Data collected through:	manual input of information by LACs as part of operational responsibilities
5 ways to wellbeing questionnaire	Sample size/no of observations:	79
	Number of variables (including derived):	10
	Data collected through:	paper questionnaire administered to users who had received a follow up
Online survey to practitioners	Sample size/no of observations:	97
	Data collected through:	online survey administered to practitioners who had collaborated with the programme
Personal goals	No. of cases:	68
User notes/User cases	No. of cases:	38
Stakeholder testimonials	No. of cases:	19

2.4.2 Stakeholders

Following a stakeholder analysis, the following stakeholders' feedback is included in this evaluation:

- **Practitioners:** GPs, case workers and other service provision staff who interacted with or referred users to the Local Area Coordination programme;
- **LAC users:** mostly people residing in the locality where the LAC programme was rolled out, who interacted with the programme, either because they needed support themselves or because they were seeking support for someone else;
- **LAC staff:** the Local Area Coordinators who assessed and recorded information from the users with whom they worked.

Other stakeholders were also identified (the LAC staff, the larger Local Area Coordination Network) but were not the focus of this evaluation.

2.4.3 Background: Local Area Coordination in Suffolk

Local Area Co-ordination was initially introduced as part of the Neighbourhood Networks element of the Connect programme. Two early adopter sites for the Connect programme were agreed, Sudbury and IP3 4 in Ipswich. The Health and Wellbeing Manager in Adult Community Services led on this programme and the development and implementation of Local Area Co-ordination in both Sudbury and Ipswich.

Two LACs were funded in both Ipswich and Sudbury. The funding for the two-year fixed-term posts came from the Transformation Challenge Award. The Sudbury LACs commenced in December 2015 and the Ipswich posts were filled in July 2016.

One year later the East Suffolk Partnership Board agreed to part-fund two further LACs, which came into post at the end of 2016 (or start of 2017), working in Saxmundham, Leiston and Beccles and Worlingham. Following the departure of the Health and Wellbeing Manager, the responsibility for the LAC programme passed to the Localities and Partnership team within Public Health. This was part of the County Council's move towards integrating work with communities into a single team within the Council.

The LACs are currently line managed by the relevant Locality Leads within the Localities and Partnership Team who work closely with the District and Borough Communities teams. Where possible the County Council and the District and Boroughs are aligning their activity with communities. The LACs' role is to support individuals and families and they work closely with the communities' teams by helping to highlight areas which require capacity building, for example where there is interest in setting up a new group or activity. They also work closely with the Children and Young People Early Help teams and the Adult Social Care teams in their localities, as well as GPs, Community Health visitors, Fire officers, SNTs and PCSOs, and a wide range of voluntary and community organisations.

Local Area Coordination is an established international model and the Suffolk programme is part of a national network, sharing best practice and influencing Government thinking around person-centred and early help approaches. The Local

Area Coordination pilot in Suffolk sought to explore ways the existing established Local Area Coordination framework could be implemented in Suffolk's diverse local context.

2.4.4 Description

Who is using the LAC programme?

We begin by describing LAC users. Referencing the tables in Appendix A, we note that:

- Nearly half (48.85%) of LAC users are between the ages of 15 and 54, with the most populous age group being the 45-54 range at 18.09%.
- 3 in 5 LAC users identify as female.
- Users age 25-34 and 75-84 are more likely to identify as female, whilst users age 15-24 and 45-54 are more likely to identify as male. Other age groups are roughly evenly split between genders.[4]
- 49% of LAC users are unemployed, with 27% in receipt of ESA and 3% in education or training.
- 13% are in paid employment at 16+ hours weekly.
- 34% are retired.

Who introduces users to Local Area Coordination programme?

When examining the source of introductions to LACs/users, we note that:

- 26% of users are introduced by council-run services or staff, such as housing, etc.
- 18% are self-referred and another 18% is referred by contacts of the immediate support network (family, friends, or other community members)
- 13% are referred by health specialists.

How have users been interacting with the LAC programme?

