

Evaluation of Local Area Co-ordination in Middlesbrough

**Final Report by
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August 2011



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Executive summary

Introduction to local area coordination

Welfare services in Britain are facing two fundamental challenges. The first is to meet the increasing expectations of the public for greater choice and control over the support that they need. The second is to deliver this with less money. The report looks at one service that offers a potential solution to these seemingly conflicting pressures.

This service is Local Area Coordination (LAC). LAC is an approach to supporting people with disabilities to live good lives in their communities. It helps people to draw support from their communities by working to increase both the capacity of individuals and of communities. It was developed in Western Australia to support people with learning disabilities and their families. In Great Britain it works in most parts of Scotland, again with an emphasis on supporting people with a learning disability. Middlesbrough is piloting it and offering it to an entire community.

LAC works as a single, local point of contact supporting people in their community. It aims to:

- Help people identify how they want to improve their lives;
- Develop personal confidence and support to people so they can be more independent and speak on their own behalf;
- Develop practical responses to needs;
- Help people to plan for and get the support they need and have control over how it is provided;
- Link people into existing community resources and promote social inclusion;
- Identify gaps in existing services and support and actively develop local communities;

- Enable access to timely and accurate information;
- Simplify the system - making it more personal, flexible and accountable and helping people to find their way through it and get support and services if they need them.

Several things distinguish LAC from other services. These include:

- Focusing on the skills, resources and competencies people and communities have rather than what they lack;
- Working with families and individuals across all ages and life stages and all types of disability;
- Looking at people in their family and social context and at the needs of the whole family;
- Developing and maintaining informal supports and social networks;
- Promoting better use of mainstream services;
- Working locally and tapping into local networks and resources;
- Working to a clear value base and set of principles which form the basis of all decisions and actions.

The pilot

This evaluation looks at the first 8 months of the project which was set up in the east of Middlesbrough and opened in September 2010. The service comprises a project development manager and two LAC co-ordinators. The pilot originally covered the areas of Park End, Priestfields, Netherfields and Ormesby Village. In October 2010, the area was extended to cover Pallister Park, Berwick Hills, Thorntree and Town Farm.

It offers two levels of support:

Level 1 - provides information and/or limited support. There is no assessment needed to get this level of support.

Level 2 - continuing support to people (children and adults) who are vulnerable.

By the end of the evaluation, in May 2011, the service was supporting 44 individuals and/or families.

Our findings

We looked at several cases where LAC is giving support to people with disabilities or who are vulnerable. We interviewed some of these people and looked at information provided by the LAC team. We spoke to people in other organisations who worked with the service and to leaders and senior managers in the Council, Primary Care Trust, Erimus Housing and the Police. While the service has not been going for long our overall conclusion is largely positive.

LAC delivers positive results for people

People who use the service all said that it had made a positive difference to their lives. People from other agencies support this view. People identified the following things that contributed towards the positive role that it played.

- LAC is consistent and team members do what they said they would do;
- LAC is non-judgemental;
- LAC helps people to think about what they want to achieve and then works with them to move towards those things;
- The support offered is practical;
- The service is local and accessible;
- The service is non-stigmatising;
- LAC is able to reach and work with people who are often reluctant to engage with statutory services.

LAC delivers benefits for agencies

LAC similarly delivers benefits to agencies. Among the benefits identified are:

- Preventing people from reaching crisis point;
- Promoting more effective partnership working;
- Sharing knowledge and information;
- Providing a 'one-stop' approach and a holistic solution;
- Ensuring that onward referrals are appropriate;
- Helping local people to become more independent and self-reliant;
- Working locally and being able to find people who may otherwise be 'hidden' from traditional services;
- Helping to reduce the caseload of statutory services;
- Giving support to people which other services find difficult to deal with.

There were some concerns expressed about how LAC works. The biggest was its limited availability, as it is restricted to a few wards. There was a strong view that it should be extended across the town.

LAC is different from other services

LAC displays several clear differences from other services, especially those delivered by statutory agencies. These are that LAC:

- Can make its focus the results that people want to achieve;
- Provides a universal service that is available without the need to satisfy any eligibility criteria based on need;
- Can offer support without time limits;
- Can provide different types of support including practical help;
- Has built up a detailed knowledge of local resources and directs people towards these;

- Can work more flexibly and creatively;
- Provides a 'one-stop' approach dealing with all of a person's situation.

LAC works effectively with other services

On the whole LAC is working well with and complementing other services. We saw no evidence of duplication or inappropriate overlap.

LAC needs to do more to build communities

This is the area where LAC is weakest and we have seen little evidence of work to develop social inclusion and build community capacity. This is an area to strengthen in the future.

LAC is cost effective

While there is limited hard data available we believe there is enough evidence to conclude that LAC is cost-effective. LAC can show success across several of the dimensions that what would make up a cost-effective service. These include:

- Preventing crisis through early intervention;
- Changing the balance of care by using more informal supports;
- Using community resources;
- Bringing in extra resources to support families and communities;
- Making better use of existing resources.

The cost of the LAC intervention works out at an average of £92.77 per case. It would not require a huge saving to make the service cost-effective. Evidence from other studies of LAC and studies of similar types of services also support the view that it is likely to be cost-effective. So while we have not been able to quantify any savings delivered by LAC we suggest that it is likely the service is cost-effective. If LAC worked to full capacity this cost-effectiveness would increase.

Recommendations

In our report we make ten recommendations about LAC.

1. Fund LAC on a long-term basis

Currently LAC is funded on a short-term basis. We think it has demonstrated enough of an impact to justify funding it on a longer-term basis.

2. Extend LAC across Middlesbrough

LAC has showed enough of a positive impact to justify rolling it out across the whole of Middlesbrough. A rough estimate would suggest that 3 or 4 extra services would be required to ensure one is based in each of the major areas of deprivation with other parts of the town being included in these to ensure the whole town is covered.

3. Make LAC part of the 'front-end' for adult and children's social care services

LAC should become a key part in the way that people can access these services. It should also form the core of the Council's response to those people who fall outside the current eligibility for social services support.

4. LAC and personalisation/self-directed support

LAC could become a key element of the Council's approach to developing personalisation. Its role could include:

- Supporting people to access and manage personal/individual budgets;
- Identifying gaps and opportunities to develop locally based provision and promoting new ways of delivering local services;
- Offering a brokerage service focussing on building individual and community capacity.

5. Place greater emphasis on building community capital

Developing the ability of communities to provide support and to ensure that disabled and vulnerable people are included as full members is at the core of

the LAC approach. This is currently underdeveloped in the Middlesbrough pilot. It should be prioritised as a key part of the LAC approach.

6. Give LAC funding for building community and individual capacity

LAC should have funding it can use to provide small grants to either individuals or local groups as a means of building local capacity and developing local solutions.

7. Build better links with the NHS

LAC needs to build better links with NHS services especially local GPs and mental health services.

8. Provide information and advocacy

LAC should develop a systematic approach to making sure that people can get the information and advice they need. LAC should work with other organisations e.g. the library on this.

LAC does not currently speak on people's behalf, preferring to support self-advocacy. LAC should consider providing advocacy in some cases. It is well placed to advocate for, especially, its more vulnerable users without compromising the principles on which it is based.

9. Increase the capacity of the service

At the end of May 2011 LAC was supporting 44 individuals and families. Experience from Australia suggests the team could be supporting up to 150 people. The team should build up the caseload to make the best use of the resources in the team.

10. Use LAC to develop new ways of working across the Council

LAC could play a wider role in promoting and supporting transformational change across social care in Middlesbrough and, indeed, in other services areas. Its approach is relevant to a wide range of different services. The LAC should play a lead role in developing and implementing this approach.

1. Introduction

Publicly funded and provided welfare services are undergoing fundamental change. This predates the current financial crisis and is ostensibly concerned with a drive towards delivering services that are more personalised. As part of this there is a growing interest in new service models that aim to give people more choice and control over how they are supported and live their lives. This evaluation looks at one such model, Local Area Co-ordination (LAC), as it is being piloted in Middlesbrough.

Middlesbrough Council commissioned the evaluation in July 2010. The original brief identified five key areas which the evaluation should cover. These were:

- Project design and implementation including integrity of programme/model design, key programme processes and feedback from key stakeholders on strengths, weaknesses and key challenges.
- Results for individuals, families, community and system.
- Forecasted efficiency savings achieved because of full implementation of LAC in the 3 specified neighbourhoods of East Middlesbrough (Netherfields, Priestfields and Park End).
- Benchmarking processes and achievements with other UK and Australian LAC projects.
- Recommendations for development and expansion.

Shortly after the evaluation began it became clear the Council was heading towards a period of extreme financial stringency. This led to the emphasis of the evaluation changing to focus on the efficiencies achieved by the new service. This is because showing cost-effectiveness was going to be critical in any consideration of whether the pilot project would be sustained and expanded. That is not to say that it has ignored questions of the impact the service has had on the individuals and families that it has worked with. However it has meant that less attention has been paid to how the project was set up that was originally envisaged.

The evaluation has been carried out during the first eight months of the project. This means that there is not a great deal of data on which to base the evaluation - for example by the end of May, when the evaluation ended, the service had only 44 people on its caseload.

Our approach to the evaluation of this project has, therefore, been to recognise that it is an ongoing project and our purpose is to give an indication of its effectiveness to date and to try and project what it might be in the future. Our methodology has concentrated on using case studies to assess the impact the service is having on the lives of local residents, supplemented by interviews with key people and organisations that are involved with the project.

In the report we start by describing LAC as a different approach to supporting people in their communities and look at the concepts on which it is based and the experiences of it being implemented in Australia, where it originated, and Scotland. In Chapter 3 we look at the context, both national and local, in which the pilot is being developed. Chapter 4 provides more detail on the areas where it is being provided. Chapter 5 looks at the findings from our research before we go on, in Chapter 6, to draw some conclusions from these. Chapter 7 sets out our recommendations for the future of the service

Acknowledgements

We would like to thank all the people who have given us their help and co-operation during this evaluation. In particular we want to thank those people who use the service for agreeing to speak to us and to share their experiences. The LAC team, Carol Taylor, Janet Stanwick and Stuart Green have given us considerable assistance and been generous with their time as have the other people that we have interviewed. Patrick Duffy from Middlesbrough Council has helped with the practical arrangements of arranging interviews. The views expressed in this report are those of the authors and do not necessarily represent the views of Middlesbrough Council or any of the local organisations and people involved in the project.

2. Local Area Co-ordination

What is Local Area Co-ordination?

Local Area Co-ordination (LAC) is an approach to supporting people with disabilities to live good lives in their communities. It emphasises helping people to draw support from their communities and it does this by working to increase both the capacity of individuals and the capacity of communities. It was first developed in Western Australia in the 1980s in response to long standing difficulties in meeting the needs of people with learning disabilities and their families living in remote areas. In Great Britain it has been adopted in most parts of Scotland, again with an emphasis on supporting people with a learning disability. It is now being implemented in a few places in England including Cumbria and Derby as well as Middlesbrough. There are evaluations of the approach from both Australia and Scotland.

How does LAC work?¹

LAC is designed to operate as a single, local point of contact supporting children and adults in their local community. It aims to:

- Support people to identify how they want to improve their lives and what needs to happen to achieve that;
- Develop personal confidence, networks and support people to be more independent and advocate on their own behalf;
- Develop practical responses to needs through self sufficiency;
- Assist people to plan for and get the support they need and to have control over how that is provided;
- Link people into existing community resources and promote social inclusion;
- Identify gaps in community opportunities and form partnerships to actively develop local communities and resources;

¹ This section draws heavily on a review of LAC done by Professor Bob Hudson as part of an earlier piece of work looking at the cost-benefits of implementing LAC in Darlington. It is available as part of the final report on that project at <http://www.northeastiep.gov.uk/adult/LACOverview.htm> and is reproduced at appendix one. We are grateful to Professor Hudson for allowing us to reproduce it here.

- Enable access to timely and accurate information from a range of sources;
- Simplify the system - make it more personal, flexible and accountable and assist people to find their way through it;
- Assist people to access support and services if required from whichever organisation is best placed to provide them.

In addition LAC is seen to have a broader role through contributing to system change - helping to transform existing services to make them more responsive, personal and supportive of people and communities.

LAC works through local area coordinators. Each co-ordinator supports a given number of people (In Australia a LAC working in an urban area would be expected to support around 60 people²) and works across traditional boundaries between housing, social work, health, education and other agencies. The coordinators provide information, co-ordinate services and may have access to some funding which can be passed on directly to individuals and families. LAC services are mostly provided by local authorities.

Several things are held to distinguish LAC from other services. These include:

- Adopting an asset based approach that focuses on what skills, resources, competencies people and communities possess rather than what they lack;
- Working with families and individuals across all ages and life stages and all types of impairment;
- Considering people in their family and social context and looking at the needs of the whole family rather than just one person who is identified as having a specific need;
- A focus on developing and maintaining informal supports, natural social networks and facilitating access to mainstream services;
- Operating on a very local basis and tapping into local networks and resources;
- Working to an explicit value base and set of principles which form the basis of all decisions and actions (see box 1).

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Box 1: 10 principles of Local Area Co-ordination¹

1. As citizens, people with disabilities have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.
2. People with disabilities, often with the support of their families, are in the best position to determine their own needs and goals, and to plan for the future, whether as self-advocates or supported by advocacy.
3. Families, friends and personal networks, which may include support workers, are the foundations of a rich and valued life in the community.
4. Supports should be planned in partnership with individuals and others important to them, including their family.
5. Access to timely, accurate and accessible information enables people to make appropriate decisions and to gain more control over their lives.
6. Communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers. Inclusion requires changes in many areas of community life and mainstream public services including transport, leisure and employment.
7. The lives of people with disabilities and their families are enhanced when they can determine their preferred supports and services and control the required resources, to the extent that they desire. Individuals should be at the centre of decision-making about their lives.
8. Local area co-ordination enhances support systems. All services and supports, whoever delivers them, should aim to achieve a good life for people with disabilities, should recognise and support the role of families, carers and their supporters and should be able to demonstrate that the service they give to an individual is available, consistent and of high quality. Local area co-ordinators are an integral and strategic part of the network of publicly funded services that demonstrate society's commitment and responsibility to support all people to fulfil their potential in the community.
9. Partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of people with disabilities. Investment in building the capacity and resources of communities is essential to enable inclusion.
10. People with disabilities are citizens and have a life-long capacity for learning, development and contribution. They have the right to expect that services and supports should respond to their changing needs and aspirations and they should have the opportunity to contribute to society through employment, public service and by other valued means.

¹ Originally developed for Local Area Co-ordination in Western Australia. See '*Local Area Co-ordination: family, friends, community - a good life*', Government of Western Australia, Disability Services Commission (January 2010)

In the case of Scotland, Curtice³ has attempted to clarify what a LAC does in the following way:

- Strong local connections;
- Committed to community;
- Provides information that explores all the options;
- Is stable, personal and consistent;
- Works from where people are at;
- Works with people in their homes and in the community;
- Acts as a bridge and links people together;
- Not an 'authority', not always having an answer;
- Non-judgemental and non-discriminatory;
- Committed to long-term relationships.

She goes on to characterise LAC further by emphasising that it is *not*:

- Heavily bureaucratic;
- Targeted only on people with certain levels of need/ages etc;
- Dependency-creating;
- Primarily a service co-ordination role;
- A part-time function or task of another professional.

In this view LAC is being implicitly contrasted with more traditional ways of delivering social work and care management. The relationship with existing care management services is a key issue. In Western Australia it has increasingly supplanted and/or incorporated those services. In Scotland, by contrast, it developed as an adjunct to care management with a not always clear relationship between the two. This illustrates that there is not a single

³ Curtice, L (2003) 'Developing Local Area Co-ordination in Scotland – Supporting Individuals and Families in their own communities', Tizard Learning Disability Review, 8 (1) 38-44.

LAC service model. Rather there are variations on a theme - what unites them, though, is their adherence to the LAC principles.

The evidence for LAC's effectiveness

LAC has been evaluated in both Australia and Scotland. In Australia, Chadbourne⁴ carried out a comprehensive review of research on LAC, and reported the overwhelming message as a 'success story', the benefits of which far outweighed any difficulties or drawbacks. Specific aspects of the LAC process which are commended include:

- Its role in promoting user choice;
- The relevance, flexibility, quality, short and long term value and continuity of services and support;
- The combination of practical and instrumental support, information provision advocacy and emotional support;
- The high degree of trust between LACs and families;
- The many roles LACs have, including advocate, guide, supporter, broker, consultant, community worker, partner and others;
- Accessibility, reliability and quickness of response.

In relation to the broader community, the outcomes claimed for LAC included making society more inclusive; increasing community acceptance of people with learning disabilities; enabling people to stay in their own homes and local communities rather than moving into residential accommodation in a distant urban centre; helping set up community organisations and employment opportunities; attracting additional funding from a range of sources and, finally, making better use of scarce resources and being cost efficient.

The Scottish evaluation⁵ by Kirsten Stalker and her colleagues is limited in nature – relatively small-scale, largely qualitative and unable to compare

⁴ Chadbourne, R (2003) *A Review of Research on Local Area Coordination in Western Australia*.

⁵ Stalker, K et al (2007), *Evaluation of the Implementation of Local Area Coordination in Scotland*. Edinburgh: Scottish Executive.

outcomes in authorities which did and did not have LAC – and it is correspondingly more circumspect in proclaiming ‘success’. Indeed, she notes the absence of anything that could even be described as a Scottish LAC, noting “*enormous variation in almost every aspect of the organisational arrangements*”.

It may, therefore, be premature to simply label LAC as an untarnished success story. The evidence base is still largely confined to Western Australia where the national policy context and culture is very different to England – there are always dangers in attempting to transplant innovations from one national context into another. Moreover, the Australian data has not been tested over time – the last published evaluation was in 2003, but policy effects can take longer to show through.

Arguably the English policy context is more favourable to LAC than the Scottish context, where the personalisation agenda is less well-developed. LAC may work better within a model where people have access to their own budgets – it could fit well in supporting people to choose a personal budget, draw up a support plan, find support in their own community and support to live life in their community. LAC and personalisation (as conceived in England) may therefore be regarded as mutually reinforcing imperatives. .

Outcomes for individuals and families

A review of LAC in Western Australia⁶ identified the following benefits for individuals and families:

- Greater peace of mind and increased security;
- Increased optimism about the future;
- Improved functioning and well being;
- Enhanced self-sufficiency and competence to organise their own services and supports;
- More choice and control of services; and

⁶ Government of Western Australia (2003), ‘*Review of the Local Area Coordination Program Western Australia*’, p31 at

http://www.disability.wa.gov.au/dscwr/assets/main/report/documents/pdf/final_report_lac_review1_%28id_369_ver_1.0.2%29.pdf

- A more customised and diverse array of support to meet their needs.

One of the case studies used in the Scottish evaluation is the experience of implementing LAC in Stirling. Stirling is viewed by the authors of the evaluation report as being one of the most effective LAC services. The benefits that families and individuals reported here were very similar to those identified in Western Australia and included:

- Having access to more supports and services than before. These included practical, financial and emotional supports, help with transport, housing and educational support.
- Individuals requiring less formal support than before.
- Individuals and families being generally better informed about services and support available.
- Increased social activity for people and also in some cases, new friendships and improved family relationships.
- An increased sense of confidence and well-being with people being given more options and encouraged to make choices.
- The development of new day opportunities for a number of people, notably paid employment⁷.

However Hudson's review raises the issue that there is no evidence that such positive outcomes are as a direct result of LAC *per se*, as opposed to the commitment of the individual workers⁸. What seems to be important in delivering positive outcomes for individuals and families is that:

- LAC is based on a flexible, respectful, personalised, holistic relationship - a partnership;
- It is local;
- It is reliable, it provides timely, accurate information that is relevant to the consumer's personal circumstances and location;

⁷ Stalker et al (2007), 'Evaluation of the implementation of Local Area Coordination in Scotland', p2

⁸ For example other developments have reported similar improved outcomes. See, for example, Connected Care <http://www.turning-point.co.uk/commissionerszone/centrefexcellence/Pages/ConnectedCare.aspx>

- It empowers, encourages, and supports, it doesn't take over, it respects the authority of the family;
- It is hands-on, provides practical information and assistance; and
- It can be trusted.

Outcomes for Communities (community capacity building)

One of the main objectives of LAC is to help people to get the support they need within their own communities. It is clear that the benefits of community capacity building are the ones that it is often most difficult to realise. Whilst the Scottish implementation claimed to lay more focus on this aspect than in Western Australia the evaluation found that progress was relatively limited with only six of the twenty four authorities in the Scottish evaluation reporting that they had felt there had been progress on this aspect.⁹ Even here the evidence put forward for success is largely anecdotal and fairly small scale.¹⁰ The evaluation suggests that the success of this aspect of LAC is dependent on a number of factors including:

- The location of the worker and their skills and experience,
- The size of the target area; and
- The emphasis given to community development in the project design.

Again there is nothing to suggest that LAC is uniquely placed to deliver these benefits although it is relatively unusual in emphasising the need both to build individual and community capacity in order to fully promote social inclusion.

⁹ Stalker et al, op cit, p4

¹⁰ For example one example cited is of a LAC who put one agency in touch with another so as to enable them to combine resources and share the financial responsibility of organising transport to and from a holiday caravan site for various service users. Ibid p78.

Benefits for the Council and other agencies

The various evaluations of LAC have said very little about benefits particularly accruing to public agencies as opposed to individuals, families and communities. The review of LAC in Western Australia does highlight an important role for LAC in:

- Providing a point of contact/liaison between agencies and families.
- Giving agencies access to young people with disabilities.
- Supporting an area of community that is not specifically catered for by other agencies.
- Establishing a strong link between agencies and the Disability Services Commission¹¹.

Interestingly the Review states that following the decision to implement LAC in Scotland the Western Australian Government selected it as the preferred mechanism for individual coordination and direct funding (i.e. personalisation) that was planned to systematically replace case management in local authorities.

The potential benefits of LAC for the Council and its partners would seem to include:

- A more effective way of delivering support to people with low-level and moderate needs or helping to prevent the need for social care services.
- Contributing to the wider health and wellbeing agenda, including addressing inequalities.
- Delivering wider community benefits e.g. community safety, neighbourhood renewal and regeneration.
- Delivering a whole community approach to supporting independent living for older and disabled people.

¹¹ The Disability Services Commission is the state body that funds and commissions services for people with disabilities. Government of Western Australia, op cit, p39

Addressing low-level needs

There are two dimensions to this issue:

- The effectiveness of different approaches to preventing the need for social care services; and
- The effectiveness of LAC as a means of meeting the needs of people with low-level and moderate needs.

The two are related because there is evidence that many of the people for whom preventative approaches work best are people with low-levels of need.

The evidence base for these type of services has recently been significantly strengthened by the evaluations of the Partnerships for Older People Projects (POPPs) and the Link Age Plus programme (LAP). There has always been strong qualitative evidence that people value these types of services. There is now evidence that shows they deliver a range of positive outcomes including reduced use of health and social care services and cost-effectiveness.

Key messages from the evidence include:

- Prevention and early intervention services need to address the spectrum of need from promoting access to universal services for the general population through to addressing complex needs
- A broad range of services have a key contribution to make in delivering prevention and early intervention including housing, leisure, transport and community safety
- Involving users and carers at all stages is essential to ensure that services reflect their needs and wishes
- A 'whole systems approach' is needed to maximise the impact of investment in this area.¹²

LAC and value for money

At several points we have highlighted the relative paucity of information on whether LAC is a cost-effective approach and delivers value for money. The

¹² For more information see appendix two.

evaluation of the Scottish programme, for example, identifies several cases where it is claimed that LAC has led to a reduced need for other services but no attempt was made to quantify these savings or see if they meant that the programme overall was cost-effective. Evaluations of the Australian LAC model do proclaim cost-effectiveness. It is said that the programme has: low bureaucracy and per capita cost; effective small funded preventive packages; a strong alignment with strategic goals; and a strong harnessing effect in bringing in a wider range of community resources. Of particular importance here was the value-for-money study by Bartnick and Psaila-Savona¹³ which examined national benchmarks, the extent to which strategic objectives were met, preventive and multiplier effects, cost-effectiveness of operations and opportunity costs. It concluded that LAC:

- Improved access to services – more disabled people in Western Australia were getting services than in other places.
- Influenced the balance of care with more people getting a non-residential service.
- Secured costs per service user at a third less than elsewhere.
- Prevented people having to move from their local community to access a service; and
- Generated additional resources.

Again though it is not clear to what extent these outcomes are a consequence of LAC itself as opposed, say, to the Western Australian Government's focus on taking a positive approach to disabled people.

So whilst we can conclude that there is now a strong evidence base for the cost effectiveness of investment in prevention and that people with low and moderate needs are likely to benefit from preventative services we think that it is not possible to conclude from the evaluations that have taken place that LAC is necessarily a cost-effective means of delivering such services. This is not to say it isn't - it is just that the evidence is not available to say it is any more effective than more traditional methods of arranging and supporting people in the community. We return to this issue later in the specific context of the service in Middlesbrough.

¹³ Bartnick, E and Psaila-Savona, S (2003), *Local Area Coordination review: Term of reference 3: Value-for-money: Final report*. Canberra: Disability Services Commission.

3. Context

National

LAC in the context of the transformation of adult social care

The policy context for the pilot is set by the current and previous Government's aim to transform adult social care services - in shorthand what is often called personalisation. The challenge posed by the move towards 'personalisation' is to *"re-design local systems around the needs of citizens."*¹⁴ This involves a shift away from a model of care that focuses on the relatively small number of people who require significant levels of support, primarily at a time of crisis, to one centred on improved wellbeing for all with greater choice and control for individuals. Increasing emphasis needs to be placed on supporting self direction and social inclusion with people accessing more community based and universal services to enable health and wellbeing. This approach is illustrated by the following diagram.

Fig 1: the four quadrants of personalisation



¹⁴ HM Government and others (2007), 'Putting People First, p2

Source: Making a strategic shift to prevention and early intervention, Department of Health, 2008

Each of the four quadrants of the circle contributes to the delivery of a sustainable health and social care support system.

Universal services. This is about recognising that people who need support and care are also citizens and have the same rights and responsibilities as the rest of the population. This extends to them being able to use services like libraries, leisure centres, GP surgeries, post offices. This also helps to build inclusive communities which are able to provide more effective support to people with a disability.

This is also about changing adult social care from being a residual, 'safety net' service for just a small number of people into a wider service that, in some way, is open to everyone. Key to this is a new responsibility for Councils to ensure that people can get information and advice about their needs and the services that are available.

Social capital. This is about building up the networks and relationships that people have in their local communities. There is lots of evidence that people who have good social networks are happier and feel more in control of their lives. Yet often these are lost as people become ill and disabled. Helping people to maintain these - or rebuild them if they have been lost - is an important part of providing help and support.

More broadly this is about building a stronger community infrastructure that can support 'civil' society, for example by supporting community and voluntary sector organisations and promoting volunteering.

Early intervention and prevention. This is about making sure that people get early help to try and stop their condition getting worse. This doesn't just apply to people who are well. At every stage of a person's circumstances we should be looking at how we can help them stay as independent and healthy as possible.

Choice and control. This is about everyone being able to decide for themselves how to live their life. They should be able to choose what support they get and how they get it. It is based on the belief that the person needing support (or advocate) is best placed to understand their own needs and how best to meet them.

The new Coalition Government has not fundamentally changed this approach. In a White Paper on adult social care it states that:

"Our vision starts with securing the best outcomes for people. People, not service providers or systems, should hold the choice and control about their care. ..Care is a uniquely personal service. It supports people at their most vulnerable, and often covers the most intimate and private aspects of their lives. With choice and control, people's dignity and freedom is protected and their quality of life is enhanced. Our vision is to make sure everyone can get the personalised support they deserve."¹⁵

This is based on the following seven principles

- **Prevention:** people and communities will work together to maintain independence. The state supports communities and helps people to retain and regain independence.
- **Personalisation:** individuals take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people.
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils.
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services.
- **People:** developing a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.

This approach has recently been endorsed by organisations from across the social care sector in a partnership agreement: *'Think Local. Act Personal'*. This emphasises that the overall aim of the changes is to move to a position where *"as many people as possible are enabled to stay healthy and actively involved"*

¹⁵ Department of Health, *'A Vision for Adult Social Care: capable communities and active citizens'*, November 2010, p15

in their communities for longer...delaying or avoiding the need for targeted services".¹⁶ The agreement sets out a framework for joint action at a local level, including the need for:

- Integrated health and social care commissioning around agreed outcomes.
- Stronger and more collaborative relationships to develop new models of provision and reduce costs.
- A changing offer from providers to provide more flexible, community based and affordable support.
- Better ways of gathering and utilising market intelligence to develop a diverse range of high quality provision.
- The full engagement of people using services, their carers and families in commissioning and service development.
- Outcomes-based approaches to commissioning and procurement that support people to take choice and control.
- Commissioners and providers proactively managing their risks, through a shared approach.

Reforms to the NHS and public health

This vision for adult social care is set alongside reforms to the NHS and the role of local authorities in improving the health of the public. These changes will:

- Transfer responsibility for commissioning health services from the Primary Care Trust to new clinical commissioning groups, led by GPs. In Middlesbrough there is one group, Middlesbrough GP Commissioning Consortium, which covers the whole of the town. It will become an increasingly important players and its support for LAC will be important.
- Transfer the responsibility for local health improvement functions from the PCT to the Council. From April 2013 the Council will also receive a ring-fenced allocation of funding to support local health improvement.
- Give the Council a new responsibility to join up the commissioning of local NHS services, social care and health improvement. A new 'Health and Wellbeing Board' (H&WB) will be set up to carry out this responsibility.

¹⁶ *'Think Local, Act Personal: Next Steps for Transforming Adult Social Care'*, January 2011, p1, available at <http://www.puttingpeoplefirst.org.uk/Browse/ThinkLocalActPersonal/>

- Require the H&WB to develop a Joint Strategic Needs Assessment (JSNA) In future NHS and local authority commissioners will have to have regard to the JSNA in commissioning services.
- The JSNA will form the basis for a high-level “joint health and wellbeing strategy” (JHWS) that spans the NHS, social care and public health, and could potentially consider wider health determinants such as housing and education. The strategy should provide the overarching framework within which commissioning plans for the NHS, social care, public health (and any other services which the H&WB agrees are relevant, such as housing) are developed.
- Place a duty on GP consortia and local authorities, through the H&WB, to consider how to make best use of the flexibilities they have at their disposal, such as pooled budgets, which can be used to promote better integrated working and commissioning.¹⁷

Localism

The Government has also published a 'Localism Bill'. Amongst other things this aims to:

- Give more power to local councils. This will include giving them a 'general power of competence'. This will allow councils to do anything they want provided they do not break other laws.
- Give voluntary and community groups the right to express an interest in taking over ('challenge') the running of a local service. The local authority must consider and respond to this challenge.
- Require councils to set up a list of 'assets of community value'. Communities will have the opportunity to nominate for possible inclusion the assets that are most important to them. When listed assets come up for sale or change of ownership, community groups will have time to develop a bid and raise the money to buy the asset when it comes on the open market.
- Introduce a right for local communities to draw up neighbourhood development plans. These will say where they think new houses, businesses and shops should go – and what they should look like.

¹⁷ These changes are included in the Health and Social Care Bill 2011 which is currently going through Parliament.

Big Society

A further, though less well-formed, strand of Government policy is 'The Big Society'. *"The Big Society is about helping people to come together to improve their own lives. It's about putting more power in people's hands – a massive transfer of power from Whitehall to local communities"*.¹⁸

In practice this amounts to more of a concept than a detailed legislative programme. It has three key elements:

- **Community empowerment:** giving local councils and neighbourhoods more power to take decisions and shape their area.
- **Opening up public services:** enabling charities, social enterprises, private companies and employee-owned co-operatives to compete to offer people high quality services.
- **Social action:** encouraging and enabling people to play a more active part in society. In particular empowering people in areas of high deprivation to take more responsibility for their communities.

Overview and implications for LAC

Running through these various policy initiatives and developments are a number of underlying themes¹⁹. These are:

- The development of the welfare state since the Second World war has led to a situation where services have become over-professionalised. Care and support previously provided free within families and communities has become replaced by paid for services. This has led to the encouragement of dependency on the state and professionals. This undermines not just individuals but families and whole communities' especially deprived ones where significant numbers of people have become dependent on the state both for their income and support.
- The welfare system has become increasingly complex and difficult for people to understand and navigate. This reinforces dependency,

¹⁸ Cabinet Office website. <http://www.cabinetoffice.gov.uk/big-society> (Accessed on 13 May 2011)

¹⁹ See R. Broad and B. Rhodes: *'Briefing Paper: Local Area Co-ordination and Strength Based Approaches'*, Inclusion North and LivesthroughFriends, 2011

increases the cost of providing services and leads to silo working that fails to meet need effectively and in ways that make sense to people and communities.

- Many services are run less for the benefit of the people who need them than the people who provide them. This encourages over assessment of need and leads to services that are delivered on an industrial model where individual circumstances do not fundamentally affect what is on offer.
- People's expectations have changed and they are now less prepared to be offered a 'one-size fits all' solution to their needs. People expect to have choice and control over how their needs are assessed and met.
- The current model of the welfare state is unaffordable and unsustainable. Costs need to be reduced both through introducing increased competition but also by the state's role decreasing through encouraging people to find their own solutions. This has the double benefit of both being cheaper and the solutions being more appropriate.

This is not the place to critically appraise these assumptions but they do produce a set of potential actions which fit well with the LAC approach. These include:

- Supporting individuals and communities to find their own solutions to their problems rather than relying on outside agency to deliver these for them. (Building individual and social capacity in the jargon.)
- Looking to individuals, families, friends to provide support that previously might have been delivered through state funded services. Encouraging self-help and self-sufficiency.
- 'De-professionalising' services by recognising the skills and resources that individuals and communities possess and building on those. Using an asset based approach or co-production.
- Broadening the range of organisations that can support people especially to include social enterprises, micro-providers, voluntary and community organisations.
- Supporting communities to be more self-reliant and less dependent on outside interventions.

The adoption of at least some of these approaches is increasingly being seen as essential to the reform of public services to make them fit for purpose in the 21st century.

LAC and personalisation

In the field of social care the above analysis has been influential in informing the development of personalisation. Personalisation is underpinned by a set of principles that are similar to those espoused by LAC. These include that:

- People with social care support needs are citizens first and users of services second.
- Service users and their families should have choice and control over how their needs are met and who provides their support.
- As citizens people should have access to mainstream services on the same basis as the rest of the population.
- People with support needs should be supported to maximise their abilities and be able to make a positive contribution to community life.
- Communities can play an important and enhanced role in including disabled and older people and providing them with support.

Whilst LAC is distinct from personalisation it potentially fits closely at several points by:

- Helping people to remain independent and preventing the need for support from health and social care.
- Enabling people to get information and advice about the range of support available.
- Helping people to find support from within their own communities.
- Helping people to live life in their own community.
- Helping to build community supports.
- Giving people more choice and control.

The Scottish guidance on LAC points out how LAC and personalisation and self-directed support are different, although they overlap. This is because:

- LAC is not based on an assessed entitlement to services;

- The key emphasis in LAC is on building capacity rather than meeting need;
- LACs work in communities as well as with individuals.²⁰

Table 1 sets out some of the differences but also similarities between the two approaches.

Table 1: LAC, personalisation and self-directed support

LAC helps to achieve personalisation	LAC adds value to self-directed support
Enabling people, over time, to identify the outcomes they want	Shifting culture and capacity amongst services and individuals from dependency to empowerment
Building individual and family capacity to reduce the need for services	Enhancing the capacity and lives of people who do not meet the eligibility criteria for services
Increasing people's confidence so that they can take more control	Increasing the uptake of self-directed support by building trust and capacity
Increasing the capacity of communities for inclusion by changing community attitudes and developing informal supports	Building the understanding and relationships to underpin resource sharing

LAC potentially has an important role to play in how the Council implements personalisation and self-directed support in Middlesbrough through:

- Offering information and advice on a universal basis;
- Providing support to people who fall outside the eligibility criteria for assessed services;

²⁰ Scottish Government, *National Guidance on the Implementation of Local Area Co-ordination*, 2008, p29

- Having a focus on prevention;
- Building community and individual capacity.

As the Council's approach to personalisation develops LAC is increasingly being recognised as a key element in its approach.

4. Description

The pilot

The proposal to set up a pilot LAC in Middlesbrough was originally made in September 2009. It formed part of a programme of work funded through the North East Improvement and Efficiency Partnership (NEIEP). Funding of £100,000 was given by the NEIEP to establish and evaluate a pilot project in the town. The Council added funding from its Social Reform Grant to allow the project to run initially for a year.

The benefits of setting up LAC were set out in a Project Initiation Document (PID) as being:

- To incorporate the values and principles enshrined in *'Putting People First'*, enabling a focus on person centred approaches and personalised support according to people's individual ambitions.
- To support the council's commitment to independence, choice and control for individuals
- To support people identified, especially those with low level need, to gain access to community supports which may prevent them from needing more significant supports, particularly to cope better in crisis situations/prevent or minimise crisis.
- Importantly, support the development of community and natural supports, which will improve community capacity building.²¹

The vision for LAC in Middleborough was that:²²

"All people live in welcoming communities that provide friendship, mutual support, equality and opportunities for everyone, including

²¹ Middlesbrough LAC, *Project Initiation Document*, Middlesbrough Council, September 2009, p6.
<http://www.middlesbrough.gov.uk/ccm/navigation/health-and-social-care/local-area-co-ordination/>

²² *'Get a life, not a service'*, LAC Framework Document, Middlesbrough Council, July 2010, p4.
<http://www.middlesbrough.gov.uk/ccm/navigation/health-and-social-care/local-area-co-ordination/>

people vulnerable due to age, disability or mental health needs, their families and carers."

The service would:

- Enable care management to work more effectively by providing lower level support to people in their local communities enabling care managers to concentrate on complex cases.
- Form part of the development of new ways of working and support transformational change in both culture and working practices within social care.

The objectives of LAC as set out in the PID were to plan and implement the service initially in one area of Middlesbrough. This would:

- Work with neighbourhood management and community teams within local communities in Middlesbrough defining roles and building cooperation and collaboration.
- Build and maintain effective working relationships with individuals, families and their communities.
- Provide individuals and families with support and practical assistance to clarify their goals, strengths and needs.
- Assist individuals and families to access the supports and services they need to pursue their identified goals and needs.
- Provide accurate and timely information. Assist individuals, families and communities to access information through a variety of means.
- Promote self advocacy, access independent advocacy and provide advocacy support where necessary.
- Contribute to building inclusive communities through partnership and collaboration with individuals and families, local organisations, and the broader community.
- Understand opportunities and gaps in local communities.

- Work in partnership with people vulnerable through age, frailty, disability or mental health issues, families and the community to develop responses and new opportunities in the community.
- Link with statutory/specialist services where required.
- Promote continuity for individuals and families at times of transition.
- Support individuals and families to:-
 - Develop personal, family and community capacity to develop practical / informal responses to need;
 - Understand and utilise personal, family and community gifts, strengths and interests;
 - To access and utilise individual budgets/self directed support where this is required;
 - Control resources (e.g. In Control, Self Directed Support, Direct Payments) - Plan, select, receive and monitor needed supports and services.

The LAC service would comprise a project development manager and two LAC co-ordinators. The original plan was that staff would be appointed and the service up and running by April 2010. As is often the case that proved to be ambitious and the service did not effectively start until September 2010. The evaluation has not looked specifically at the project development and the reasons why the original timetable slipped. This was reported as largely being to practical issues such as finding a suitable office base, recruiting staff, arranging IT facilities and telephones.

Area covered

It was always the intention that LAC would be piloted in a relatively small area. The areas chosen were originally Park End, Priestfields and Netherfields. Ormesby Village was added before the project started at the request of local residents. In October 2010 the area served was extended again to cover Pallister Park, Berwick Hills, Thorntree and Town Farm.