Some users have multiple interactions with LACs, while others have a more short-term or informal relationship. We note that:[5]

- 45% of users engage in long-term interactions with LACs
- Users age 5-14, 35-44 and 55-64 are up to 7% more likely to be long-term users than short-term users.
- Users age 85-94 are 6% more likely to be short-term users than long-term users.

[4] All statistical associations reported throughout the report are statistically significant at the $p<.05$ level.

[5] All statistical associations reported throughout the report are statistically significant at the $p<.05$ level.

- Users in receipt of ESA are 14% more likely to be long-term users than short-term users.
- Retired users are 9% more likely to be short-term users than long-term users.
- Carers are no more or less likely to be long-term than short-term users.
- 316 (52%) of users indicate the presence of mental illness or mental health issues.
- 195 (32%) of users indicate the presence of a physical disability.

3 Programme aims and outcomes – statistics

3.1 Can users easily access support and services if required? (Project aim 1; outcomes 1.1-1.5)

One of the core aims of the LAC project was to enable a streamlined and hassle-free pathway for local residents to access support and services when and if required.

3.1.1 Analysis

We studied the following measures from the LAC Operational Data:

1. Was individual provided with advice & information?
2. Was individual assisted with daily entitlements/benefits?
3. Was individual provided with advocacy?
4. Did individual get support to access an interpreter?
5. Was individual supported to access paid employment (if so how many hours a week)?

Overall, of the total number of cases (N=608) that the Local Area Coordination programme assisted with between December 2016 to March 2018:[6]

- 555 (91%) were provided with advice and information (the rest had alternative needs or their interaction did not require specific advice). Approximately 1 in 3 (N=202, 33%) of the users was retired, whereas 1 in 4 was unemployed in receipt of ESA benefit (N=164, 26%).
- Users over the age of 75 were 6-20% less likely to receive advice and information than younger users.
- Women were 2.5% less likely to receive advice and information than men.
- 89 (15%) received assistance with daily entitlements or benefits. Of those assisted with daily entitlements, approximately 1 in 4 was a carer (N=25 obs of 89 total).
- 6 (out of the 113) (6%) were provided with individual support to access paid employment.
- 289 of the 608 (48%) were provided with advocacy.

[6] All statistical associations reported throughout the report are statistically significant at the $p<.05$ level.

- Men were 3% more likely to be provided with advocacy than women.
- Users age 35-44 were up to 30% more likely to be provided with advocacy than other age groups. The likelihood of being provided with advocacy declines as age increases.
- 1 person was provided support to access an interpreter.

3.1.2 Summary of findings

Overall, analysis of the data available for these indicators suggests that:

- The most common interactions between LACs and users involves advice or information, followed by assistance with daily benefits.

- Advocacy is provided more for younger users (beginning at age 35) and men users than for older users and women.

- Information/advice is provided more for younger users (beginning at age 35) and men users than for older users and women.

Note that the trends in information and advocacy may indicate that users are less interested in receiving information and advocacy as they age, and that women are less likely to desire advocacy than men.

These findings could suggest that women and older users are more hesitant to ask for or accept information and advocacy.

3.1.3 Recommendations

Based on the distribution of users receiving information and advocacy, we recommend that LACs assess their practices and evaluate whether they may be suggesting information and advocacy at different rates for different types of users. If so, LACs may consider consciously trying to suggest information and advocacy more often for older and female users.

If, instead, LACs determine that women and older users are less likely to desire advocacy and information, there should be an evaluation as to why this is the case. Are there alternative strategies these groups are receiving instead? Are these groups relatively lower in self-esteem, and could they benefit from encouragement along the lines of feeling worthy of help?

3.2 Can users identify personal strengths, goals and needs? (Project aim 2; outcomes 2.1-2.2)

One of the core aims of the LAC project was to ensure individuals identified their personal strengths, goals and needs and were able to reflect and see improvement over time. It is therefore true that not all users intended to meet all possible improvement goals. For this reason, base rates of each area of improvement differ.

3.2.1 Analysis

We studied the following measures from the LAC Operational Data:

- Is the individual exercising more?
- Is the individual eating a healthier diet?

Overall, of the total number of cases (N=608) that the Local Area Coordination programme assisted with between December 2016 to March 2018:[7]

- 85 of 185 (46%) users who highlighted exercising report that they have increased their exercising. The *amount* of increase is higher in younger age groups (though there is no age difference with respect to *whether or not* there was an increase), with no difference based on gender.
- 24 of 137 (17.5%) users who highlighted eating habits report that they are eating a healthier diet, with no differences based on age or gender.

Of the 79 of these users who had a follow up meeting and filled in the *5 ways to wellbeing* questionnaire, they on average also report an improvement in the *Be active category* (from an average 3.7 to 6.8), indicating that they have on average increased how active they are.

Overall, users report a positive improvement in their wellbeing, after they were in contact with Local Area Coordination. Using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007), the programme was able to monitor an individual's progression in the beginning, and duration of their contact with the programme. The questionnaire is filled in by individual users, and collects an individual's perceived opinion in relation to the following areas of well-being, asking them to rate how they feel about their wellbeing from a scale of 1 to 10, with 1 being a very poor position to 10 being a very good position:

- *Connect*: How connected does the individual feel with those around them?
- *Be active*: What aspects of physical activities does the individual participate in?
- *Take notice*: Has the individual an awareness of the world around them, do they reflect on their experiences and appreciate what matters to them?
- *Keep learning*: Has the individual gained new skills or rediscovered old interests?
- *Give*: Has the individual become more connected with the community through volunteering or joining a community group or supporting others?

Out of the 79 users who filled in the questionnaire, we see an overall improvement in their perceived wellbeing:

	Start position	Latest Position	Percent Change

[7] All statistical associations reported throughout the report are statistically significant at the $p<.05$ level.

Connect	3.2	6.8	212% increase
Be Active	3.7	6.8	184% increase
Take Notice	3.8	6.3	166% increase
Keep Learning	3.6	6.4	178% increase
Give	3.3	6.1	185% increase

The graph depicts the group average across each of the five areas – the blue line indicates the average initial scores and the orange the most recent average score for those who have had a follow-up meeting.

3.2.2 Summary of findings

Overall, analysis of the data available for this cohort indicates that:

- 1 in 2 users who highlighted exercising as their goal, report that they have increased their exercising. The *amount* of increase is higher in younger age groups (though there is no age difference with respect to *whether or not* there was an increase), with no difference based on gender.
- 1 in 5 users who highlighted eating habits report that they are eating a healthier diet, with no differences based on age or gender
- There was an overall improvement in the users' perceptions of wellbeing from an average 3 to an average 6 (in a scale of 1-10, where 10 means improved wellbeing)

3.3 Can LAC help reduce demand on other services? (Project aim 3; outcomes 3.1-3.8)

One of the aims of the LAC project was to help users navigate in the labyrinth of services available to them and whilst helping relieve pressure and demand to other services if possible.

3.3.1 Analysis

We studied the following measures from the LAC Operational Data:

1. Was the individual supported to make their home safe?
2. Was the individual supported to get police advice?
3. Is the individual drinking less?
4. Is the individual attending GP/health appointments when appropriate?
5. Has the individual reduced inappropriate visits to GP/health teams (If so how many times less a week)?
6. Has the individual changed medication usage - changes as reported by the individual?
7. Has there been a change in the individual's physical illness - changes as reported by the individual?

Overall, of the total number of cases (N=608) that the Local Area Coordination programme assisted with between December 2016 to March 2018:

- 58 (9.5%) individuals were supported to make their home safe.
- 23 (4%) were supported to get advice from the police.
- 20 (3.3%) are self-reported to be drinking less.
- 74 (12%) are attending GP/health appointments as necessary, with 31 (5%) reporting to have reduced inappropriate visits to GP or other health teams (up to 6 times less per week for one user, for a total of approximately 20 fewer GP visits per week among all users).
- 11 (2%) have changed their medication usage based on advice.
- 20 (4%) report a positive change in their physical illness (changes as reported by the individual)

We further find that:

- As the number of inappropriate GP visits decreases, a user's income increases. For example, unnecessarily visiting the GP 1-2 fewer times per week is associated with an increase in income of more than £50 per week.[8]

3.3.2 Summary of findings

Overall, analysis of the data available for these indicators suggests that:

[8] All statistical associations reported throughout the report are statistically significant at the $p<.05$ level.