Operating framework

In July 2010 a framework for LAC was agreed. This emphasises that LAC is based on the principles set out in box 1 (see page 14) and that it forms part of the core approach to the transformation of social care in Middlesbrough but also offers a different way of delivering support from other services. It sets out what the LACs will actually do when they work with individuals, their families and carers

The framework describes the eligibility criteria for LAC support. Two levels are described:

Level 1 - the provision of information and/or limited support. There is no assessment or intake process. Anyone is eligible for Level 1 support.

Level 2 support is available for people (children and adults):

- who are vulnerable due to physical, intellectual, cognitive and/or sensory disability, mental health needs or age and require sustained assistance;
- who are a resident of the Netherfield, Park End or Priestfield areas of East Middlesbrough;
- who might wish to access, in the short-term, provision of information, advocacy, advice and/or options;
- who might access medium to long-term LAC support to ensure that plans and goals are achieved.

Support will be provided to individuals, their families and carers through direct contact with LAC and not via a third party. LAC is a direct access service that does not operate via referrals or waiting lists.

These eligibility criteria do touch on some of the potentially more difficult issues with LAC. These include:

- Is it a universal or a targeted service? That is it available to everyone or just to people with a certain level of need?
- What is its relationship to existing services especially care management where access is decided by nationally laid down eligibility criteria (FACS)?

- Is the support short-term or ongoing?
- Is it for all groups or just certain ones?

What the framework sets out in answer is that:

- LAC is both a universal service (level 1) and one that is restricted to certain people (level 2) albeit that the eligibility criteria are very broadly drawn.
- The service is available for as long as people want the support.
- It is available to all ages and groups living in the defined area.
- It will not operate through referrals or by having a waiting list.

It is not explicit on its relationship to existing statutory social care services. However it emphasises how LAC is different from statutory services because it:

- Provides a new approach to promoting the social inclusion of those with a disability, mental health needs, sensory impairments and older people,
- Represents a departure from the traditional method of either providing or funding formal support services.
- It works to support people to develop a range of practical and creative non-service ways to meet individual need.

The document does go on, however, to identify some constraints on how it will work. These are that:

- Priority will be given to individuals and families not accessing other funded services or who do not have a substantial ongoing relationship with a service provider.
- Level 1 support only will be given to people who live in supported accommodation or are in receipt of funding for services similar to those provided by LAC.
- Access may be limited by the availability of LAC in any community and by the capacity of the LACs to include additional individuals or families within their workload.

5. Findings

A note about the methodology used

When this evaluation was completed the LAC service had only been running for a little over 8 months. Any evaluation at this early stage, therefore, will be a very initial and formative one. Normally a formative evaluation would be carried out 18-24 months into the life of a project with a fuller summative evaluation anywhere between 3 to 5 years. This timescale has imposed restrictions on how much can be achieved. Specifically it has meant that:

- There is limited data available about the actual operation of the service, and
- There is little evidence to demonstrate longer, or even medium term outcomes for either individuals, families, communities or agencies.

The evaluation has had to rely more heavily than usual on qualitative information. In particular we have used case studies to identify what impact the service is having on those individuals that it has supported. It is also important to assess how far the initiative is aligned with the strategic direction of travel for services as, for example, set out in the Council's plan for the transformation of adult social care.

We identified at the beginning that there has been a significant emphasis placed on demonstrating any efficiency savings achieved as a result of the LAC. Demonstrating savings achieved through projects that primarily focus on prevention is notoriously difficult at the best of times, even with good data. We looked at several possible ways of evaluating effectiveness but in the end none proved to be suitable either because of a lack of sufficient data (e.g. identifying a social return on investment²³) or because the model was not suitable for the particular circumstances of LAC in Middlesbrough. (e.g. the RIEP's 'What supports independence' model²⁴)

We had planned to use the case studies to assess what the most likely outcome would have been had LAC not intervened and estimate some of the

²³ Social Return on Investment (SROI) is an analytic tool for measuring and accounting for a much broader concept of value. It incorporates social, environmental and economic costs and benefits into decision making, providing a fuller picture of how value is created or destroyed. See <http://www.neweconomics.org/projects/social-return-investment>

²⁴ More information on this is available at <http://www.northeastiep.gov.uk/adult/independentliving.htm>

costs of these. This has also proved difficult either because of uncertainties about what those outcomes would have been or because the information on their likely cost is simply not available. In the end we have had to identify those areas where we think cost-efficiencies are likely to have accrued without going so far as to place what would be a spurious figure on them. We do not suggest that this is a particularly robust approach but in the circumstances we think it is the best available. We do back this up with the evidence on cost-effectiveness from other places, especially Australia.

In addition to the case studies we have also analysed the service's total case load and included information about that. We also interviewed several key people involved in developing and managing the service and held focus groups with staff from other agencies with experience of working with LAC. We talked to people from local community groups and, finally, interviewed a number of people using the service.

The case studies

For each case study we outline the circumstances that led to LAC becoming involved, what LAC did and the outcomes (to date) of that intervention. We have discussed with the LACs their view on what the likely outcomes for that person would have been had they not intervened and these are set out and discussed. Finally we evaluate the LAC intervention.

Case study 1: Ms A

LAC became involved with this young woman as a result of a referral from her mother who had heard about LAC from a neighbour. She was 16 at the time and had recently started college. She had a history of panic attacks which were becoming more frequent. These were making her increasingly depressed and afraid to leave the house. This was affecting her course and she was considering leaving. She had been to see her GP who had prescribed beta-blockers and referred her to the local Improving Access to Psychological Therapies (IAPT) service. However there was a three week wait to access the IAPT service and during this period she was not receiving any support.

A LAC became involved and visited. At this stage the intervention consisted largely of listening and being available for Ms A to contact and talk to as and

when she wanted. Information was given in the form of an article from a fashion magazine highlighting practical advice about how to cope with panic attacks. This moved on to practical support e.g. on one occasion travelling to college with Ms A. A particular trigger for her panic attacks was the siren that was sounded at the local ICI works. The LAC arranged for Ms A to go with her to the ICI works to understand more about why and when the siren sounds.

The LAC has continued to be involved as and when requested. Ms A has returned to college and has also started volunteering at a local dance centre. She has also joined the LAC Project Board as a user representative.

Discussion

Both Ms A and the LAC agree that the support from the service has been very important in enabling Ms A to overcome her panic attacks and to return to a normal life. Whilst she continues to receive support from the IAPT service it is LAC that is seen as being more useful. Without that intervention their assessment is that she would have given up college and become more reliant on medication and IAPT support. Of course it is not possible to say that that would not have helped her as well - but it probably would have taken longer.

The key elements of the support from LAC that appear to have made a difference are:

- The timeliness of the support and its availability as and when Ms A required it,
- Its low key nature,
- The practicality of the support e.g. accompanying Ms A on the bus, arranging the visit to ICI.

The last of these factors in particular is one that Ms A would have been very unlikely to get from other services.

In this case given that Ms A is still getting a service from IAPT we have not attempted to cost any savings which are likely to be minimal.

Case study 2: Ms B

Ms B is a woman aged 68 who lives alone in her own house. She was referred to LAC by the Street Warden service because she was struggling to maintain her property. She was becoming concerned about this, in particular about maintaining her garden, and this was causing her some anxiety.

LAC was initially able to arrange for the garden to be dealt with on a one-off basis and then discuss longer-term options with Ms B. The LAC also arranged for her fence to be repaired in conjunction with Erimus Housing, who own the next door property, at a cheaper price than would otherwise have been the case.

Discussion

This is probably the sort of case that most people would expect LAC to deal with. The value of this kind of practical support in helping people to stay in their own homes has been well documented²⁵. LAC's intervention prevented the situation deteriorating and put in place a long-term solution to solve the problem. Whilst this may mean there are savings further down the line the immediate impact will have been peace of mind for Ms B and a solution to her problems that was probably cheaper than one she might have negotiated for herself.

Case study 3: family C

Ms C is a single parent with two children. Her son, aged 19, has a learning disability, depression and suffers from severe epilepsy which requires someone to be with him at all times. He attends college. Ms C also has a learning disability and suffers from depression. She works for one hour a day at a local special school. Her daughter was recently sexually assaulted outside their home. She is known to both adult social care and mental health services. She has attempted suicide in the past which led to a period being detained in a psychiatric hospital. However neither service is currently involved with the family.

LAC was asked to get involved by a local Councillor, primarily concerned about the potential impact of proposed benefits changes on the family. When LAC

²⁵ See earlier discussion about POPPs

visited it became clear that the family were very confused about what support might be available to them, were concerned for their personal safety and security and that Ms C was very worried about her son and her continuing ability to care for him. He has said that he wants to lead a 'normal life' including working and living away from home.

LAC's involvement is still in its early days and has focused so far on building up a picture of the family's needs and dealing with some practical issues. These have included a referral to the Welfare Rights Service to check benefits entitlement and the provision of personal attack alarms to help them feel more safe. Discussions are taking place with learning disability services to see whether their involvement is justified in which case LAC will carry out the care assessment.

Discussion

This case highlights a theme in a number of people that LAC is working with, namely people's disconnection from statutory services and the difficulties they have in getting support. Many people find statutory services difficult to approach for a variety of reasons. These can include people's concerns about what will happen if they do, past negative experiences and not understanding which service is right for them. Most services are not pro-active in case finding relying on people to find or be referred to them. LAC is able to offer a non-statutory, very local service that approaches people on their terms and seeks to help them define the outcomes that they want to achieve rather than one imposed by the service or legislation. It is able to operate in a care navigator role and act as a bridge between individuals and families and services, facilitating access through, for example, carrying out care assessments quicker than would otherwise happen.

However this role does carry risks. These include that LAC will not be alert, for example, to safeguarding concerns and will fail to act in a timely manner where these exist. Or that it will become another hoop that people have to jump through in order to access services. There is also the potential for LAC to be seen by other services as a 'dumping ground' for people they find difficult to deal with. The LAC service is aware of these risks and we have not seen any evidence that they exist in its work to date.

Case study 4: family D

Mrs D is aged 89. She has two sons, aged 63 and 59, both with a learning disability and other illnesses. One of the sons has hyper-mania and can exhibit disturbed behaviour such as shouting at passers-by. Neither would be able to live unsupported.

Initially this was a self-referral as Mrs D got in touch to see if the younger son would be eligible for a bus pass. However it became clear that there were other issues for whilst the family were well-known to some local agencies such as housing and the police, there was no involvement with adult care services and Mrs D had a deep distrust of statutory agencies. This arose from previous occasions when one of her sons had been sectioned. A number of services have tried to work with the family but Mrs D has always refused to engage. At 89 Mrs D's ability to continue to care for her two sons was clearly time limited but no planning had taken place about what would happen when she was no longer able to care for them.

One of the LAC team has known the family for some time and was able to begin to work with the family and introduce discussion about future plans. She was also able to liaise with other agencies to address some of the family's other problems, for example dealing with anti-social behaviour towards them and investigate potential sources of support. Discussions are ongoing about the potential for one of the men to be referred to a reablement service to increase his daily living skills and help prepare for more independent living. At the time of writing this support is still being provided.

Discussion

This is probably the most complex case that the LAC is dealing with but also one where the potential long-term benefits are most apparent. Without the LAC intervention the most likely scenario is that Mrs D would have continued to have cared for her two sons until a crisis occurred and made that impossible. At that point certainly one, if not both of them would have had to be admitted to a specialist residential unit. The likely cost of this is estimated to be approximately £40,000 per person per year. With the support of LAC it has been possible to begin some planning for the time when Mrs D is no longer able to care and think about putting in place plans for the son's future which would involve them remaining in the local community with a care package provided. The estimated cost of this would be more like £10,000 per person

per year. This is being achieved at a cost so far of the LAC intervention estimated to be in the order of £750. (22 hours at £33.61 per hour)

Of course this is still necessarily speculative as it is early days in the support being offered to the family. It is clear, though, that it has been the LAC's local presence and knowledge that has enabled even these tentative steps to be taken.

Case study 5: Ms E

Ms E is a single parent with 2 children aged 12 and 2. She was referred by a Housing Officer who was concerned that she was not coping, was slipping into rent arrears and facing possible eviction proceedings. The LAC who went to visit found a woman who was at the end of her tether and felt overwhelmed by a variety of problems affecting her life. Apart from her rent arrears these included an impending court case over access to her children by her ex-partner who had a history of domestic violence. There were signs of a recurrence of a previous mental illness.

LAC's role has been in providing ongoing support to Ms E, encouraging her to deal with the issues that are affecting her life and signposting to her agencies to assist with specific issues e.g. domestic violence. As in other cases the support has often been very practical e.g. accompanying Ms E to a court appearance. A family agreement has been signed and goals set.

There are signs that Ms E is beginning to reclaim control of her life. She has dealt with her backlog of post, made appointments with several agencies and registered for re-housing.

Discussion

As in several other cases LAC has been able to engage with this family and provide support to them when other agencies have not been able to achieve this. We interviewed Ms E and she gave several reasons why this was the case:

- The LAC was consistent and did what she had said she would do. This was not her experience of other services.
- She did not feel that the LAC was judging her in any way but was there to help her achieve her goals. The LAC co-ordinator was "like us" and "down to earth".

- The support offered was often very practical and dealt with the issues that were important at the time. It helped Ms E to make small steps forward whilst still focussed on longer-term goals
- The service was always available. She felt she could ring at any time. The LAC had once rung her on her day off which made a big impression.

When asked what would have happened if the LAC hadn't got involved Ms E was very clear that, in her words, she "would have gone under." Her rent arrears would have got worse and she would have been evicted. Had that happened she would have ended up in bed and breakfast accommodation at a cost of over £200 per week.

Case study 6: Mr F

Mr F is aged 38 with severe learning disability, cerebral palsy and a visual impairment. He attends a day centre one day a week. During a visit to the day centre it was suggested to one of the team that Mr F would make a perfect case for the LAC. He was bored at the centre and had expressed a wish to work in schools talking to people about his experiences growing up as a disabled child, being segregated e.g. on the special bus and being bullied for being different. He has written a book about his experiences and wanted to use this as the basis for this work.

A meeting was arranged between the LAC, Mr F and the day centre staff. It was agreed that the LAC would work with Mr F. He was put in touch with the Learning Disability Partnership Board who offered training in presentations and invited him to their next meeting to speak about what he wanted to do. Charitable funding was obtained for a computer enabling Mr F to make his presentations independently. LAC put Mr F in touch with a local community centre who were able to offer him IT support and also involve him in the centre so he could mix with non-disabled people and take advantage of IT courses that they ran.

Discussion

This case illustrates well how LAC pursues one of its principal aims - to give people a good life, supporting them to define the outcomes they want to achieve and then helping them to achieve these. In Mr F's case this seems to be something that the other services he is involved with have not been able to

achieve. Staff at the day centre had recognised for some time that he was bored and the centre was not meeting his needs but, for whatever reason, did not feel able to tackle that issue. Mr F's social worker had had no contact for 21 months but was initially resistant to LAC's involvement (which meant that it took 6 months to set up a meeting with Mr F from the initial contact with the day centre staff).

In speaking to Mr F he is very clear about the benefits of LAC's involvement. He now looks forward to going to the day centre when previously he didn't. His circle of contacts has expanded and now includes people who are not-disabled. He is learning new skills and is contributing to his community rather than being simply a passive recipient of welfare services. He says he feels more relaxed and confident. He reiterated many of the comments that other people made about why LAC has made a difference. This includes focussing on what he wants to achieve, treating him as a normal person, being consistent and doing what he says he will, offering practical support and being prepared to go that 'extra mile' to help.

Ms G

Ms G is 57 and lives with her two grandsons aged 20 and 12. She was referred to LAC by the local housing office when it was discovered that she had not been out of the house for 9 years. Whilst there were no specific issues giving rise to concern she was becoming increasingly depressed and isolated. She was also overweight as her agoraphobia extended to not even being able to go into the kitchen. Subsequently she and her grandchildren largely lived on take-away food.

Support from LAC was initially focussed on gaining Ms G's trust and helping her formulate some simple goals, such as getting a health check and getting out of the house, even if only to go into the front garden. However shortly after LAC became involved she heard from her son who had been adopted 40 years previously and whom she had not seen during that time. LAC support then focussed on supporting her to deal with this. As the relationship with Ms G has developed further issues regarding her extended family have come into the open.

Discussion

This is one of a number of cases where LAC has become aware of people with a significant level of need but who, for one reason or another, have had little or

no contact with statutory services. LAC's more proactive approach to case finding has enabled the service to 'discover' these people who have essentially been below the radar of services. This is often accompanied by a degree of suspicion about agencies from the people concerned which LAC is able to overcome because it is very local, is not a statutory service and offers unconditional support. Also because it doesn't give up and will persist in offering support despite initial reservations. By moving at a pace that people are comfortable with LAC is able to provide support in situations where other services are less likely to succeed. The benefits of this are apparent in Ms G's case where she is now able to go out of the house and her physical and mental health are both showing signs of improvement.

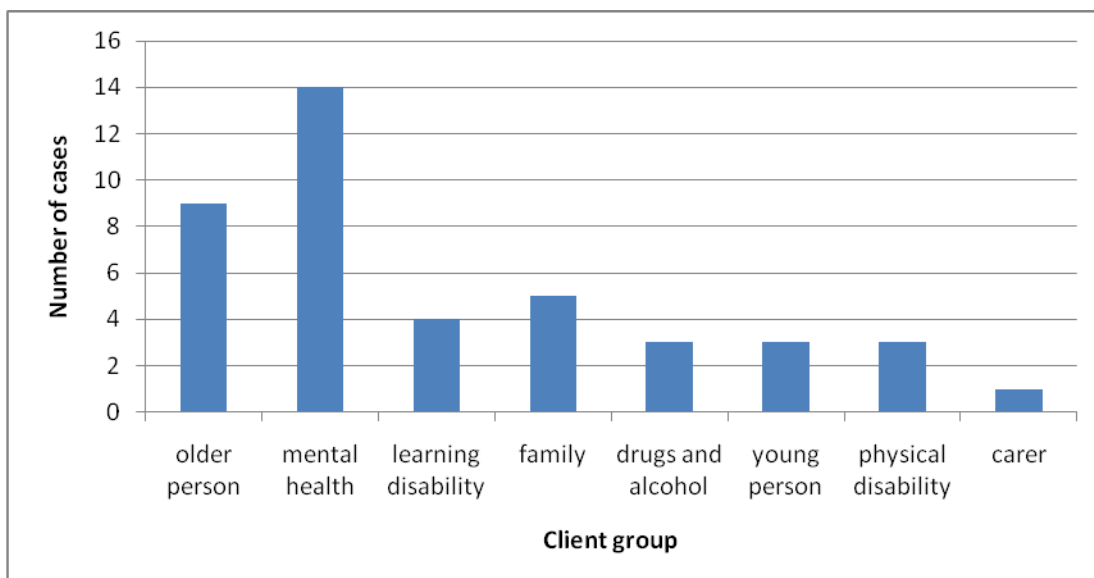
Analysis of case load.

Appendix three shows a summary analysis of all the cases that LAC has worked with since it was set up. Here we set out a summary of the caseload to date.