- The LAC programme has accompanied a reduction in inappropriate GP visits by as much as 20 visits per week. Based on Manchester New Economy (MNE) Model estimates that one GP visit costs £31.25 in GP wages, a reduction in 20 visits indicates a savings of approximately £625 weekly, or £32,500 yearly, in GP wages, based on this modest reduction in inappropriate visits. This savings does not include the savings in NP wages, facilities costs, administrative costs, or prescription costs, associated with the reduction in visits.

- For the individual user, a reduction in inappropriate GP visits corresponds to an increase in income. Depending on the number of visits reduced, a user's income may increase more than £50 per week. Over the course of a year, one user could enjoy increased income of £2600.

- The LAC programme has accompanied an increase in home safety for approximately 58 users. Suffolk County is estimated to have approximately 71 burglaries per 1000 people, or 7%, per year. If burglaries are reduced for 7% of the 58 people who were helped, that amounts to a reduction of 4 burglaries per year. Using the Manchester New Economy Model to estimate the cost to police of one burglary at £725, this increase in home safety represents a savings of £2900 per year. This total does not include savings in victim health, economic, or social costs, and only considers direct costs for police.

3.3.3 Recommendations

Because the MNE Model forecasts such high costs for healthcare, a reduction in unnecessary GP visits translates to some of the highest savings for Suffolk County. Since one of the primary goals of the LAC is to reduce demand on GP and other front-line health services, we offer two primary recommendations:

1. Continue to collect information from users regarding GP visits, and increase the number of users for whom this information is collected.
2. Increase the reach of the LAC programme by increasing the number of LACs. Currently LACs serve only 16.4% of the County population. If these LAC positions were continued and additional LACs were added to cover the entire County population:
    a. Annual health care savings in GP wages alone could amount to £198,170.
    b. Individual user wages could be increased by £2600 annually per user, or a total of £491,461 countywide. These wages would generate additional revenue through taxes.
    c. Police costs for burglaries could be reduced by £17,683 annually.

3.4 Do users feel less isolated? (Project aim 4; outcomes 4.1-4.4)

One of the aims of the LAC project was to help connect users with their community and build support networks that can make them more resilient in times of trouble.

3.4.1 Analysis

We studied the following measures from the 5 Ways to Wellbeing Questionnaire:

1. How connected does the individual feel with those around them (*Connect)*?

2. Has the individual gained new skills or rediscovered old interests (*Keep Learning)*?
3. Was the individual connected with others in the community (*Give)*?

We also considered the following measures from the LAC Operational Data:

- Has the individual been supported to overcome barriers to access due to rurality?

Overall, of the total number of related cases the Local Area Coordination programme assisted with between December 2016 to March 2018:

- 50 of 157 cases (32%) were supported to overcome barriers to access due to rurality.
- 257 of 589 (44%) report feeling isolated. Of these, 31 cases (12%) were supported by LACs to overcome barriers to access due to rurality.

There is also an overall improvement in the average scores of the *Connect, Keep Learning* and *Give* categories of the *5 Ways to Wellbeing Questionnaire:*

	Start position (average score)	Latest Position (average score)	Percent Change
Connect	3.2	6.8	212% increase
Keep Learning	3.6	6.4	178% increase
Give	3.3	6.1	185% increase

3.4.2 Summary of findings

Overall, analysis of the data available for these indicators suggests that:

- 1 in 3 LAC users were supported to help them overcome barriers created by living in a rural area.
- For individuals that were supported long term, there is an improvement of 3 points in their average scores of perceived wellbeing for the categories that were related to engaging with their community, feel included and less isolated.