Client groups

Figure 2 shows the breakdown of the caseload by primary client group (some people potentially fit into more than one category)

Fig 2: breakdown of cases by client group

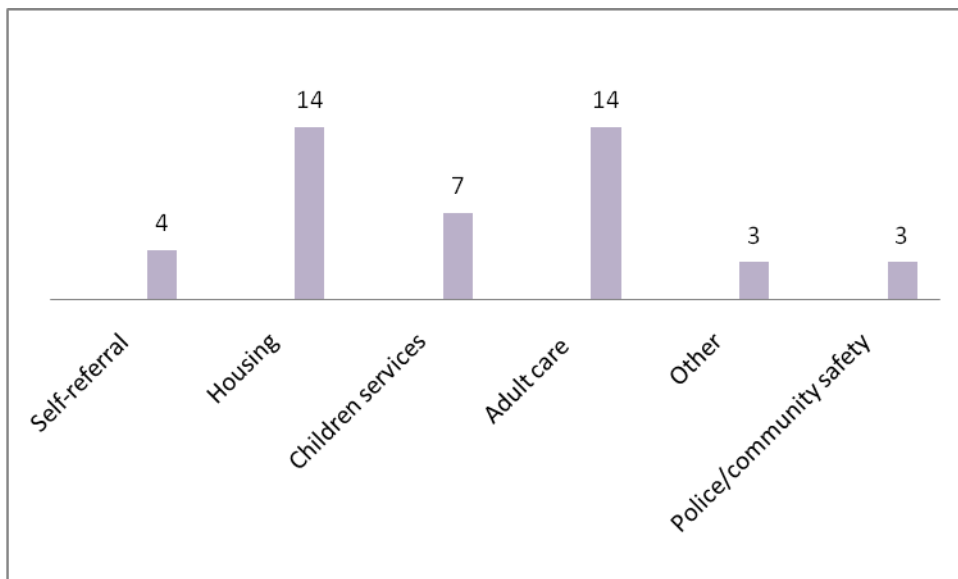


People with mental health problems make up the largest group. Most of these are what would be termed 'low-level' mental health problems i.e. they do not have a severe and enduring mental illness. Nonetheless they can still be very disabled by their mental health problems. There are few services to support such people and this is often a rather hidden group who struggle to get help. They can often cause difficulties for other agencies, especially housing. This is reflected in the high number of referrals from Erimus Housing of people in this group. Housing staff that we interviewed said that one of the benefits of LAC for them was that they were now able to offer something positive to people with this sort of problem

Source of referral

Figure 2 below shows the source of referrals.

Fig 3: referrals to LAC by source



Adult care have provided nearly one-third of referrals and most of these have been helping to clear a backlog in the access team. There is a suggestion that later referrals are not just for completion of a care needs assessment but are beginning to recognise LAC as a potential source of support in any care package.

The other main source of referrals has been Erimus Housing. LAC's co-location with the local neighbourhood housing officers has helped to build up a strong relationship and the LAC is seen as a very useful support for people that housing officers would otherwise struggle to know how to deal with.

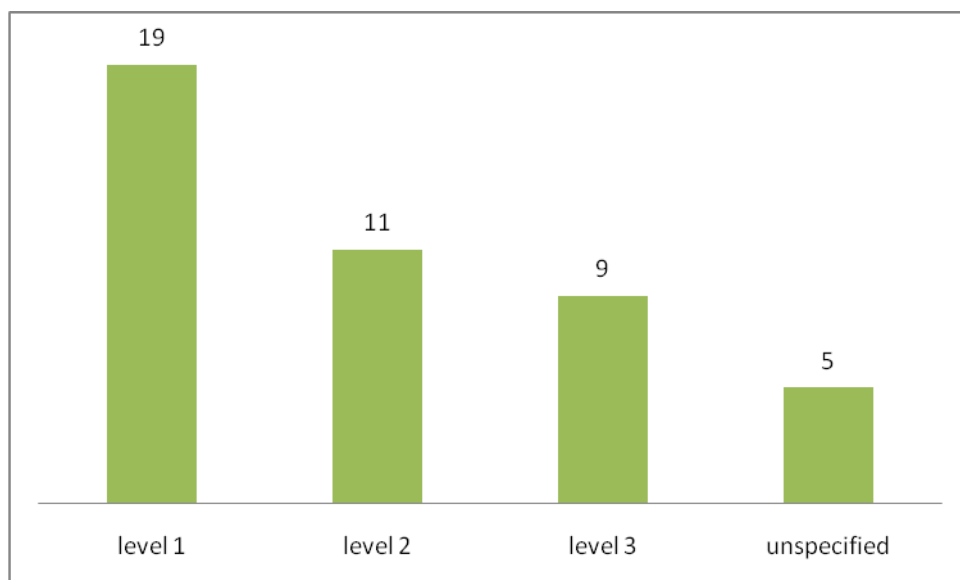
Referrals from the Children and Families Service locality team have been increasing. In the early days of the service it was reported that there were some tensions with this service which had concerns about the ability of LAC to provide appropriate support and, for example, recognise potential child protection issues. The team has worked to overcome these tensions and this seems to be paying dividends with referrals increasing notably in recent weeks.

There have been no referrals from any NHS service. This is surprising and suggests that LAC needs to focus its efforts on building up links with local primary and community healthcare services, including mental health.

Level of service provided.

Figure 3 shows the level of cases dealt with. Not surprisingly most cases are in level 1 i.e. information and advice.

Fig 4: level of service provided by LAC²⁶



²⁶ Level 3 refers to people who have been getting active support but who no longer require help. They are kept on the caseload as they can come back and request support again at any time.

The majority of level 2 cases will not be active at any one time. Only about 25% will require active involvement at any one point in time.

Types of support delivered and outcomes

An analysis of the support offered by LAC and the outcomes delivered shows that the service has dealt with a broad range of issues. A number of themes do emerge.

Low level mental health: we've already referred to the issue of people with low-level mental health problems who struggle to find appropriate support. New services have been introduced for people with these sort of problems especially the Improved Access to Psychological Therapies service (IAPT). The evidence from LAC indicates that this is still not meeting the needs in deprived areas.

Care navigation: a number of cases deal with people struggling to understand and engage with public services because of their complexity. It will not be uncommon for people to have to deal with four or five (or more) different agencies for differing aspects of their lives and hardly surprising, therefore, that sometimes they find this overwhelming. Services like LAC can fulfil a very important role in supporting and guiding people through the sometimes labyrinthine world of public services and this is a common theme of evaluations of other, similar services.²⁷ This is something that will almost certainly be cost-effective in that it assists people to make more appropriate use of services and reduces the amount of time services waste by failing to support people to access them easily.

A holistic approach: linked to this issue is that of people not fitting neatly into the categories by which services are organised. In a number of cases people have not been picked up by services because, taken in isolation, their problem is not severe enough. However when the range of issues that face them are added up then they can be in severe difficulties. Sometimes people will be offered support but, again, it only deals with one aspect of their lives. So, for example, mental health services may treat someone's depression but fail to address issues around finance, homelessness and worklessness which even if

²⁷ See, for example, G. Callaghan and J. Quinn, *'Evaluation of Connected Care Services in Hartlepool'*, Durham University, n.d.

not the root cause of the depression will certainly be making it worse. Or children's services will seek to support a child in a potential child protection case but not offer support to the parents who may be also vulnerable. By taking a holistic view of the person needing support in their family and community LAC can provide more appropriate and, in the longer term probably more successful, solutions.

Ongoing support: a feature of many services now is that support is only provided for a defined period of time. Once that is up then services withdraw until, and if, they need to become involved again at which point it often seems that people have to go back to start again. LAC is able to provide ongoing support and that has been important for some people in giving them the confidence to deal with issues themselves knowing that, if needed, LAC will continue to support them.

Time and capacity

A rather surprising aspect of the caseload analysis is the relatively little amount of time that the individual LACs spend supporting people even in sometimes complex situations. Across the whole caseload the average time spent per case is only 2 hours 45 minutes. Even the most complex case has only required 20 hours of support time over several months. This suggests that the LACs are able to achieve successful outcomes with relatively little input. We suspect that the reasons for this include their local base so they can visit easily but for short periods of time, their local knowledge which enables them to tap into solutions more quickly, a relatively informal approach without the need for complex assessment processes and a focus on practical solutions.

It does highlight though a need for the LAC to make better use of its resources and increase its caseload. Over the whole 8 months of the service only 121.45 hours has been spent on client contact. Or, to put it another way, less than 3 1/2 weeks of workers' time out of a possible 100 has been spent dealing with people on their caseload. Whilst it is to be expected that in the early stages of the service the caseload would take time to build up this does suggest there is scope to increase the caseload significantly within the existing team. Both the Australian and Scottish experience suggest that a ratio of LACs to people in receipt of services of 1:60 is realistic in urban areas.²⁸

²⁸ See, for example, 'Review of the Local Area Co-ordination Program in Western Australia', p20

Cost of the service

The budget for LAC for 2010/11 was £146,186. Of this staffing accounted for £119,922 i.e. 82%. An hourly cost for the service has been calculated at £33.61.²⁹ That would give a cost per case so far of £92.77³⁰. There are no benchmarks to compare this with³¹ but it does seem to be a low figure and a good indication of value for money. The cost-effectiveness would increase significantly if the team was working to full capacity.

Interviews and focus groups

In this section we summarise the results from the interviews and focus groups that we conducted as part of the evaluation. We interviewed x people as part of our evaluation. This included senior managers in the Council, PCT as well as Councillors. We also ran two focus groups involving people who worked with LAC. This included staff from Erimus Housing, the Police, the Council's Children, Families and Learning Directorate, Adult Care Services, Neighbourhood Regeneration, Library Service, voluntary organisations and the NHS. We ran a focus group for people from local community organisations working in the same area as LAC. Finally we interviewed several people who use the LAC service.

Expectations of LAC

We asked people why the Council had invested in LAC and what was expected of it.

For senior managers investment was a strategic decision based primarily on the need to reduce the demand for social care services. Even before the current cuts in public expenditure it was believed that the demand for social care support was beginning to outstrip the Council's ability to fund services. LAC was seen to offer the potential to reduce future demand by developing more cost-effective locally based support mechanisms that would avoid or delay people's need for assessed support. There was also a need to be able to

²⁹ Information supplied by Middlesbrough Council.

³⁰ Although given the low numbers of cases the actual cost per case at present will be considerably higher than this.

³¹ The Western Australia review quotes a figure of Aus\$2,314 per service user which is much greater but this includes the cost of supporting people with assessed packages of care.

offer something to people who fell outside the eligibility criteria for assessed support.³²

LAC was seen as the best response to tackling this issue for several reasons. These included:

- It fitted with the ethos of personalisation, especially in its emphasis on people being seen as citizens first and on building individual and community capacity to tackle issues without resorting to statutory services.
- It offered a very local response that was seen as being particularly appropriate for Middlesbrough.
- There were people in the council who had experience of LAC in Scotland and the service in Western Australia was seen to have demonstrated that it could be cost effective.
- Following the election of the Coalition Government it was seen to fit with its emerging policy agenda especially around notions of the 'big society' and localism.
- The idea of a universal 'cradle to grave' service was attractive.
- There was funding available from the RIEP to help kick-start the service.

In terms of what LAC was expected to deliver then there were two simple expectations.

Firstly that it had improved outcomes for individuals, families and communities. Even though at the time the interviews took place the service had only been running for a few months early indications were seen to be good in this respect. There was a view that the service was already showing it could improve the lives of the people it supported.

Secondly to show that it could do this and be cost effective at the same time. No matter how positive the impact on individuals if the service did not lead to reduced costs overall in the system then it was unlikely that it would be sustained. It was understood that efficiencies might be delivered in different

³² Middlesbrough does not provide support to people whose needs are assessed as 'low' or 'moderate' using FACS.

ways - for example through savings accruing in other organisations - and that it would be difficult to demonstrate conclusive proof but nonetheless this was seen as a critical test for the new service.

For people working alongside the service evidence of cost effectiveness was less crucial. And whilst they were looking for it to improve the lives of the people they worked with they also had other expectations. These included:

- Providing a response to people whose needs were not currently being met.
- Dealing with the whole range of people's problems rather than just one aspect of them.
- Being able to give ongoing support that was not time limited.
- Relieving them of the problem of supporting people when they felt they were not equipped to do so (this was particularly the case for Erimus Housing and the Police).

Again although it was early days there was a generally favourable view that the service was delivering against these expectations.

For people who used the service and local community organisations the overwhelming expectation was that the service would deal with their issues in a way that met their needs rather than reflecting an agenda of any one agency. This was based on a strongly expressed view that, by and large, statutory services did not provide support in this way.

Views about LAC

Below we present a summary of the views that people expressed about LAC.

Positive Aspects of the LAC

- **Early intervention**
 - ✓ LAC has the potential to stop people from reaching crisis point by intervening early and helping to stabilise situations and increase people's confidence to deal with issues.

- ✓ The LAC are not precious about their knowledge – they are very open and willing to share information between agencies to help in the intervention process. This increases inter-agency working and co-operation improving the overall effectiveness of support.
- ✓ The fact that LAC works at the grassroots level helps to find people who may otherwise be ‘hidden’ from traditional services or who would only become known at a time of crisis.
- **Local service**
 - ✓ LAC is building a good knowledge of local issues and potential solutions that will suit local circumstances.
 - ✓ The local knowledge that is held by the LAC helps the service build a rapport with local families.
 - ✓ Working at a local level means that access to the service is easy. People often will not travel far to access services, the location of LAC means that they do not have to.
 - ✓ LAC has built good working relationships with local services, such as housing and the police. This makes it easier for local services to refer clients to the LAC and it means that the LAC has a good understanding of the different services that are available to people (two-way referral/ signposting process).
 - ✓ LAC is able to work across departments and. Working like this leads to flexible solutions for clients.
 - ✓ Erimus Housing and the Police feel that it is an advantage to be located within the same building as the LAC. This makes working together a lot easier and together the services can provide a more effective service to local people.
- **One-Stop Shop**
 - ✓ LAC provides a ‘one-stop’ approach – its workers can contact all of the different agencies/services that can help a person to provide a holistic solution. Statutory services are only able to deal with particular aspects of a person’s needs.

- ✓ LAC focuses on helping people to articulate what it is they want to achieve. It is able to 'unpick' exactly what support is going to work and provide this or to signpost them to the relevant place.
- ✓ LAC can deal with both big problems and small ones.
- **Trust**
 - ✓ The local presence helps people to build a level of trust with the service. This takes time and needs to be sustained in the long-term to ensure that the service remains effective.
 - ✓ The staff are well known having lived or worked in the area. That increases the confidence that people have in the service.
 - ✓ The staff are clear about what they are going to do and then do it. They are seen to be trustworthy and 'on people's side'.
 - ✓ LAC is regarded as separate from statutory services and is more trusted by local residents.
 - ✓ LAC is trusted by other service providers as a reliable and effective agency to refer people to.
- **Savings (time and money)**
 - ✓ Time savings were felt to be already evident. Cost savings will be evidenced in time.
 - ✓ LAC is helping to reduce the caseload of statutory services, meaning that service users can be dealt with faster and more people can access the services that they require.
 - ✓ LAC can stop cycles of vulnerable people going into the criminal justice system, with the potential to generate huge cost savings in this area.
- **Lack of eligibility criteria**
 - ✓ LAC helps people who may not meet the criteria of statutory services – therefore having the potential to catch people who normally 'slip through the net'.

- ✓ The LAC is open to everyone, meaning that people with low-level needs can receive support before their needs escalate.
 - ✓ The introduction of eligibility criteria would undermine the effectiveness of the LAC. Some people felt that a balance may need to be struck in the future if the service is to remain sustainable.
- **Gap filling**
 - ✓ People can be signposted to the LAC who cannot be dealt with by another service.
 - ✓ Some people just do not fit into the remit of traditional services. LAC fills this gap and stops people from being 'shoe-horned' into services that aren't quite right for them.
 - ✓ LAC is providing 'another way' – it is adding to services that are already available, rather than overlapping.
 - ✓ LAC can improve health by improvements to wellbeing rather than a traditional health-based approach. It is felt that the LAC has the ability to tackle wider aspects of life that may impact on mental wellbeing, to reduce a person's need for traditional mental health services in the future.
 - ✓ LAC does more than just make up for a lack of other service provision. It's role is far more than letting statutory services 'off the hook' with their responsibilities.
 - ✓ LAC is able to do things that increasingly other services find difficult e.g. visiting people in their own homes, providing practical support.
 - **Long-term approach**
 - ✓ LAC can help someone over a period of time, to find solutions to problems and to provide ongoing support. Social services does not work like this.

- **Faster results**

- ✓ Going down the 'normal' routes to service provision can take a long time and it can prove difficult to get quick results. LAC is able to respond more quickly due to a greater level of familiarity with other services and multi-agency working.
- ✓ LAC has good networks and can get in touch with the best agencies to support people more effectively than traditional services. The LAC is able to navigate the minefield of different support agencies and does not have the same level of bureaucracy as other services.

- **Creativity**

- ✓ LAC works with the services to produce mutual benefits. Mutual referral can mean that more people benefit from both services. This type of wider benefit to communities is one of the positive aspects of the LAC.

Negative Aspects of the LAC

- **Geographical limitations**

- ✓ LAC is only available in a few small neighbourhoods. This means that some of an agency's clients can be referred to LAC whereas others cannot. This is frustrating for service providers.
- ✓ Middlesbrough needs several small, very localised LAC teams, rather than one big LAC service. This could be expensive and difficult to justify in the current climate.
- ✓ It's very local nature could work against it if people felt that it might lead to information not being kept confidential.

- **Adult rather than children's services**

- ✓ The presence of LAC is not as strong within children's services as it is within adult services.
- ✓

- **Sustainability**

- ✓ The model for the service would be difficult to sustain in the current financial climate.

- **Yet another 'model'?**

- ✓ Is LAC in danger of adding to the current complexity of services and is there a risk of duplication? Do statutory agencies already involved need to take more responsibility for service users and meeting their needs effectively?

Sustaining the service

We asked people if they felt that, even given its relatively short lifespan, the service should be sustained after the current funding ended. The majority of people said yes and added that it should be extended to cover the rest of the town. Comments on this point included:

- If LAC does not receive continued funding, then costs will increase for other services.
- LAC is invaluable with regards to early intervention and local knowledge and expertise. Without future funding, this would be lost as statutory services do not have the same ability to provide on a localised basis and do not have this level of understanding of an area.
- The services provided by LAC can limit or prevent crisis. This may reduce the amount of money and time that is spent on a person in the future.
- LAC empowers communities to help themselves and to support each other.
- The current model may need to be reviewed but LAC needs to continue to receive funding as there is a huge need for the services it provides in Middlesbrough.
- If it is not possible to cover the whole of Middlesbrough because of a lack of funding then the most deprived neighbourhoods should be prioritised.

6. Conclusion

In this section we will draw some general conclusions from the case studies, interviews and focus groups to answer the following questions:

1. Does LAC deliver positive outcomes for the people that it supports?
2. Does it deliver benefits for agencies?
3. Is LAC different from other services?
4. Does LAC work effectively with other services?
5. Does LAC build communities and social capital?
6. Is LAC cost effective?

Then we assess LAC against the objectives set out in the original Project Initiation Document.

Does LAC deliver positive outcomes for people?

Our conclusion is that it does. People who had used the service all said that it had made a positive difference to their lives. In this respect the case studies above are typical of the responses that we got. This is backed up by the views of people from other agencies working with these individuals and families.

People identified a number of things that they felt made LAC and contributed towards the positive role that it played. These were:

- LAC was consistent and team members did what they said they would do.
- LAC was seen to be non-judgemental. People talked about not being talked down to, of being treated as a 'normal' person.
- LAC helped people to think about what they wanted to achieve and then work with them to find ways to move towards those things.
- The support offered was very practical and focussed on the issues confronting people at that point in time.

- The LACs encouraged and supported people to make small changes and improvements. This then built people's confidence to make bigger changes.
- LAC is seen to be realistic. For example not thinking people could jump straight into full-time employment but accepting that achieving that was going to take time.
- The service is very local and accessible. The LACs were seen as being easy to approach. They knew the area and were often previously known to people. They understand and appreciate the difficulties that people faced. People felt that they could contact the LACs at any time, they did not need an appointment or to go through a bureaucratic process.
- The service was non-stigmatising. People knew it was not a statutory service and did not worry about what would happen if they used it.³³

Often people explicitly contrasted these characteristics of LAC with their experiences of other services where their experiences were very different³⁴. This was the case with a wide range of services from both the statutory and voluntary sectors.

Because of these characteristics LAC is able to engage with people quickly and develop a positive relationship. This, in turn, helps to define the goals which people want to achieve and begin to take steps towards these.

LAC is also able to reach and work with people who are resistant or reluctant to engage with statutory services. It is a non-threatening service which because it engages with people on their terms and is entirely voluntary is able to avoid the stigma that attaches to many other services. So we see, for example, in the case of family D the LAC was able to work with that family and get Mrs. D to think about the longer-term future for her two sons in a way that other professionals had not been able to do. The case of Ms G is not the only one where LAC has 'discovered' a person who has significant needs but was not known to statutory services because they are not pro-active in going out to seek people relying instead on people to go to them.