3.4.3 Recommendations

Continue to collect information from users regarding feelings of isolation, and increase the number of users for whom this information is collected. The issue of social isolation is key among the LAC users, with almost 1 in 2 users reporting a feeling of social isolation. LAC users who have engaged long term with the LAC programme seem to benefit the most, with those who were monitored using the 5 Ways to Wellbeing Questionnaire reporting a significant improvement in their perceived engagement in the community.

3. Future data capture efforts should include a more detailed way to measure improvements in the area of social isolation, as it is likely to be the one less likely to be supported by mainstream services.

4. Increase the reach of the LAC programme by increasing the number of LACs, and therefore the areas they cover. Since approximately 18% of Suffolk residents live in rural areas (Suffolk Observatory, 2017, Data Explorer – Indicator: G Rural Reality), increasing the number of LACs to reach these areas is likely to decrease feelings of isolation for 1 in 3 of those experiencing isolation across the County.

3.5 Do users feel connected and part of the community life? (Project aim 5; outcomes 5.1-5.4)

One of the aims of the LAC project was to help connect users with their community and build support networks that can make them more resilient in times of trouble.

3.5.1 Analysis

We studied the following measures from the 5 Ways to Wellbeing Questionnaire:

1. Has the individual become more connected with the community through volunteering or joining a community group or supporting others *(Give)*?

We also considered the following measures from the LAC Operational Data:

- Was the wider personal network supported?
- Was the individual supported to share their skills within their community?
- Was the individual supported to access volunteer opportunities / work experience (if so how many hours a month)?

Overall, of the total number of cases (N=608) the Local Area Coordination programme assisted with between December 2016 to March 2018:

- 200 (33%) were supported by their wider personal network.
- 74 (12%) were supported to share their skills within their community.
- 38 (6%) were supported to access volunteer opportunities or work experience, on average for 5-8 hours per month.
- For every 8 people receiving support to share their skills, unnecessary GP visits go down by 1-2 per week.

A positive change is also indicated by an overall improvement in the average scores of the *Connect* category of the *5 Ways to Wellbeing Questionnaire* (from a 3.3 average score to 6.1, an increase of 185%).

3.5.2 Summary of Findings

Overall, analysis of the data available for these indicators (in conjunction with findings on isolation covered in the previous aim) suggests that:

- Personal support networks are important for 1 in 3 LAC users, with 1 in 5 getting introduced to their LAC by a trusted member of their family, friends, or neighbourhood.
- 1 in 10 individuals (of those recorded) were supported to share their skills within their community and a small minority was directed to access volunteer opportunities or work experience

- For every 8 people receiving LAC support to share their skills within the community, unnecessary GP visits decrease by 1-2 per week. 74 people receiving support should correspond to a reduction in unnecessary GP visits of 9 per week. See above for calculations on the value of these reductions in terms of GP wages saved and user wages increased.

3.5.3 Recommendations

Personal Support networks are an untapped source of resilience and force for good for individuals in times of crisis. The LAC programme with its informal network and relationship building could support individuals further, by building capacity and raising awareness in that area.

Whilst only 1 in 10 individuals (of those recorded) were supported to share their skills within their community and a small minority was directed to access volunteer opportunities or work experience, this is an area where additional activity could improve individuals' perceptions of their contribution and role within their communities, as seen from the average scores at the 5 Ways to Wellbeing Questionnaire (*Give* Category).

As the benefits of skill sharing is associated with reductions in unnecessary GP visits, further supporting this type of community involvement is likely to result in even greater savings in terms of healthcare, and greater revenues from individual wages increased.

3.6 Are users referred to other services in a straightforward and seamless way? (Project aim 6; outcomes 6.1-6.3)

Finally, a core aim of the pilot was to ensure users are referred to other services in a straightforward and seamless way, without the need to navigate through the complex administrative systems.

3.6.1 Analysis

We considered the following measures from the LAC Operational Data:

- Was the individual successfully linked with a statutory/commissioned service?
- Did the individual use any other services?
- Was the individual referred to a Public Health Initiative?

Overall, of the total number of cases (N=608) the Local Area Coordination programme assisted with between December 2016 to March 2018:

- 124 (20%) were linked with a statutory/commissioned service.
- 81 of the 124 (13%) began using a new statutory service.
- 64 users (10.5%) stopped using statutory services after meeting with the LAC.
- 15 users (2.5%) were referred to a public health initiative.

3.6.2 Summary of Findings

Overall, analysis of the data available for these indicators suggests that:

- 1 in 5 users was linked with a related service. Whilst we had no way to quantify how successful these links were for users, qualitative information from the User cases suggests that users are happy with the way LACs have facilitated their access to other services.
- 1 in 10 LAC users is reported to have stopped using additional services after meeting with LAC. It is unclear at this stage whether this was thanks to a LAC's impact or whether other circumstances also helped improve users' lives and wellbeing, but it remains a fact that the demand on services went down among these users.
- A very small percentage (2.5%) was referred to public health initiatives, which might indicate that whilst LAC's remit might overlap with Social Prescribing and other Public Health initiatives, LACs are filling a need unmet by these other initiatives.

3.6.3 Recommendations

In the long term, it is crucial to build on existing networks and collaborations to expand the LAC practitioner base. Doing so can raise awareness of service LACs provide in helping users navigate the complex landscape of service provision, particularly for vulnerable individuals.

4 Recommendations

The following are the key recommendations drawn from the findings of the evaluation:

Recommendation 1: **Maintain programme momentum and increase the number of Local Area Coordinators**:

Growing the programme will ensure future initiatives can:

4. **Build on LAC's existing networks and knowledge:** Capitalising on existing good working relationships with users and practitioners is key to facilitating access to support and streamline referral of users to services and other points of interest within the community. In the long run, it is crucial that the programme builds on existing networks and collaborations to expand its practitioner base and raise awareness of the programme's aim to help users navigate the complex landscape of service provision particularly for vulnerable individuals.

   Existing networks could be supplemented by considering reaching out to the following groups:

   - Personal Support networks are an untapped source of resilience and force for good for individuals in times of crisis. The LAC programme with its informal network and relationship building could support individuals further, by building capacity and raising awareness in that area.
   - Whilst only 1 in 10 individuals (of those recorded) were supported to share their skills within their community and a small minority was directed to access volunteer opportunities or work experience, it would seem that this is an area that additional activity could improve individuals' perceptions of their contribution and role within their communities, as seen from the average scores at the 5 Ways to Wellbeing Questionnaire (*Give* Category).
   - Mapping assets (people, resources, organisations) within the community in a more formal way and share that information back with the community and new LAC members might enhance connections and improve knowledge sharing and discovery.

5. **Maximise benefits of avoiding unnecessary GP visits and increase cost avoidance benefits:** Reducing unnecessary GP visits saves money in GP wages and opens space for users to earn extra income. We therefore recommend that LACs remain careful to note opportunities to encourage a reduction in unnecessary GP visits with users, even highlighting the opportunities greater health brings. Currently LACs serve only 16.4% of the County population. If these LAC positions were continued and additional LACs were added to cover the entire County population:
   - Annual health care savings in GP wages alone could amount to £198,170.
   - Individual user wages could be increased by £2600 annually per user, or a total of £491,461 countywide. These wages would generate additional revenue through taxes.
   - Police costs for burglaries could be reduced by £17,683 annually.

6. **Review and expand user engagement to reach out to a more representative part of the population**: By increasing the number of LACs and therefore the areas they cover, LACs will be able to reach out to a more representative part of the population:

- Based on the distribution of users receiving information and advocacy, we recommend that LACs assess their practices and evaluate whether they may be suggesting information and advocacy at different rates for different types of users. If so, LACs may consider consciously trying to suggest information and advocacy more often for older and female users. If, instead, LACs determine that women and older users are less likely to desire advocacy and information, there should be an evaluation as to why this is the case. Are there alternative strategies these groups are receiving instead? Are these groups relatively lower in self-esteem, and could they benefit from encouragement along the lines of feeling worthy of help?
- Since approximately 18% of Suffolk residents live in rural areas (Suffolk Observatory, 2017, Data Explorer – Indicator: G Rural Reality), increasing the number of LACs to reach these areas is likely to decrease feelings of isolation for 1 in 3 of those experiencing isolation across the County.