³³ Of course there may be people who hold these views but we have not met them because they would not use the service.

³⁴ Even to the extent that several people had experience, for example, of workers making appointments and then not keeping them and offering no explanation or apology for this.

Does LAC deliver benefits for agencies?

Our conclusion is that LAC also delivers benefits to agencies. This view is generally supported by the people that we spoke to although there were some people who raised concerns about the service and how it might operate. Some of the benefits identified were what might be termed opportunity or indirect ones in that they prevented people requiring interventions that otherwise might have been needed. Their benefit to the agency concerned is that they do not have to provide a service, so freeing up resources for other people.

Amongst the benefits identified were:

- Preventing people from reaching crisis point with a consequent reduction in the resources necessary to help and support people.
- Promoting more effective partnership working and maximising the input that a range of agencies were making.
- Sharing knowledge and information
- Working with services to produce mutual benefits
- Providing a 'one-stop' approach and a holistic solution.
- Ensuring that onward referrals are appropriate by 'unpicking' exactly what support people need/ want
- Helping local people to become more independent and self-reliant reducing the need for other services to intervene.
- Working at the grassroots level and being able to find people who may otherwise be 'hidden' from traditional services.
- Helping to reduce the caseload of statutory services, so service users can be dealt with faster and more people can access services.
- Offering the ability to support people if they cannot be dealt with by another service. This helps services to provide people with a solution even when they cannot help.
- Some people just do not fit into the remit of traditional services. LAC fills a gap and stops people from being 'shoe-horned' into services that aren't quite right for them.

- LAC is adding to services that are already available, rather than overlapping.

Concerns

There were some concerns expressed about how LAC would operate and the impact it would have on other services.

The biggest of these was the limited availability of LAC which is restricted to a few wards. There was a strong view that it had already demonstrated enough success to be extended across the town.

Having said that there was also a concern that the model as developed in the pilot would not be sustainable if rolled out because it would require too many staff. A different approach would have to be developed.

A concern was raised that because of its localised nature and focus on the outcomes wanted by service users, that LAC might ignore or disregard statutory responsibilities e.g. to safeguard vulnerable children and adults. The person raising this concern was not aware of any evidence that this had happened but cited it as a potential issue that might impact on his willingness to refer people to the LAC service.

Is LAC different from other services?

Based on the above analysis we conclude that LAC displays several clear differences from many if not most other services, especially those delivered by statutory agencies. These differences are:

- LAC makes its primary focus when working with someone the outcomes that they want to achieve and provide support to enable a person to work towards these.
- LAC operates a universal service that is available without the need to satisfy any eligibility criteria based on need.
- LAC offers support without any time limits at a level that suits the person's need at a particular point in time.
- LAC provides different types of support including very practical help.

- Being based in a local area LAC is able to build up a detailed knowledge of local resources and direct people towards these.
- LAC can operate more flexibly and creatively because it is less bound by the need to follow protocols and fit people into a range of predetermined solutions.
- LAC provides a 'one-stop' approach dealing with all aspects of a person's situation rather than having to focus on one particular area.
- LAC works with people who would be unlikely to approach statutory services except when forced to or at times of crisis.

Proponents of LAC would say that the reason why LAC is different in these ways is because it operates from a clear value base as set out in the LAC principles (Box 1, p14). In the focus groups we asked people if they thought these principles were different from the ones that they worked to. Most people said that they were substantially similar. We see no reason to suggest that these people were mistaken in this belief, that they had misunderstood what the principles were about or were being disingenuous and trying to pretend their services were something they were not. So how do we explain why LAC works differently from other services?

There is no single explanation. We believe there are a number of factors that are at work.

Time and capacity

A significant one is that LAC as a new service has the time and capacity to spend working with individuals and families that many existing services do not. We highlighted earlier the relatively low caseloads carried by the LACs and the fact that they had spent a relatively small proportion of their time in direct client contact. This means they are able to spend time with people that workers in more pressurised services would not, are able to do things - such as accompanying Ms A to college - that other services would not be able to do and, importantly, respond quickly to people in a time of crisis.

Of course as the caseload builds up it will become more difficult to work in this way. We return later to how this risk could be minimised.

Being local

A factor highlighted by many people, both service users and staff from other services, is the very local nature of the service. This is seen to be an advantage both in terms of accessibility and local knowledge of the area, people and available resources. Furthermore the LACs are known in the local area having lived and/or worked there before and by and large this was seen as a positive advantage as well.³⁵ The LACs were also seen 'out and about' in the area which helped their visibility and had led to several cases being picked up.

All of these was remarked as being in contrast to other services which were either located in the town centre, so requiring a long and relatively expensive bus ride or which were located locally but were seen as being very inward looking and not reaching out to the community.

Again it will be important to retain this dimension in any future expansion of the service but probably not possible to either guarantee the degree of local knowledge of the LACs or to operate sustainably on such a small geographical area.

Location

Being located in the same building as the local Erimus Housing office and the neighbourhood Policing Team was seen as a positive factor by those services and the LACs. A good relationship had been built up between all three services and there was both formal links i.e. referrals to LAC, and informal links with discussions taking place about individual people on a regular basis.

A non-bureaucratic approach

There are no eligibility criteria for LAC apart from that of living within the defined geographical area that it covers. There is no formal assessment to go through before a service can be provided and no long and complicated forms to complete. People therefore find LAC a very easy service to use and, provided they are willing to engage, will get a service that is tailored to meet their needs.

Attitude of the LAC team

One of the key features of LAC for the people who use the service that differentiates it from other services is the attitude and approach of the staff.

³⁵ We did interview one person who saw this negatively and said she would not approach the LAC because she knew them and would prefer to deal with someone who didn't know her.

People we spoke to used phrases like *'they're down to earth'*, *'they know what it's like to live around here'*, *'they treat me like a normal person'*, *'they do what they say they will'*, *'they take the time'*, *'they go out of their way to help'*. As we highlighted earlier these are often contrasted with people's experiences of workers from other services.³⁶

Part of this difference in perception and experience probably arises from some of the constraints on staff in other services - either of time, role or remit - that people will not see or appreciate. But it also reflects a different culture and ethos that can often be seen in services of this type - small, local, community based, flexible and very customer orientated. As LAC expands it will be important to ensure that this ethos remains at the core of the way that the service operates.

Does LAC work effectively with other services?

It cannot necessarily be assumed that LAC being very different from other services is a good thing. If that difference is not understood, appreciated and valued then it could become a barrier to LAC working effectively with other services. Put bluntly if LAC is seen as being a luxury, as somehow being able to operate outside of the constraints that other services face then staff working in those services could become resentful and not develop a positive working relationship.

We have seen some evidence of these types of attitudes, for example concerns about the grading of the LAC posts, but on the whole even people who do express these views are inclined to give LAC the benefit of the doubt. On the whole LAC has been able to develop a very positive relationship with other services and staff and it is seen to complement and support other services. So, for example, LAC has been able to assist the SHARP team, which had a backlog of cases, by taking on some of these and expediting the care assessments. It has been able to offer support to the Neighbourhood Policing and Housing Teams by offering support to people that they would otherwise have struggled to know what to do with.

³⁶ These views are not unique to people in Middlesbrough. They are ones we come across regularly in our work in different places.

However this positive relationship itself carries potential dangers i.e. that LAC becomes seen as a way of dealing with difficult cases that other services cannot be bothered to engage properly with. Or that LAC ends up dealing with shortcomings in other services rather than these being rectified and services overall being improved. Again we have seen some evidence of this. An example would be a woman being discharged from mental health services because she was seen not be complying with her treatment when arguably it was the treatment that was wrong for her and the service should have been trying to find an approach that was going to work for her. Again, though, this is not a major problem at present.

On the whole, then, LAC is working well with and complementing other services. We saw, for example, no evidence of duplication or inappropriate overlap. The relationship has been allowed to develop organically and that is probably appropriate for the early stages of development.

One of the key areas of interface is with care management. We saw how in other places this has been an issue of contention. Both in Australia and Scotland this relationship was not well defined at the start of LAC and this did cause problems. In Australia this has been addressed and increasingly LAC has come to supplant care management as a way of working with people with disabilities. In Scotland LAC has tended to develop in parallel to care management and two-thirds of LACs report ongoing tension and confusion with care managers and a feeling that LAC has been marginalised as a consequence of this lack of role clarity.³⁷ In Middlesbrough there is an opportunity to clarify this relationship before it becomes an issue and we will return to this in the next section.

Does LAC build communities and social capital?

One of the LAC principles states that:

"Communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers. Inclusion requires changes in

³⁷ ref to Bob's paper

many areas of community life and mainstream public services including transport, leisure and employment."

For LAC to be successful it is important to foster the development of supportive social networks and make communities more accepting of people with disabilities. This requires change along a number of dimensions of what is now often referred to as 'social capital'. These dimensions include:

- Family ties
- Friendship ties
- Participation in local organised groups
- Integration into the wider community
- Trust
- Attachment to neighbourhood
- Tolerance
- Being able to rely on others for practical help

This is more than simply being about offering a supportive environment to disadvantaged individuals and families. Social capital is a *societal* rather than an *individual* property - it is a characteristic of a 'community' rather than simply the individuals who live in a certain place. Hence, for example, the emphasis in the principle quoted above on the changes required in broad areas of community life.

This is arguably a broader role than one encompassed by traditional notions of community development and support. However the literature is rather vague on what this might mean in terms of specific activities. It could encompass a range of things including:

- Developing community based support mechanism including micro-providers and user led organisations.
- Helping to set up social enterprises to deliver local services and offer employment opportunities.

- Developing volunteering opportunities with local organisations for vulnerable and disabled people.
- Working with mainstream services to change the way that they are delivered to meet local need and build community capacity.
- Developing new ways of delivering practical and social support through building reciprocity and mutual support mechanisms e.g. time banks.
- Tackling financial exclusion and debt through supporting or developing credit unions.
- Supporting and promoting self-help and self-management programmes.
- Tackling the discrimination, stigma and violence faced by people with disabilities in local communities.³⁸

This is the area where LAC is weakest and we have seen little evidence of work to develop social inclusion and build community capacity. At an individual level it has been a feature of the work with several individuals and families but it has not yet extended to work at a community level. Whilst it could be argued that it is still relatively early days in LAC's development this is an area that needs to be strengthened in the future.

Is LAC cost effective?

The international evidence for the cost effectiveness of LAC is mixed. A study in Western Australia claimed to show that LAC:

- Improved access to services – more disabled people in Western Australia were getting services than in other places
- Influenced the balance of care – twice as many people got a non-residential service in Western Australia compared with other parts of the country

³⁸ This is an increasingly acknowledged feature of disabled people's lives in all communities. We are not suggesting that Park End, Priestfields, Netherfields and Ormesby Village are worse than other areas in this respect.

- Secured costs per service user at a third less than elsewhere by using lower level supports and preventing crises
- Prevented people having to move from their local community to access a service
- Generated additional resources.

The Scottish evaluation did not examine this question in detail but provided examples of how LAC achieved cost benefits by:

- Preventing crisis through early intervention.
- Changing the balance of care by using more informal supports.
- Using community resources.
- Bringing in additional resources.
- Making better use of existing resources.
- Supporting people to achieve better outcomes.
- Benefiting the wider community.

Table 2 looks at how some of the work done in Middlesbrough can demonstrate progress in these areas, drawing on the case studies highlighted earlier.

Table 2: evidence for LAC's cost effectiveness

Cost benefit	Middlesbrough example
Preventing crisis through early intervention	<p>Work with family D to plan for long term future of two sons with disability</p> <p>Ms A - helping prevent drop-out from college and worsening isolation</p> <p>Ms B - practical support to help stay in the home</p>

	Family E - preventing risk of eviction
Changing the balance of care by using more informal supports	Family E - preventing crisis and supporting carer's role.
Using community resources	Ms A - support for volunteering Mr F - training and support from community centre
Bringing in additional resources	Family C - increasing benefit entitlement Mr F - charitable funding for computer
Making better use of existing resources	Ms A - more effective use of IAPT. Reducing need for medication. Various - carrying out care assessment for access team Mr F - more productive use of day centre Freeing up staff time in other services e.g. Erimus Housing, access team, neighbourhood policing
Supporting people to achieve better outcomes	Ms M - stabilising family Mr F - reducing boredom. Increasing social networks. Ms G- improving physical and mental health
Benefiting the wider community	Mr F - supporting work in schools Family D - reducing anti-social behaviour directed at family

In our analysis of the LAC caseload we identified the average cost of the LAC intervention as £92.77 per case. It would therefore not require a huge saving in these areas to make the LAC service cost effective. The evaluation of Link Age Plus, for example (see appendix two), many elements of which shared some

similar characteristics to LAC identified the net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. Combining the costs and benefits with other services impacted increased the net present value to £2.65 per £1 invested. In addition there were benefits to older people too, for example savings in fuel costs through better insulation or increased income, monetised at £1.40 per £1 invested.

Additional evidence comes from some work carried out by the Personal Social Services Research Unit (PSSRU) looking at the cost-effectiveness of community navigators. This is a role that is encompassed by the LAC service, although LAC goes beyond it by offering direct support as well as acting as an interface between individuals and public services. The PSSRU study suggested that the cost per person of a care navigator service is around £300 and that the economic benefits accruing from the support given are approximately £900 per person in the first year. Quality of life improvements could be expected to a further sizeable economic benefit.³⁹

The PSSRU paper also highlights the economic benefits likely to accrue from more community based interventions such as time banks and befriending services highlighting the importance of building work at this level.

So whilst we have not been able to quantify savings delivered by LAC we conclude that it is very likely that the service is cost -effective. This cost effectiveness would be increased if LAC worked to full capacity which, as we showed above, it is not doing at present.

³⁹ Knapp M, Bauer A, Perkins M, Snell T (2010): *Building community capacity: making an economic case*, Personal Social Services Research Unit, University of Kent, discussion paper 2772. Available at <http://www.pssru.ac.uk/pdf/dp2772.pdf> (Accessed 25 May 2011)

Overall conclusion

Table 3 summarises our overall findings in terms of the original objectives set for LAC in Middlesbrough.

Table 3: achievements against objectives

Objective	Conclusion
Enable care management to work more effectively by providing lower level support to people in their local communities enabling care managers to concentrate on complex cases.	Evidence that this is beginning to happen but needs to become more systematic.
Form part of the development of new ways of working and support transformational change in both culture and working practices within social care.	LAC is showing evidence of new ways of working but not clear that is being influential within the wider social care practice.
Work with neighbourhood management and community teams within local communities in Middlesbrough defining roles and building cooperation and collaboration.	Has built good links with a number of neighbourhood teams and is collaborating well.
Build and maintain effective working relationships with individuals, families and their communities.	Individuals and families report very positive views of LAC and that the service works effectively in partnership with them.
Provide individuals and families with support and practical assistance to clarify their goals, strengths and needs.	This is a key part of LAC's approach formalised through the family agreements
Assist individuals and families to	Good evidence for this in the work

access the supports and services they need to pursue their identified goals and needs.	that LAC has done with individuals. Able to support them to define and achieve goals that existing services struggle to encompass.
Provide accurate and timely information. Assist individuals, families and communities to access information through a variety of means.	Evidence that LAC does this in a number of cases. Potentially scope to do this on a more systematic basis through working with local agencies e.g. the library.
Promote self advocacy, access independent advocacy and provide advocacy support where necessary.	LAC promote self-advocacy and is able to point to a number of instances where this has happened. LAC does not see itself as currently providing advocacy and this is a role it should consider.
Contribute to building inclusive communities through partnership and collaboration with individuals and families, local organisations, and the broader community.	LAC has addressed some issues of social inclusion through work with individuals but it needs to expand this to embrace more of a community development approach.
Understand opportunities and gaps in local communities.	LAC has begun to identify gaps and needs to move on to look at opportunities to fill those gaps.
Work in partnership with people vulnerable through age, frailty, disability or mental health issues, families and the community to develop responses and new opportunities in the community	LAC has developed good relationships with individuals and takes a partnership approach to working with them. The vulnerability of many people probably limits the scope to work with them directly to develop new opportunities but there may be other people that LAC could work with to do this.
Link with statutory/specialist services	LAC has developed good links with

where required.	some statutory services but there remain gaps especially in relation to health.
Promote continuity for individuals and families at times of transition.	LAC provides ongoing support to people through transition periods.
<p>Support individuals and families to:-</p> <ul style="list-style-type: none"> • Develop personal, family and community capacity to develop practical/informal responses to need. • Understand and utilise personal, family and community gifts, strengths and interests • To access and utilise individual budgets/self directed support where this is required. • Control resources (e.g. In Control, Self Directed Support, Direct Payments) - Plan, select, receive and monitor needed supports 	<p>LAC is working with people to develop their individual capacity to develop. It also works with carers and other family members to do this.</p> <p>LAC needs to do more to understand, utilise existing and develop new capacity within the community to promote social inclusion and support vulnerable people.</p> <p>LAC has very little experience of working with people to utilise individual budgets/self directed support and control resources. There is considerable scope to develop the service in this regard.</p>

In the next section we set out our recommendations flowing from these overall conclusions.

7. Recommendations

Based on our overall conclusion that LAC provides an effective way of supporting people who are vulnerable and/or disabled in the community and giving them a good life, in a way that is cost effective, we make these recommendations.

Fund LAC on a long-term basis

Currently LAC is funded on a short-term basis. We think it has demonstrated enough of an impact to justify funding it on a longer-term basis.

We do not propose any major structural changes to the way that LAC is currently operating in the area it covers. We think that to expand its area of operation, without setting up more services, would risk losing the local emphasis that is so important to its effectiveness. In other words funding for the existing service should continue at broadly its current level (but see below about expanding the service to cover the whole town).

In view of the impact that LAC is having on other agencies they should however be approached for a contribution towards the cost. This applies in particular to Erimus Housing and the Police.

Extend LAC across Middlesbrough

The biggest complaint we came across about LAC was its limited availability to just a small area. This can be justified when it is operating as a pilot but once a decision is made to continue it then it will also need to be extended to cover the whole town.

We recommend that this is done in a phased way and also on the same basis as the current model i.e. a small team operating in a discrete geographical area. This retains the advantages of the current model in terms of it being local although it should enable some economies of scale, for example through a single overall manager for the service.

We have not undertaken an investigation into how many services would be required to cover the whole town. A very rough estimate would suggest that 3 or 4 additional services would be required to ensure one is based in each of

the major areas of deprivation with other parts of the town being included in these to ensure the whole town is covered.

Make LAC part of the 'front-end' for adult and children's social care services

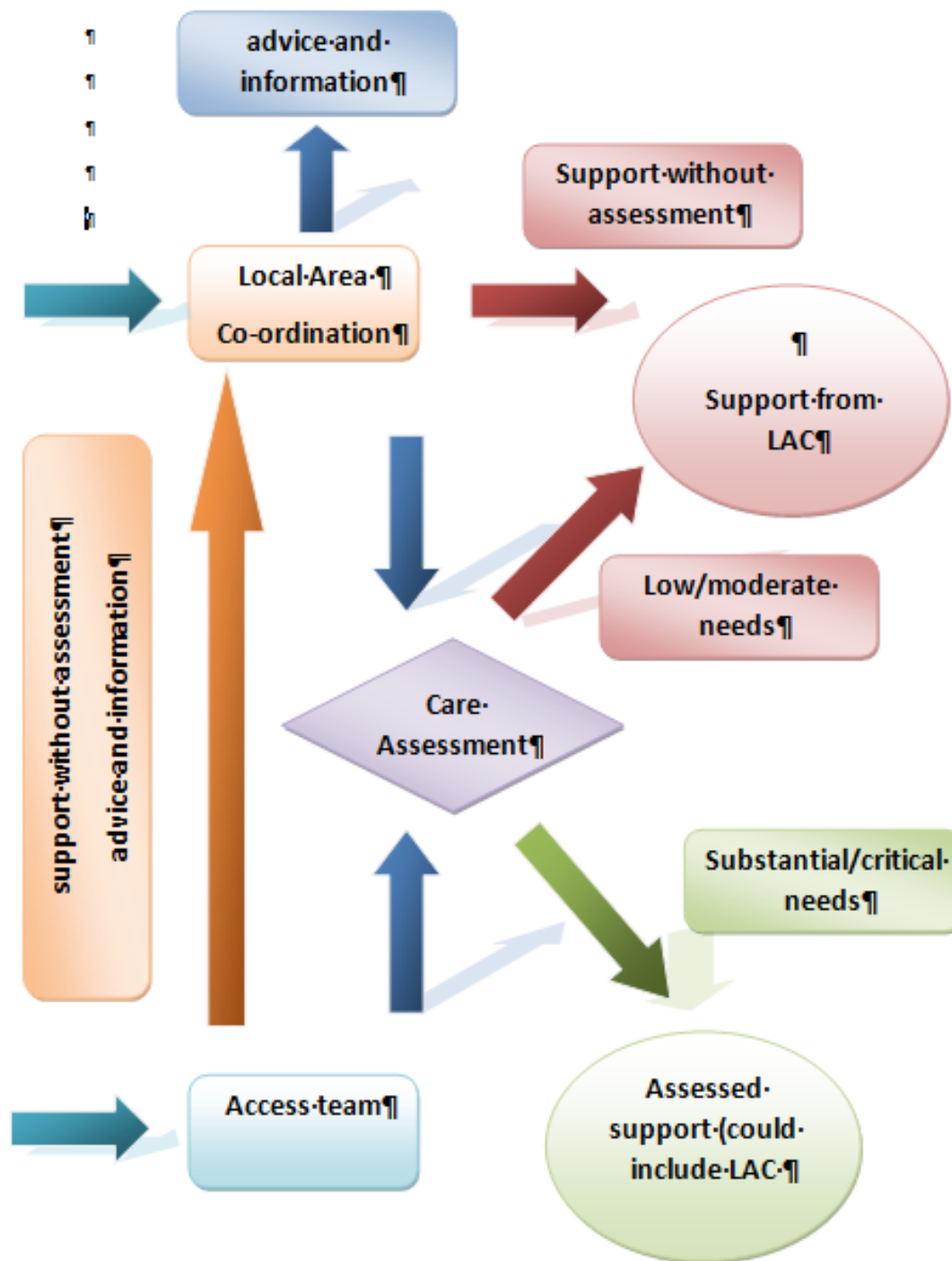
The relationship between the LAC service and access routes to both children and adults social care services should be formalised. LAC should become a key element in the way that people can access these services as well as forming the core of the Council's response to those people who fall outside the current eligibility for assessed care (i.e. people whose needs are assessed as either low or moderate on the FACS criteria).

At present the relationship between LAC and access routes for both adult and children's services is not well defined. This means that some people are getting a service from LAC whilst others in the same circumstances are not. This is not sustainable in the longer-term. LAC should be offered as an option to everyone requesting social care support but who does not meet the Council's current eligibility criteria for assessed support.

We do not think it would be appropriate to make LAC the sole entry point for social care services - there is no reason why the other existing methods should not remain in place.

Figure 5 below sets out how we see the relationship between LAC and these services in the future.

Fig 5: Relationship between LAC and adult and children's services



As part of this a review should be carried out of care managers' existing caseloads to see if there is the potential to transfer some cases to LAC to enable the objective of freeing up care managers to focus on more complex cases. On the back of this the relationship between LAC and care management should be more clearly defined and set out.

Make LAC an integral part of the Council's implementation of personalisation/self-directed support

We set out earlier the relationship between LAC and personalisation and self-directed support. There is the potential for LAC to play an important role in both these areas. This could include:

- Supporting people to access and manage personal/individual budgets.
- Identifying gaps and opportunities to develop locally based provision
- Promoting new ways of delivering local services e.g. through user-led organisations, micro providers, personal assistants
- Offering a brokerage service focussing on building individual and community capacity.

LAC should become a key element of the Council's approach to developing personalisation.

Place greater emphasis on building community capital

Developing the ability of communities to provide support and to ensure that disabled and vulnerable people are included as full members is at the core of the LAC approach. Yet as we have seen this aspect is relatively underdeveloped in the Middlesbrough pilot to date. This means that opportunities are being missed to develop more innovative forms of locally based support and to fully integrate the people using the service into the local community. This is a longer-term strategy so once the future of the service is secured it should be prioritised as a key part of the LAC approach. LAC will need to work with other agencies e.g. neighbourhood management and community and business development, on this approach.

Give LAC funding for building community and individual capacity

Currently LAC does not have any funding of its own that it can use. Both the Australian review and the Scottish evaluation suggest that having funding that can be used to provide small grants to either individuals or local groups can be an important means of building local capacity and developing local solutions. The extent and purpose of such a funding pot would need to be carefully thought out and evaluated. It will be important, for example, that it does not come to be used as a substitute for other funding sources and it should be trialled and evaluated first.

Build better links with the NHS

In our interim report we highlighted the need to build better links with NHS services especially local GPs and mental health services. There is still little evidence to show that that has happened. For example no referrals are recorded as having come from the NHS. Given the range of issues that LAC is dealing with this is now urgent.

Provide information and advocacy

LAC should develop a more systematic approach to ensuring that people are able to access the information and advice that they need. This would be a development that would benefit the whole community, not just those people that LAC is supporting. In line with the principles of LAC this should be a locally based service albeit that it could be part of a wider, web-based approach. LAC should collaborate with other organisations e.g. the library on this.

LAC does not currently advocate on people's behalf, preferring to support self-advocacy. This is fine in principle but in practice it could potentially lead to some people not getting the advocacy support that they need where their ability to self-advocate is affected by their situation or the issue is complex and requires specialist, professional support. LAC is well placed to be able to advocate on behalf of, especially, its more vulnerable users without compromising the principles on which it is based. LAC should consider providing advocacy in some cases.

Increase the capacity of the service

At the end of May 2011 LAC was supporting 44 individuals and families. Not all of these would be getting active support. In Australia it is assumed that a LAC

working in an urban area will support approximately 60 level 2 consumers.⁴⁰ That would suggest that the team could be supporting up to 150 people (based on the team including the equivalent of 2.5 LACs). Whilst the caseload has continued to increase during the course of the last 9 months this should be accelerated to make the best use of the resources in the team. The review of care managers' caseloads recommended above would be one way to do this.

Use LAC to develop new ways of working across the Council

As a pilot LAC has concentrated on getting established in the local area and, as we have demonstrated, has been successful in that regard. If it becomes established and extended then there is an opportunity for it to play a wider role in promoting and supporting transformational change across social care in Middlesbrough and, indeed, into other services areas as well. The focus on the customer and what they want, on taking a broad view of people's needs and supporting them to define their own goals and how they could be achieved, the emphasis on building individual and community capacity and generating solutions to individual and community problems from within those people's own experiences are all relevant to a wide range of services and areas.

This approach is often labelled as 'co-production' which may be a more useful way of thinking about it than a specific service model such as Local Area Co-ordination as it is then easier to see its broad applicability to other than people with disabilities. The Council should look to adopt co-production as a core way of doing business. The LAC should be encouraged to play a lead role in developing and implementing this approach.

⁴⁰ *'Review of the Local Area Coordination Program in Western Australia'*, Government of Western Australia, March 2003, pvii

*Appendix one Local Area Coordination and neighbourhood development: a review of the evidence base*⁴¹

Introduction

This paper reviews a wide range of literature and evidence relevant to ideas and policies around neighbourhood and neighbourhood support. It has been written by Professor Bob Hudson as part of work commissioned by the North East Regional Improvement and Efficiency Partnership to undertake a cost-benefit analysis of local area coordination (LAC) for Darlington Borough Council. As part of this commission it was agreed that a review of the evidence base would be produced covering the experience of LAC and other neighbourhood focused programmes. The report is in three main sections:

- *Section 1* briefly reviews the concept of neighbourhood
- *Section 2* explores the evidence base on LAC
- *Section 3* examines other models of neighbourhood support

SECTION 1: WHAT DO WE MEAN BY 'NEIGHBOURHOOD'?

What do we mean by 'neighbourhood'?

There is considerable ambiguity in the meaning and use of terms like 'neighbour' and 'neighbourhood'. The box below outlines the key dimensions.

PROXIMITY	The concept of a 'walkable zone' is important: being next door to someone <i>is</i> different to living in the next street to them. It also has implications for conceptualising
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⁴¹ This paper was originally written for a feasibility study into the introduction of LAC in Darlington. It is reproduced here with the kind permission of Professor Hudson. The full report, of which it forms a part, "A cost benefit analysis of introducing Local Area Co-ordination in Darlington" can be found at <http://www.northeastiep.gov.uk/adult/LACOverview.htm>

	the size of a neighbourhood.
TIME and TIMELINESS	Speed of response is a special feature, ranging from ad hoc borrowing to help in an emergency. Also having the time to participate in neighbouring is important.
PHYSICAL ENVIRONMENT	The inside of a home sits within the wider neighbourhood context – housing is experienced as the dwelling <i>and</i> its neighbourhood setting. This has implications for the creation of segregated settings for certain groups such as older people.
LENGTH RESIDENCE of	The longevity of the settlement and the length of residence in it are key factors in explaining variations in neighbouring. People in effective helping networks are less likely to need statutory services or help with personal care.
SOCIAL POLARISATION	Reciprocal care between neighbours grows where information and trust are high, and where resources for satisfying needs in other ways are low. This is most likely to occur in relatively isolated, relatively closed and relatively threatened social milieu with highly homogeneous populations.
PERSONAL CIRCUMSTANCES	Most neighbours do not typically choose to make their friends among their neighbours, and those who <i>do</i> tend to be seeking highly specific solutions to highly specific problems. Older people are especially susceptible to the occurrence of major life events that pare down relationships and networks.

The Importance of the Neighbourhood

Almost everyone has neighbours, yet the neighbourhood is a relatively neglected level of analysis - the bulk of academic and policy attention has focused upon the levels *above* the neighbourhood (the political, economic and value systems of society as a whole) or *beneath* it (inter-personal relationships in settings such as the family). However, neighbourhoods *do* matter for the people who live in them. Evidence suggests that the differences between neighbourhoods in terms of institutional resources, patterns of social organisation and networks, levels of community safety, quality of the physical environment and levels of trust, either support or undermine how people are able to overcome difficulties and develop resilience.⁴²

The importance of the neighbourhood in people's lives has also slowly gained a foothold in policy visions, notably as a key aspect of the Government's Social Exclusion Strategy.^{43 44} In 2005 the former Office of the Deputy Prime Minister published *Why Neighbourhoods Matter*⁴⁵ which identified several ways in which neighbourhood level activity can be socially beneficial. Such activity, it was argued, can:

- Make a real difference to the quality and responsiveness of services that are delivered to or affect those neighbourhoods
- Increase the involvement of the community in the making of decisions on the provision of those services and on the life of the neighbourhood
- Provide opportunities for public service providers and voluntary and community groups to work together to deliver outcomes for the locality
- Build social capital: reducing isolation whilst building community capacity and cohesion

⁴² Pierson, J (2008), *Going Local: Working in communities and neighbourhoods*. Routledge: London.

⁴³ Social Exclusion Unit (2000), *National Strategy for Neighbourhood Renewal: A Framework for Consultation*. London: The Cabinet Office.

⁴⁴ Social Exclusion Unit (2001), *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan*. London: The Cabinet Office.

⁴⁵ ODPM/Home Office (2005), *Citizen Engagement and Public Services: Why Neighbourhoods Matter?*

Indeed the neighbourhood issue has now spread beyond specific policy initiatives to become a key part of the wider ideological debate about finding the right balance between central government and 'localism'. Both major political parties, for example, are showing interest in turning schools and hospitals into 'mutualised co-ops' where staff and local people have a real stake in service improvement, whilst the Conservative emphasis is also upon encouraging families, charities and communities to come together to solve problems.⁴⁶

There is little doubt that significant proportions of people *do* have concerns about aspects of their local area. Market research from MORI and other local surveys has for several years been reporting that the most prominent issues for many residents are about local crime and anti-social behaviour, dirty streets and neglected spaces and lighting. The 2008 Place Survey conducted by DCLG⁴⁷, for example, found:

- 31% felt there was a problem with people not treating one another with respect and consideration
- only 30% felt that parents in their local area took responsibility for the behaviour of their children
- 20% felt that anti-social behaviour was a problem in their local area
- around a quarter felt drunk or rowdy behaviour and drug use or drug dealing were problems in their local areas

Other research has highlighted specific problems of targeted violence and hostility towards disabled people. A recent study undertaken for the Equality and Human Rights Commission by Sin et al⁴⁸ found the fear and experience of a wide range of criminal, sub-criminal and anti-social behaviour to be having a marked impact on the social inclusion and wellbeing of people with learning disabilities. 'On the street' near to where the victim lived was found to be one of several hostility 'hot spots'. These findings confirm those of an earlier study by the UK Disabled People Council⁴⁹.

⁴⁶ The Guardian, November 12th 2009, pp12-13.

⁴⁷ Department of Communities and Local Government (2009), *Place Survey 2008, England*.

⁴⁸ Sin, C.H et al (2009), *Disabled People's Experiences of Targeted Violence and Hostility*. London: Office of Public Management.

⁴⁹ UK Disabled People Council (2007), *Briefing on Hate Crime*. London.

The consequences can be tragic as has been seen recently with the Pilkington case (where a vulnerable single mother killed herself and her severely disabled daughter after years of unchecked 'low level' abuse from local youths) and the death in Manchester of learning-disabled David Askew following many years of torment and bullying. Such realities are of enormous importance given the ambitions of the transformation agenda in social care to promote personalisation of care and support, much of which is predicated on people being supported to use mainstream services and to live in local communities rather than in segregated housing.

The idea that the neighbourhood can foster the development of supportive social networks through interaction in local public space is clearly far from straightforward, and it is against this background that the role of the increasingly popular notion of 'social capital' has to be considered. The term is one that is widely used but often poorly defined, leading to confusion and misunderstanding. The concept has become particularly associated with the writing of Robert Putman⁵⁰ who defines it as '*the features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit*' (p67). A review of the literature on social cohesion and social capital by Stafford et al⁵¹ identified eight dimensions:

- Family ties
- Friendship ties
- Participation in local organised groups
- Integration into the wider community
- Trust
- Attachment to neighbourhood
- Tolerance
- Being able to rely on others for practical help

⁵⁰ Putman, R (1995), Bowling Alone: America's declining social capital. *Journal of Democracy* 6(1), pp 65-78.

⁵¹ Stafford, M. et al (2005), Gender differences in the associations between health and neighbourhood environment. *Social Science and Medicine*, 60, pp 1681-92.

Putman argues that social capital has a strong influence on health status, and that measures of social capital correlate with those on morbidity and premature mortality, independently of the effects of material deprivation. More broadly he suggests that communities where trust, reciprocity and social networks are strong will yield collective action and cooperation to the benefit of the wider community. It is this latter feature that signifies social capital as a *societal* rather than an *individual* property – a ‘public good’ rather than an individual possession. In this way we can conceive of social capital as consisting of the features of a *place* (such as a neighbourhood) rather than of individuals. Central to this understanding of social capital is the view that it is a resource that can be both depleted and renewed; where people work together, the stock of social capital increases, but where they don’t it declines – perhaps terminally.

Types and Levels of Neighbourhood Support

‘Neighbourhood support’ is a term that appeals to two different social policy developments. On the one hand it can refer to the extent and intensity of neighbourliness achieved in a neighbourhood; on the other it can refer to the provision of formal or semi-formal support to the inhabitants of a neighbourhood with no necessary reference to neighbourliness at all. The idea therefore crosses a frontier between formally organised social action and essentially informal relationships. Moreover, not all of the issues affecting neighbourhoods can be addressed at neighbourhood level, therefore the relationship between neighbourhood-level solutions and wider area strategies is also crucial.

Barnes et al⁵² make a useful distinction between interventions that are *community-based*, and those that are at *community level*:

- Community-Level interventions aim at the whole community (or neighbourhood) and primarily intend to change that community rather than to help specific individuals or families within it. The approach is based upon the conviction that social problems (especially those created by disadvantage) are best dealt with by ‘capacity building’ in the community rather than by focusing upon individuals with problems. This ties in with the idea of social capital as a public good rather than an individual possession.

⁵² Barnes, J. Et al (2006), *Children and Families in Communities: Theory, research, policy and practice*. Chichester: John Wiley and Sons.

- Community-based interventions seek to do the opposite – to meet the needs of individuals and families through services and supports in the community.

The position taken in this report is that there is no reason why ‘neighbourhood support’ should not be defined in terms of pursuing *both* understandings – indeed initiatives such as LAC are premised upon a complex inter-weaving of the formal, voluntary and informal sectors of care and support. Section 2 looks at the LAC experience in more detail.

SECTION 2: WHAT DO WE KNOW ABOUT LOCAL AREA COORDINATION?

The Origin and Nature of LAC

Local area co-ordination (LAC) emerged in rural Australia in 1988 in response to long standing difficulties in meeting the needs of people with learning disabilities and their families living in remote areas. It has since been adopted in several parts of Scotland, and it is only in these two countries that the evidence base can be located. In the case of Scotland, the review of learning disability services, *The Same As You*⁵³, made 29 recommendations, including:

“Health boards and local authorities should agree to appoint local area co-ordinators for learning disabilities from current resources used for managing care and co-ordinating services.”

It was envisaged that each LAC would support about 50 people, would cross traditional boundaries between housing, social work, health, education and other agencies, provide information, co-ordinate services and have access to some funding which could be passed on directly to individuals and families. In addition, local area co-ordinators would have a role in supporting individuals to build up strong networks and work with other agencies and local community groups to promote inclusion. At the beginning of 2008 there were 58 LACs operating in 24 of the 32 local authority areas, but only a small proportion of the 23,000 with learning disabilities known to services are accessing LAC support.

⁵³ Scottish Executive (2000a) *The same as you?: A review of services for people with learning disabilities*, Edinburgh: The Stationery Office.

In Queensland the core elements of LAC were identified as follows:⁵⁴:

- ✓ Working with families and individuals across all ages and life stages and all types of impairment
- ✓ A focus on developing and maintaining informal supports, natural social networks and facilitating access to mainstream services
- ✓ Community building
- ✓ A local community base, community connection and geographic boundaries, defined by place
- ✓ A supportive management framework
- ✓ An agreed value base and set of principles as the basis of decisions and actions.

In the case of Scotland, Curtice⁵⁵ has attempted to clarify what a LAC does in the following way:

- ✓ Strong local connections
- ✓ Committed to community
- ✓ Provides information that explores all the options
- ✓ Is stable, personal and consistent
- ✓ Works from where people are at
- ✓ Works with people in their homes and in the community
- ✓ Acts as a bridge and links people together
- ✓ Not an 'authority', not always having an answer
- ✓ Non-judgemental and non-discriminatory
- ✓ Committed to long-term relationships.

⁵⁴ Disability Services Queensland (2001) *Local Area Coordination, The Essential Elements: Seven signposts on the road less travelled.*

⁵⁵ Curtice, L (2003) Developing Local Area Co-ordination in Scotland – Supporting Individuals and Families in their own communities, *Tizard Learning Disability Review*, 8 (1) 38-44.

She goes on to say LAC is *not*:

- ✓ Heavily bureaucratic
- ✓ Targeted only on people with certain levels of need/ages etc
- ✓ Dependency-creating
- ✓ Primarily a service co-ordination role
- ✓ A part-time function or task of another professional.

Service Delivery Implications of LAC

In our bid for this commission we identified seven key service delivery implications of LAC:

A Multi-Level Focus: LAC operates at the level of the individual, family and community. The hope is that by focusing simultaneously on each of these levels the LAC can make a significant difference to the lives of people with disabilities *and* build more inclusive communities. The Australian originator of LAC, Eddie Bartnick, has suggested that LAC can be seen as: “*A generalist or eclectic approach, insofar as it contains elements of case management, personal advocacy, family support, community development and direct consumer funding*”⁵⁶ LACs, then, can be seen as using both person-centred and community development approaches.

A Neighbourhood Focus: One of the key objectives of LAC has been to reduce the drift of people with disabilities away from their families and communities – LACs aim to help people get the support they need in their own community. In Scotland practice has been found to be highly variable – some LACs work in small geographical areas, others have much wider areas which makes them reliant on others to do much of the direct work.