Recommendation 2: **Improve consistency and continuity of measurement of Key Performance Indicators**

Continued and improved measurement of performance metrics and key performance indicators is key to the next phases of the programme, as is reviewing performance measures at regular intervals, consistently recording metrics, and gauging change over time. Not only will these practices ensure consistent monitoring of programme impact and performance, data collected can also be used to explore further areas of interest and expansion for the programme.

Areas where data collection could be improved:

- The issue of social isolation is key among the LAC users, with almost 1 in 2 users reporting a feeling of social isolation. Future data capture efforts should include a more detailed way to measure improvements in the area of social isolation, as it is likely to be the one less likely to be supported by mainstream services.
- Quality and consistency of the information recorded could also be improved and lead to a quicker and more effective reporting, as well as more comprehensive evaluations in the future.
- Improved and more consistent recording of information for operational purposes.

We strongly encourage a subsequent evaluation one year after the end of the pilot, to capture experiences and expectations of stakeholders and any impact to people's lives. Data should be collected and updated on an ongoing basis by stakeholders such as LAC staff and funding organisations (SCC, Public Health and CCG). Existing administrative data from funding agencies and other stakeholders would be valuable in studying LAC impact on broader populations, and in more diverse individual characteristics, in the long term.

We also remind the reader to recall that it is sometimes not possible to know, measure or calculate long term impact and actual financial benefits at all times.

References

Blake, S. (2017). *Local Area Co-ordination Interm Evaluation* (p. 28).

Broad, R., & others. (2012). *Local Area Coordination*. Sheffield, The Centre for Welfare Reform.

Drummond, M. F., Sculpher, M. J., Claxton, K., Stoddart, G. L., & Torrance, G. W. (2015). *Methods for the economic evaluation of health care programmes*. Oxford university press.

Haddix, A. C., Teutsch, S. M., & Corso, P. S. (2003). *Prevention effectiveness: a guide to decision analysis and economic evaluation*. Oxford University Press.

MacKinnon, D. P. (1994). Analysis of mediating variables in prevention and intervention research. *NIDA Research Monograph*, *139*, 127–127.

Mackinnon, D. P., & Dwyer, J. H. (1993). Estimating Mediated Effects in Prevention Studies. *Evaluation Review*, *17*(2), 144–158. https://doi.org/10.1177/0193841X9301700202

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., … Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, *5*(1), 63.

List of Tables

5 Appendix A. Additional tables

5.1 Descriptive Statistics – LAC Users

This section includes additional tables to support the statements in the following sections:

Who is using the LAC programme?

AgeGroup	Freq.	Percent	Cum.
.	37	6.09	6.09
0-5	1	0.16	6.25
5-14	15	2.47	8.72
15-24	44	7.24	15.95
25-34	60	9.87	25.82
35-44	83	13.65	39.47
45-54	110	18.09	57.57
55-64	62	10.20	67.76
65-74	68	11.18	78.95
75-84	80	13.16	92.11
85-94	48	7.89	100.00
Total	608	100.00	

TABLE 3. LAC USERS BY AGE GROUP. ((.) INDICATES THAT AN AGE GROUP WAS NOT RECORDED)

Gender	Freq.	Percent	Cum.
Female	359	60.64	60.64
Male	233	39.36	100.00
Total	592	100.00	

TABLE 4. LAC USERS BY GENDER[9]

Age Group	Female	Male	Total
(missing)	11	12	23
0-5	0	1	1
05-14	4	11	15
15-24	24	19	43
25-34	40	20	60
35-44	50	33	83
45-54	61	48	109
55-64	40	21	61
65-74	42	26	68
75-84	55	25	80
85-94	32	16	48
Total	359	232	591

TABLE 5. TABULATION OF AGE GROUP OF LAC USERS BY GENDER.

Ethnicity	Freq.	Percent
White: British	378	66.20

[9] Note that Transgender and nonresponses were omitted from this table to prevent re-identification.

Other ethnic background	12	2.10
Undeclared/Not Known	181	31.70
Total	571	100.00

TABLE 6. TABULATION OF LAC USER ETHNICITY WHERE AVAILABLE.

Employment Status	**Freq.**	**%.**
Conducting voluntary work	4	0.67
Not known/not willing to disclose	25	4.16
Paid employment-16+ hour per week	50	8.32
Paid employment-under 16 hours per week	27	4.49
Retired	202	33.61
Unemployed-full time carer	11	1.83
Unemployed-full time parent	25	4.16
Unemployed-in education/training	16	2.66
Unemployed-in education/training	3	0.50
Unemployed-in receipt of ESA	164	27.29
Unemployed-not in employment, education	6	1.00
Unemployed-not seeking work	11	1.83
Unemployed-not seeking work, not in rec	14	2.33
Unemployed-seeking work	16	2.66
(missing)	27	4.49
Total	601	100.00

TABLE 7. TABULATION OF EMPLOYMENT STATUS OF USERS INTERACTING WITH THE LAC PROGRAMME.

Who introduces users to Local Area Coordination programme?

Introduced By	Freq.	Percent
Council-run services or staff (housing, councillors etc)	156	25.62
Self-referral	110	18.06
family, friends or other community members	108	17.73
Health Specialists (incl mental health practitioners, and GPs)	81	13.30
By Youth Organisation	59	9.69
By education authorities	28	4.60
Other	26	4.27
missing	13	2.13
By other LAC user	11	1.81
By Police	9	1.48
By Clergy	8	1.31
Total	609	100%

TABLE 8. TABULATION OF POINTS OF INTRODUCTIONS OF USERS TO THE LAC PROGRAMME.

How have users been interacting with the LAC programme?

UserEngagement_en	**Freq.**	**Percent**
Long Term	269	44.98
Short Term	329	55.02
Total	598	100.00

TABLE 9. TABULATION OF TYPE OF USER ENGAGEMENT (LONG TERM (LEVEL2) VS SHORT TERM (LEVEL 1)

	UserEngagement_en		
Age Group	Long Term	Short Ter	Total
(missing)	7	19	26
0-5	1	0	1
05-14	10	5	15
15-24	17	27	44
25-34	29	31	60
35-44	48	35	83
45-54	46	64	110
55-64	35	27	62
65-74	27	41	68
75-84	36	44	80
85-94	13	35	48
Total	269	328	597

TABLE 10. TABULATION OF TYPE OF USER ENGAGEMENT (LONG TERM (LEVEL2) VS SHORT TERM (LEVEL 1) BY AGE GROUPS (FREQ.)

	UserEngagement_en		
Employment Status	Long Term	Short Term	Total
Conducting voluntary work	3	1	4
Not known/not willing to disclose	1	24	25
Paid employment-16+ hours per week	23	27	50
Paid employment-under 16 hours per week	15	12	27
Retired	77	125	202
Unemployed-full time carer	5	6	11
Unemployed-full time parent	11	14	25
Unemployed-in education training	5	14	19
Unemployed-in receipt of ESA	93	71	164
Unemployed-not in employment, education or training	3	3	6
Unemployed-not seeking work	5	6	11
Unemployed-not seeking work, not in receipt of benefits	4	10	14
Unemployed-seeking work	7	9	16
(missing)	10	6	16
Total	262	328	590

TABLE 11. TABULATION OF TYPE OF USER ENGAGEMENT (LONG TERM (LEVEL2) VS SHORT TERM (LEVEL 1) BY EMPLOYMENT STATUS (FREQ.)

	UserEngagement_en		
Carer	Long Term	Short Ter	Total
	19	30	49
no	168	204	372
yes	82	95	177
Total	269	329	598

TABLE 12. TABULATION OF TYPE OF USER ENGAGEMENT (LONG TERM (LEVEL2) VS SHORT TERM (LEVEL 1) BY CARER STATUS (FREQ.)