An Empowerment Focus: LACs stand alongside individuals and their families initially to gain an understanding of their particular vision for a good life, and then to contribute to the realisation of this vision. This approach respects basic principles about the rights and natural authority of individuals and families to make decisions about their lives. In this respect it fits well with the imperatives underpinning *Putting People First*.

⁵⁶ Bartnik, E (2003) *Review of the Local Area Coordination Program Western Australia*.

A Continuity Focus: LAC constitutes an ongoing relationship. It is the nature and quality of this relationship, and having one point of contact for local people, that is consistently reflected in high satisfaction ratings with the LAC programme.

A Preventive Focus: The initial LAC focus is on local, 'natural', low-level assistance – more formal structured services will only be considered if and when needed. There is an assumption here that all communities (even disadvantaged ones) have a significant pool of strengths, though LAC literature rarely refers to the concept of 'social capital' specifically. To fulfil this role, LAC must be available to individuals and families beyond the typically restrictive FACS criteria.

A Multi-Agency Focus: Securing a 'good life' for traditionally disadvantaged individuals and groups is unlikely to involve only one source of support; rather it will encompass a wide range of informal, voluntary, private and statutory agencies. LACs therefore need to assist people to understand and navigate their way through the complex world of services and support. Successive evaluations have found this role to be highly valued.

An Outcomes Focus: The LAC framework is drawn from the proposition that the essence of a 'good life' for a person with a disability is the same as that for a person who does not have a disability. To pose the question, 'what makes a good life for any member of society?', is therefore to engage with the issue of high quality outcomes in people's lives.

Has LAC Been Successful?

There is no simple answer to this question. The main claims for 'success' come from Australia rather than the more circumspect evaluation undertaken in Scotland. In Australia, Chadbourne⁵⁷ carried out a comprehensive review of research on LAC, and reported the overwhelming message as a 'success story', the benefits of which far outweighed any difficulties or drawbacks. Specific aspects of the LAC process which are commended include:

- ✓ Its role in promoting user choice
- ✓ The relevance, flexibility, quality, short and long term value and continuity of services and support

⁵⁷ Chadbourne, R (2003) *A Review of Research on Local Area Coordination in Western Australia*.

- ✓ The combination of practical and instrumental support, information provision advocacy and emotional support
- ✓ The high degree of trust between LACs and families
- ✓ The many roles LACs have, including advocate, guide, supporter, broker, consultant, community worker, partner and others
- ✓ Accessibility, reliability and quickness of response.

In relation to the broader community, the outcomes claimed for LAC included making society more inclusive; increasing community acceptance of people with learning disabilities; enabling people to stay in their own homes and local communities rather than moving into residential accommodation in a distant urban centre; helping set up community organisations and employment opportunities; attracting additional funding from a range of sources and, finally, making better use of scarce resources and being cost efficient.

It may, however, be premature to simply label LAC as an untarnished success story. The evidence base is still largely confined to Western Australia where the national policy context and culture is very different to England – there are always dangers in attempting to transplant innovations from one national context into another. Moreover, the Australian data has not been tested over time – the last published evaluation was in 2003, but policy effects can take longer to show through. The Scottish evaluation⁵⁸ by Kirsten Stalker and her colleagues is limited in nature – relatively small-scale, largely qualitative and unable to compare outcomes in authorities which did and did not have LAC – and it is correspondingly more circumspect in proclaiming ‘success’. Indeed, she notes the absence of anything that could even be described as a Scottish LAC, noting *“enormous variation in almost every aspect of the organisational arrangements”*.

Arguably the English policy context is more favourable to LAC than the Scottish context, where the personalisation agenda is less well-developed. LAC may work better within a model where people have access to their own budgets – it could fit well in supporting people to choose a personal budget, draw up a support plan, find support in their own community and support to live life in

⁵⁸ Stalker, K et al (2007), Evaluation of the Implementation of Local Area Coordination in Scotland. Edinburgh: Scottish Executive.

their community. LAC and personalisation (as conceived in England) may therefore be regarded as mutually reinforcing imperatives.

Implementing LAC: Ten Key Issues

In looking across this relatively limited evidence base, it is nevertheless possible to identify ten key issues that any LAC scheme will need to address:

- ✓ Remit and caseloads
- ✓ Location
- ✓ Workforce development
- ✓ Eligibility and availability
- ✓ margin or mainstream
- ✓ Intersection with care management
- ✓ Role clarity
- ✓ Community capacity building
- ✓ Cost-effectiveness
- ✓ Measurable outcomes.

Remit and Caseloads

In Western Australia, LACs are based in local communities and each provide support to between 50-65 people with disabilities. There is a danger in setting up caseloads that are so large that it is difficult to sustain personal support. In Scotland, some LACs reported having too large an area to cover, with accompanying concerns about a dilution of the role. Growing caseloads could also potentially arise from a lack of understanding of the LAC role leading to some managers using LACs for crisis work. The difficulty facing LACs here will be getting the right balance between casework and community capacity work.

Location

Where LACs are based can shape the way they are used. In Scotland, most LACs were employed by local authorities, with over half physically based in social work teams. Most had concerns about their location, and some

attempted to be seen as independent and accessible by basing themselves in community or leisure centres. LACs are likely to face the problem of finding a balance between allegiance to the individuals and families they work with, and the requirements of their employers. In Scotland, the most recent guidance on implementing LAC⁵⁹ states that coordinators should have “*a local base where they are accessible to the wider community*”.

Workforce Development

Since the programme is only as good as the individual LAC, staff selection and quality is critical. LACs need complex and diverse skills including the ability to be self-directing and highly motivated and the confidence and authority to challenge other service providers, sometimes at managerial level. It can be difficult for LACs to obtain credibility in a professional environment if their post is not appropriately acknowledged and remunerated. The Scottish evaluation found that overall LACs were well qualified, with 82% having a first degree or equivalent and 11% having qualifications up to N/SVQIII level, although 7% had no formal qualifications. Their previous work experience was predominantly within the social and health care sectors, but overall they had a wide and diverse range of experience. The evaluators proposed:

- ✓ A requirement for future LAC appointments to have a relevant qualification, such as community development, community education, youth work, social work, social care or a health-related qualification
- ✓ A starting salary commensurate with that of basic grade social workers/care managers, possibly with a qualification bar, and progression to an advanced salary scale, commensurate with senior social workers
- ✓ An adequate infrastructure for LAC posts, including a budget sizeable enough to cover LAC training and developmental needs.

Eligibility and Availability

LAC is designed to be easily accessible to individuals, families and communities, but this is not the same as *totally* open access. In Western Australia the support was available to people with physical, sensory, neurological, cognitive

⁵⁹ Scottish Government (2008), *National Guidance on the Implementation of Local Area Coordination*

and intellectual disability under the age of 60 at the time of application. In Scotland, Stalker et al reported that whilst all the LAC programmes worked with adults with learning disabilities, most also covered children with learning disabilities and – occasionally – people with physical impairment and mental health issues. In East Renfrewshire, for example, LACs work with school leavers with learning disabilities, whilst in Stirling the service is open to anyone. Only around half of the programmes took a ‘cradle to the grave’ approach.

There is a dilemma here about the nature of LAC and the reality of funding. LAC is fundamentally a model which is universal and starts with the needs of individuals and their families, therefore restricting access goes against the principle of universality. Once criteria are applied about who can access support this principle gets diluted or even lost. In Scotland there was a commonly expressed view that LAC should be extended to all age groups and all types of impairment and disability.

Margin or Mainstream?

Writing of the Australian experience, Bartnick and Chalmers⁶⁰ point out that during its formative period, LAC was viewed by many in the existing mainstream services as an oddity – “*a quaint and inconsequential feature on the service landscape*”. However, with the passage of time, the programme had become “*an essential foundation for the sector and a major force for change and innovation in disability service organisations*”. This is a position not yet reached in Scotland, where Stalker et al report mixed views from line and operational managers, with some viewing LAC as a luxury rather than a necessary resource. This has meant that in some areas, LACs have had to struggle to define their role within the local authority, and to get real line management support from colleagues. It is in the intersection with care management that this issue is often played out.

Intersection with Care Management

There are significant differences between Australia and Scotland in respect of the relationship between LAC and the care management process. In Australia, LAC is said to have progressively replaced (or at least subsumed) care management, rather than becoming simply another layer of reform. In

⁶⁰ Bartnick, E and Chalmers, R (2007), *It's about more than the money: Local Area Coordination Supporting People with Disabilities*, in Hunter, S and Ritchie, P (eds), *Co-Production and Personalisation in Social Care*. London: JKP.

Scotland, by contrast, LAC has been grafted onto the care management system – very few coordinators have access to any kind of budget, and accountability for care packages resides with the care manager.

Stalker et al report two-thirds of LACs citing ongoing tension and confusion between the roles of LAC and care manager, although the roles worked better when viewed as complementary rather than alternatives. This is an important point in establishing a business case for LAC since it suggests limited room for decommissioning care management in order to fund LAC. Given the LAC focus upon preventive work, one approach is to regard care managers as concentrating upon the more complex cases classified as ‘critical’ or ‘substantial’. In this conceptualisation, LACs will have more in common with support brokerage roles than the care management function.

Role Clarity

The issues around care management highlight the importance of a related issue – clarity and consensus about the role of LACs. In the Scotland evaluation it was reported that in only five localities did LACs consider their role to be clearly defined and understood, whilst in nine others it was seen as ill-defined and not grasped by managers. In part this is about how LAC relates to established processes (like care management) but it also reflects the perennial problem of establishing a ‘fit’ between new and existing roles. In Scotland, for example, most LACs identified the person-centred value base as the distinctive feature of their role, but other professionals and para-professionals could equally lay claim to this mantle. It is therefore critical to establish what is distinctive about LAC, and to ensure this is understood and accepted in related parts of the system.

Community Capacity Building

In Scotland, about two-thirds of LACs had initially been given protected time for community mapping, though most of them indicated a need for training on the nature of community capacity building. However, in the event, relatively little time was spent on this aspect of the role – only six of the 24 authorities felt progress had been made, and concerns were expressed about disinterest (and even resistance) among some local communities. Section 1 of this report warns of the dangers of undue optimism about the potential flow of social capital, and the Scottish evaluation takes a similar line, noting that:

“While many communities are welcoming and supportive, the history of social work and community work suggests there is a limit to how far some deprived communities can offer sustained help to their most vulnerable members...there is a need for LAC in Scotland to take a realistic approach.”

Cost-Effectiveness

- A full consideration of the cost-effectiveness of LAC (in the Darlington context) will be a major part of the work to accompany this overview of evidence. As already noted, evaluations of the Australian LAC model *do* proclaim cost-effectiveness. It is said that the programme has: low bureaucracy and per capita cost; effective small funded preventive packages; a strong alignment with strategic goals; and a strong harnessing effect in bringing in a wider range of community resources. Of particular importance here was the value-for-money study by Bartnick and Psaila-Savona ⁶¹ which examined national benchmarks, the extent to which strategic objectives were met, preventive and multiplier effects, cost-effectiveness of operations and opportunity costs. It concluded that LAC:
 - ✓ Improved access to services – more disabled people in Western Australia were getting services than in other places
 - ✓ Influenced the balance of care – twice as many people got a non-residential service in Western Australia compared with other parts of the country
 - ✓ Secured costs per service user at a third less than elsewhere by using lower level supports and preventing crises
 - ✓ Prevented people having to move from their local community to access a service
 - ✓ Generated additional resources

In Scotland the evaluation by Stalker et al was not in a position to test out these issues, though National Guidance on LAC from the Scottish Government does provide some brief illustrations of cost-effectiveness in some localities. It

⁶¹ Bartnick, E and Psaila-Savona, S (2003), *Local Area Coordination review: Term of reference 3: Value-for-money: Final report*. Canberra: Disability Services Commission.

is claimed that this arises from: preventing crises through early intervention; changing the balance of care to the use of more informal supports; diverting people from more expensive services; using community resources; making better use of existing resources; supporting people to achieve better outcomes; and benefiting the wider community. These dimensions could constitute a framework for exploring the business case for LAC, but it would be difficult in the short-term to establish robust data.

Measurable Outcomes for Individuals and Families

The relatively limited evidence base suggests that the main benefits that can be identified for individuals and families include: empowerment, trusting relationships with LACs, accessibility, choice, flexibility, reliability and the provision of emotional and practical support. The Scottish study included four case studies and it found that LACs were highly valued by all respondents and were said to have made an important contribution to their lives. However, the evaluators were unable to be sure that these positive changes had come about because of LAC *per se*, as opposed to the commitment and support of the dedicated workers. The Scottish localities themselves had not developed a consistent method of evaluating their work.

SECTION 3: OTHER MODELS of NEIGHBOURHOOD SUPPORT

LAC is by no means the only model of neighbourhood support – indeed the past decade or so has seen a large number of different neighbourhood-focused initiatives and programmes.

Neighbourhood Renewal Programmes

A landmark national policy development was the publication of the *Neighbourhood Renewal (NR) Strategy* action plan in 2001⁶² with its aim that no one should be seriously disadvantaged by where they live because of ‘failing’ local services or a poor environment. Funding for NR programmes was initially allocated to the 88 most deprived areas in England with the expectation that the (then) growing budgets for mainstream public services

⁶² Cabinet Office/Social Exclusion Unit (2001), *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan*.

would underpin the NR strategies, and that there would be further targeting of the most deprived neighbourhoods.

The identification of pockets of deprivation including but extending beyond NR areas led to the introduction of the *Safer Stronger Communities Fund* (SSCF) in 2006 to focus on these small localities in 84 local authority areas. Included in the SSCF is the Neighbourhood Element which provides funding for a hundred of the most disadvantaged neighbourhoods in England to improve the quality of life for people living in them, and to ensure service providers are more responsive to neighbourhood needs. Both NR and SSCF are good examples of Barnes' community-level interventions noted in Section 1.

Neighbourhood Management (NM), is an approach developed by the Social Exclusion Unit's Policy Action Team as a means of securing neighbourhood level action to improve service delivery. The first twenty Neighbourhood Management Pathfinders were announced in July 2001, and a second round of fifteen in December 2003. Although NM is seen as a way of encouraging service providers to improve services in deprived neighbourhoods, it also has a potential role in developing social capital and community cohesion. In particular it employs a neighbourhood manager, supported by a small team, to take overall responsibility at this local level. There has been some evaluation of the NM Pathfinders⁶³ ⁶⁴. Most of the initiatives covered the following components:

- Use as a tool for facilitating the renewal of deprived neighbourhoods
- An initial focus upon crime and environmental issues
- An average target area size below 15,000 (some well above conventional definitions of a 'neighbourhood')
- An emphasis upon influencing service providers rather than engaging in direct service delivery
- Engagement with a variety of partners, notably the police, local authority, PCT and housing associations; leadership is predominantly by the local authority

⁶³ Department for Communities and Local Government (2008), *Neighbourhood Management: Beyond the Pathfinders*.

⁶⁴ Department for Communities and Local Government (2008), *Neighbourhood Management Pathfinders: Final Evaluation Report*.

- Widespread recognition of the importance of involving the community

The evaluators are cautious in their assessment of the impact of NM, observing that it is a challenge to identify and evaluate measurable impacts, not least in the absence of systematic and comprehensive small area administrative data.

Partnerships for Older People Projects (POPP)

The POPP projects were funded by the Department of Health to develop services for older people, aimed at promoting their health, wellbeing and independence, and preventing or delaying their need for higher intensity or institutional care. The evaluation⁶⁵ reported *inter alia*:

- Twenty-nine local authorities were involved as pilot sites, working with health and voluntary sector partners to develop services, with funding of £60m
- Projects developed ranged from low-level services, such as lunch-clubs, to more formal preventive initiatives, such as hospital discharge and rapid response services
- The reduction in hospital emergency bed days resulted in considerable savings, to the extent that for every extra £1 spent on the POPP services, there has been approximately a £1.20 additional benefit in savings on emergency bed days
- Overnight hospital stays were reduced by 47% and use of Accident & Emergency departments by 29%. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person
- PCTs have contributed to the sustainability of the POPP projects within all 29 pilot sites. Moreover, within almost half of the sites, one or more of the projects are being entirely sustained through PCT funding – a total of 20% of POPP projects.
- POPP services appear to have improved users' quality of life, varying with the nature of individual projects; those providing services to

⁶⁵ Personal Social Services Research Unit (2009), National Evaluation of Partnerships for Older People Projects. Final Report

individuals with complex needs were particularly successful, but low-level preventive projects also had an impact.

Although clearly relevant to aspects of LAC, the POPP projects do not necessarily have the neighbourhood focus which is vital to LAC. A more relevant programme has been that funded by the Joseph Rowntree Foundation on 'light touch' support in twenty neighbourhoods to support community groups and organisations. The idea was to offer support not through major funding, but through a range of 'light touch' resources, and to build a 'learning network' through which the organisations could share experiences and support each other. The evaluation of the programme⁶⁶ showed that the participating organisations identified a number of common challenges at the outset:

- Local knowledge and analysis: few such organisations pay attention to planning unless it is a funding requirement
- Engaging with the wider community: small organisations often lack the knowledge or confidence to go out and engage more people
- Organisational capacity and leadership: few resources tend to be invested in building this capacity
- Divisions and fragmentation in the neighbourhood: many communities do have social capital, but they lack the capacity to build ties across diverse social groups
- Lack of influence with local power-holders: many community organisations still feel marginalised in partnerships with statutory authorities and other agencies
- Difficulties in securing sustainable funding: four of the twenty organisations in the programme failed to survive in their original form

⁶⁶ Joseph Rowntree Foundation Neighbourhood Programme (2007), *Changing Neighbourhoods: the impact of 'light touch' support in twenty communities*. York.

Despite these obstacles, the JRF programme was able to demonstrate the potential of a small pot of flexible funding, a little mentoring from a trusted ‘critical friend’, and the opportunity to meet with other neighbourhood organisations – at a cost of around £7500 per neighbourhood per year. For most participants it was access to five facilitators (working on a regional rather than a local basis) that constituted the strength of the programme. Their role was to:

- Support capacity building and organisational development
- Encourage groups to grow and broaden their membership
- Help to establish organisational systems
- Signpost organisations to further sources of information and contacts
- Help groups to plan more strategically
- Operate variously as mentor, critical friend, mediator and independent broker as required.

Time Banks

The concept of time banks is part of a wider set of ideas often enshrined in the term ‘co-production’. Much of the theoretical and practical development of co-production has come from the United States and dates back to the 1970s. It embodies partnership between the monetary economy and “*the core economy of home, family, neighbourhood, community and civil society.*”⁶⁷ Co-production and time banks are not simply a non-monetary alternative economy that provides a mechanism for valuing the contribution of people outside of a formal labour market. Rather, there is also an explicit ideological and value-based underpinning that emphasises principles of reciprocity and mutuality.

Time Banks started in the UK in 1998 and offer a model for recognising and rewarding family carers. In a time bank, participants earn time credits for helping each other - one hour of your time entitles you to one hour of someone else’s time. Credits are deposited centrally in the time bank and withdrawn when help is needed, with help exchanged through a broker who links people up and keeps a record of transactions. Most Time Banks have an

⁶⁷ Professor Edgar Cahn (2008), ‘Foreword’, *Co-production. A manifesto for growing the core economy*, New Economics Foundation.

office base and a paid member of staff serving as the broker. Time credits have no monetary value, so are unlikely to affect carers' benefit entitlements. A national network of around 200 time banks (Time Banks UK) is in operation, and some programmes are actually identified as 'neighbourhood time banks'⁶⁸.

Pledgebanks

The Communities in Control white paper⁶⁹ included a commitment to pilot Community Pledgebanks during 2009 – a way of encouraging people to register a pledge to undertake some activity or contribute some resource towards a common goal. Community Pledgebanks could be collective ('I pledge to do X if Y other people will join me in doing it') or individual ('I pledge to do X'). Collective pledges are harder to work because they have to link in with someone else's idea, and the greatest number of current pledge schemes concern environmental issues. There is only limited data on pledging, but a review by Cotterill and Richardson⁷⁰ concluded that:

- Asking people to pledge can lead to behaviour change, but there is no clear evidence that it is any more or less effective than other campaigning approaches
- Asking people to pledge seems to work best if it takes a personal approach, but it is unclear whether it is the personal approach or the pledging that has an effect
- Pledging campaigns are most likely to be successful if they are part of a wider promotional campaign, including publicity, incentives, creation of social norms, reminders and cues, but then it is hard to separate out the effect of the pledge
- People are more likely to carry out a pledge if:- it relates to something they were already thinking about; they have been allowed to personalise the pledge; and the activity is not too challenging.

Lifetime Neighbourhoods

In the context of an ageing population it is vital to offer inclusive 'age-proofed' environments that minimise the impact of disability on independence and

⁶⁸ www.timebanking.org.

⁶⁹ Department for Communities and Local Government (2008), *Communities in control: real people, real power*

⁷⁰ Cotterill, S and Richardson, L (2009), *Pledgebanks Desk Research*. London: Department for Communities and Local Government

social participation. Lifetime neighbourhoods seek to fill this need, but the concept has yet to feature extensively in government guidance or make a significant impact on mainstream planning practice. The broad aim is to provide all residents with the best possible chance of health, wellbeing and social inclusion⁷¹.

Connected Care

The Connected Care model aims to improve community well-being by reshaping the relationship between services and the communities in which they are delivered. The stated aim is to connect health and social care services with housing, education, employment, community safety, transport and other services. It is based upon a belief that the gaps between services can be bridged by ensuring that the legitimacy of local user and community voices is recognised. In their evaluation of the Connected Care Centre in one ward in Hartlepool, Callaghan and Wistow⁷² note that if community social capital can be built through involvement and devolved power, the role of the state can then become one of facilitator in a self-sustaining process, rather than a provider of unresponsive services. In effect, the production and ownership of knowledge would become the province of the community rather than the 'expert' professional.

In the case of Hartlepool, a community audit was used as the basis for specifying a new model for ward-based commissioning and service delivery which included proposals for workforce development such as:

- Care navigators working on an outreach basis (and possibly recruited from among local residents) to improve access, promote early interventions, support choice and ensure a holistic approach
- A complex care team integrating specialist health, social care and housing support for residents with long-term needs
- A transformation coordinator to manage the service and promote change in existing services so that they are joined up.

⁷¹ Department for Communities and Local Government (2008), *Towards Lifetime Neighbourhoods: Designing sustainable communities for all*.

⁷² Callaghan, G and Wistow, G (2008), Can the community construct knowledge to shape services in the local state? A case study. *Critical Social Policy* 28, pp165-185.

This all adds up to a significant challenge to the traditional model, and the evaluators have been cautious at this stage about making undue claims of success⁷³.

Circle

The social enterprise, Participle, is developing a neighbourhood-based preventive service (focusing on older people) called Circle⁷⁴ with the following core principles:

- ✓ Moving from a system focused on 'needs' to one concerned with developing and maintaining 'capabilities'
- ✓ Moving from services that are targeted to a preventive model open to all;
- ✓ Relaxing the absolute focus on the individual to include more of a focus on social networks
- ✓ Moving from a narrow financial focus to a broader resource focus, thereby enabling a sustainable business case

Clearly there are similarities between Circle and LAC. This initiative is underway in Southwark and looking to extend elsewhere. It requires a one-off investment of £680,000 over three years after which, it is said, it will be self-sustaining. The approach begins with research with older people and their families into their hopes, fears, needs and aspirations, out of which tailored proposals for new services and supports are generated. Circle focuses very clearly and specifically upon cost-effectiveness, identifying four categories of potential savings:

- 'Actual cost savings' which detail what the council and health organisations are actually spending money on that they can stop spending money on in the future
- 'Preventive cost savings' - these are conceded to be difficult to measure
- ways in which existing services can be further utilised to deliver greater value for money

⁷³ Wistow, G and Callaghan, G (2008), Connected Care in Hartlepool Revisited: Can a holistic and community-centred approach survive implementation? *Journal of Integrated Care* 16(2), pp 5-14.

⁷⁴ Participle (2009), *Your Circle: The Economic Case*.

- Increases in unpaid contributions on the part of Circle participants – the social capital dividend

Circle is still in its very early stages and does not yet appear to have been independently evaluated – indeed, many of the benefits could not be expected to emerge for several years.

Local Strategies: Derby Neighbourhood and Social Care Strategy

Derby's strategy is based upon a neighbourhood mapping exercise which charts the correlation between areas of multiple deprivation and levels of social care need – one or two neighbourhoods were found to account for high proportions of children on the protection register, and those accessing adult social care support. This approach is seen as an *alternative* to the traditional city-wide needs-led model based upon individual needs assessment and pre-judged eligibility criteria, rather than a bolt-on. The hope is that needs can in future be met at a neighbourhood level, with some specialist resources retaining a citywide focus⁷⁵. There does not appear to be any independent evaluation of the strategy.

Local Strategies: Sheffield Community Portraits

Community Portraits is a project to measure how suitable neighbourhoods in Sheffield are for the needs of older people, and the intention is to score all neighbourhoods against the outcomes identified in *Our Health Our Care Our Say* (improving health and emotional wellbeing; improving quality of life; making a positive contribution; exercising choice and control; enjoying freedom from discrimination and harassment; economic wellbeing) to which has been added personal dignity and respect, access to services and demographic need. The first community portrait was undertaken in the Darnall neighbourhood and included a series of focus groups in the area at which the Community Portrait was discussed. This approach can be understood as a less radical version of Connected Care – one less likely to challenge existing decision-making procedures.

On the basis of the community portraits, the Sheffield strategy is to refocus neighbourhood delivery across the city⁷⁶ to change services from supporting a small number of people with high dependency, to early intervention and support to larger numbers. This has workforce implications, notably the

⁷⁵ Derby City Council (2007), *Neighbourhood and Social Care Strategy*.

⁷⁶ Sheffield City Council (2007), *Older People's Engagement: True Neighbourhood Delivery*.

development of sixteen Community Caseworkers (to act as the case-finding ‘eyes and ears’ of their neighbourhoods) and the creation of neighbourhood based multi-disciplinary teams to provide a rapid response service and to target people in (or at risk of entering) residential and nursing homes.

CONCLUSIONS AND KEY MESSAGES

This paper is a prelude to an in-depth exercise to be undertaken in Darlington into the cost-effectiveness of LAC. It does not seek to pre-empt this exercise and it forms no judgement on the best way forward. Rather it outlines the evidence base on neighbourhoods, LAC and other potential interventions in order to ensure that the right questions are asked. The key messages of this paper and the accompanying key questions are summarised below.

KEY MESSAGES	KEY QUESTIONS
There is considerable ambiguity in the meaning and use of the terms ‘neighbour’ and ‘neighbourhood’.	Is there a match between administrative and subjective understandings?
Differences between neighbourhoods do have a substantial impact on people’s lives.	Do we know what people think about their neighbourhood and about their own priorities for support?
Neighbourhood level activity can have multiple objectives.	Are we clear about the reasons for developing a neighbourhood approach?
Some neighbourhoods are not readily conducive to the development of supportive social networks.	What special measures may be needed to generate social capital in disadvantaged neighbourhoods?

KEY MESSAGES	KEY QUESTIONS
There are different types and levels of neighbourhood support.	What balance is being sought between care <i>in</i> the neighbourhood and care <i>by</i> the neighbourhood?
The evidence base on LAC is limited and is confined to Western Australia (WA) and Scotland.	To what extent can LAC be easily transplanted into a different national context?
LAC attempts to combine working with individuals, families and communities.	How can a proper balance between these different levels of activity be achieved?
LAC has multiple objectives which impinge upon a range of organisations and professions.	Does LAC have support from the full range of stakeholders?
The English context may be potentially well-suited to LAC.	Where is the fit between LAC and the transformation agenda?
Caseload management is critical to the success of LAC.	Are we clear about how many individuals and families each LAC should support, and over what geographical area?
The physical location of LACs will shape the way they are used.	How can we ensure LACs are fully accessible within a neighbourhood?
The LAC programme is only as good as the individual LACs themselves.	What are the workforce development implications of a LAC strategy?
LACs have tended to have a narrow learning disability remit.	What are the implications of scaling up LAC from margin to mainstream?
The intersection between LAC and care management has been handled differently in WA and	Is LAC a complement to care management or an alternative? Where is the fit?

KEY MESSAGES	KEY QUESTIONS
Scotland respectively.	
The evidence base on the cost-effectiveness of LAC is limited.	On what basis can potential cost-effectiveness be judged? To what extent can robust data be established?
LAC has been popular with those who have received it.	How do we define and measure user and neighbourhood outcomes? How can we establish robust data?
There are many different types of neighbourhood-based programmes from which to choose.	Is LAC the best way to achieve our objectives? What are the advantages and disadvantages of different approaches?

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School of Applied Social Sciences,
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March 2010.

Appendix two: the evidence for the effectiveness of prevention

This appendix briefly reviews the recent evidence on the effectiveness of preventative services, especially for older people.

Evidence from Partnerships for Older People Projects (POPPs) and Ling Age Plus (LAP)

POPPs is particularly important in terms of the evidence to support these types of services because:

- It was a large-scale pilot that involved twenty-nine local authorities working with health and voluntary sector partners to develop services with funding of £60m
- It provided a broad range of services. These included 'universal services', designed to support older people in maintaining independent lives within their own homes and to improve their general well-being. Examples of such projects include handyman schemes, gardening, shopping, leisure and signposting services. There was also a significant emphasis on providing 'additional support' to support older people 'at risk' of admission to hospital. These services included Medicines Management, Telecare Services, Falls Services, Holistic Assessments and Mentoring Services. Also providing were 'Specialist Support' targeted to help older people at serious risk of imminent hospital admission. These include Community Rapid Response, Hospital at Home and Intensive Support Teams
- Over a quarter of a million people used one or more of the services. These were not just older people defined as 'vulnerable'. Often the target audience included younger and fitter older people
- The national evaluation included a rigorous assessment of cost savings resulting from the POPPs interventions.

Key messages reported in the evaluation⁷⁷ are that:

- POPP pilot sites have a demonstrable effect on reducing hospital emergency bed-day use when compared with non-POPP sites. The results show that for every extra £1 spent on POPP services there has been an average of £1.20 additional benefits on savings on emergency hospital bed-days
- Overnight hospital stays were reduced by 47% and use of Accident and Emergency Departments by 29%. There were also falls in the use of occupational therapy, physiotherapy and outpatient services
- Following the project, users report they see their quality of life as improved. Users also report that their health-related quality of life improved in five key domains (mobility, washing/dressing, usual activities, pain and anxiety). While the more intensive services had the greatest impact people receiving practical help and interventions to promote physical activity reported a 12% increase in their health related quality of life
- Multidisciplinary interventions reported better outcomes
- The POPP programmes appear to be associated with a wider culture change within their localities. There seems to be a greater recognition of the importance of including early intervention and preventive services focused toward well-being
- POPP partnerships across the health and social care economy seem to have strengthened and accelerated developments around joint commissioning. In particular, there has been recognition of the value of involving voluntary and community organisations in service planning and delivery
- Projects that were 'community facing' (defined as chiefly directed at reducing social isolation and exclusion or promoting healthy living and the type of services that many LAC have tended to support and develop) showed increasing returns against economies of scale. That

⁷⁷ Personal Social Services Research Unit (2010), '*National Evaluation of the Partnerships for Older People projects: final report*' available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_11240

is the larger the project the greater the impact and the savings. This suggests that projects need to reach a certain ‘critical mass’ to be effective

- There was a high probability (86%) the overarching programme was cost-effective compared to the ‘usual care’ that would have otherwise been provided. For projects focused on improving well-being through providing practical help (such as gardening, small repairs, shopping) there is a 98% probability that such projects are cost-effective compared with ‘usual care’. Put another way only 0.2 of every ten such projects would not be cost-effective.

The evaluation includes some evidence on the effectiveness of different types of interventions. This is not at the level of individual services but does include evidence about different types of services. The results are presented in figure A1.

Fig. A1: POPPs services outcomes by type of service⁷⁸

Type of service	Probability of services being cost-effective at £30,000 threshold compared with usual care - %	Impact on service use	Impact on health related quality of life
All primary prevention	80		
Well-being: physical health	99	Reduction in use of secondary care clinics and outpatients	Significant improvement in overall quality of life
Well-being:	97		Significant

⁷⁸ Not each type of service was assessed against all these outcomes

practical help			improvement in overall quality of life
Information and signposting	83		Minimal change
Well-being: social isolation		Reduction in use of secondary care clinics and outpatients. Increase in use of GP services Overall reduction in cost	Reduction in anxiety and depression

Source: *National Evaluation of Partnerships for Older People Projects: Final Report'*

In other words there is quite strong evidence both for the cost-effectiveness of these types of services and that they have a positive impact on the use of other, more expensive, healthcare interventions.

The overall conclusions of the evaluation⁷⁹ include that:

- The POPP programme demonstrated that prevention and early intervention can 'work' for older people. They can help to reduce demand on secondary services, providing they are appropriately funded and performance managed
- The programme has shown that small services providing practical help and emotional support to older people can significantly improve their health and well being
- It is possible that the evaluation results understate the benefits which might be derived from such a programme. It is possible that even

⁷⁹ *'National Evaluation of Partnerships for Older People Projects: Final Report'*, op cit, p262

greater value could be secured over the longer term, as projects learn from their experience, and general expertise and confidence grow.

Evidence from LAP

The LAP programme, which was smaller in scale than POPPs, focused more on addressing social exclusion among older people and in developing partnerships across a broad range of organisations. Some of these, for example Fire and Rescue Services, had not always been seen as key players in this area. The services offered were mostly universal type services – although some targeted specific groups - rather than social and health care. There was a strong emphasis on developing partnership approaches to improving access to existing mainstream services.

The national evaluation produced a series of reports.⁸⁰ The key findings are that:

- A holistic approach to service delivery needs some up-front investment but quickly begins to deliver net savings, breaking even in the first year after the investment period
- The net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. This is likely to be higher over a longer period
- LinkAge Plus can facilitate services that are cost-effective in their own right, including fire and crime prevention, and reduced falls
- Combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery increases the net present value to £2.65 per £1 invested
- As well as taxpayer savings there are benefits accruing directly to older people (e.g. through increased social security benefits) monetised at £1.40 per £1 invested.

As with the POPPs evaluation there are several caveats and assumptions about the evidence for cost-effectiveness but, nonetheless, the evaluators conclude the figures are robust and, if anything, a conservative estimate.

⁸⁰ Various reports available on the Department of Work and Pensions website. See http://research.dwp.gov.uk/asd/asd5/report_subjects/subjects.asp#peopleOlder

The evaluation identifies the following service areas as being of particular importance in proving the effectiveness of preventive services:

- Improving information and access
- Reducing social isolation
- Capacity building and partnership working.

Neither POPPs or LAP included LAC, or anything similar, although both did attempt to ensure much more joining up of services. LAP in particular emphasised the importance of improving access to a broad range of services including transport, befriending, practical help and employment. Areas piloted new ways of delivering this joining up, such as 'First Contact'⁸¹, but these focused on using existing systems more effectively. What both do show is the importance of many of the areas that LAC has focussed on such as providing practical help in the home, befriending and reducing social isolation and linking people into employment (this latter issue is a priority for the Coalition Government⁸²).

Evidence from the Government's review of its Supporting People Programme also illustrates that for preventative services there is a real return on investment. Put at its simplest the findings reported that an investment of £1 on preventative services would yield a saving of £2⁸³.

Another example of a service that claims to deliver significant savings for people with these type of needs, but using an very different approach, is the Southwark Circle.⁸⁴ The Circle model shares some characteristics attributable to LAC but has a greater focus on self-organisation as the model is based upon a membership organisation providing on-demand help primarily with practical tasks through local neighbourhood helpers. It is one of the few examples, however, which has tried to quantify the savings that can be made by substituting locally developed and provided services for those currently

⁸¹ A service where one simple checklist enables people aged over 60 to receive vital services to stay safe and independent in their own homes. An older person can receive a whole host of services without going to the trouble of contacting all of the various different organisations themselves. See http://www.nottinghamshire.gov.uk/home/social_care/notts50plus/notts50plusschemes-2/firstcontact.htm

⁸² See Department of Work and Pensions (2010): '21st Century Welfare' available at <http://www.dwp.gov.uk/consultations/2010/21st-century-welfare/>

⁸³ Communities and Local Government (2008), *Benefits Realisation of the Supporting People Programme Working Paper 19: Older People's Services*

⁸⁴ <http://www.southwarkcircle.org.uk/>

delivered through commissioned services. The business case⁸⁵ developed on the operation of the Southwark Circle identified savings in a number of areas as a consequence of developing the approach. It predicted that 'greater value' could be derived from the use of existing services in the following areas:

- Mobility
- Social interaction
- Physical stimulation
- Mental stimulation
- Employment
- Advice – legal
- Advice – financial.

In the first three years of the operation of the Circle, the level of greater value, for these areas, was predicted to be equivalent to 6% of expenditure. The Circle model is also based on a significant increase in community capacity with an assumption, untested, that 25% of its membership would engage in volunteering of some form. This would generate a value equivalent to 50% of expenditure on health and community services for older people. However it should be emphasised that these claims are planning assumptions and are, as yet, untested.

⁸⁵ Your Circle – The Economic Case, Participle, September 2009

Appendix three: summary of LAC caseload

No	Date	Referral	Client group	Reason for referral	Outcome	Further actions required	Level	Hours spent to date
1	30.10.10	Self	LD/MH	Refused a bus pass. Sons with learning disability. Mother main carer but is older. No long-term plans in place.	Update family of changes in eligibility criteria. Ongoing support to family. Crisis intervention when mother went into hospital.	Ongoing support needed. Discuss long-term arrangements for sons.	2	20
2	5.11.10	SHARP team	OP	Explore options of day care	Agreed to complete care needs assessment	Care needs assessment to be completed	2	4.5
3	8.11.10	Self	YP	Support with anxiety issues and panic attacks.	Spoke to young person and mother. Advised to contact IAPT. .	Ongoing support as and when required	3	7
4	9.11.10	Street Wardens	OP	Owner occupier, unable to manage own garden. Suspected depression.	Advice and information given re ILOP.	Arranged to contact again in 3 months to determine progress.	3	1
5	9.11.10	Hope North East	D&A	Recovering drug addict, currently in prison . Has expressed a desire to remain in Middlesbrough and remain drug free.	Rehoused in a town centre property.	NFA	1	1

7	9.11.10	Erimus Housing	OP	Person lives on her own after her husband was moved to Nursing Home with Alzheimer's. On oxygen and unable to get out or visit husband. Current social work involvement.	Home visit carried out	Investigate ACT and other means of transport.	3	1
8	10.11.10	Erimus Housing	D&A	No electricity, a heavy drinker. Diagnosed with chronic pancreatitis.	Visit carried out	Provide info for Tandem and Welfare Rights	1	0.5
9	11.11.10	Erimus Housing	LD	Wants to learn to read and write. Concerns about isolation and abuse. Causing anti-social behaviour issues in accommodation.	LAC to signpost information re: Literacy and numeracy courses available in the area.	Investigate ACT and other means of transport.	3	4
10	12.11.10	SHARP team	OP	Husband has had a stroke and wife has Alzheimer's. Finding it difficult to cope. Care Needs Assessment needs completing.	Care needs assessment completed.	Visit stroke club to find out more and investigate potential for ongoing support group.	1	1
11	18.11.10	Erimus Housing	MH	Depression - having impact on daughter	Discuss issues	LAC support offered	1	1
12	26.11.10	Self	PD	Support for tenancy application. Mother and her son have sight disability and need to be near family	Ongoing support re properties	Ongoing support re properties	1	3
13	1.12.10	Erimus Housing	MH	Not been out of house for 9 years. Stress caused by benefits application.	LAC family agreement signed	Ongoing support offered	2	14

14	7.12.10	SHARP team	OP	Complete Care Needs Assessment. Husband fallen in the home and family finding it difficult to manage and do manual tasks around home.	Assessment complete. Requested support re kitchen aids.	Link to Independent Living Centre.	3	4
15	6.1.11	Anti Social Behaviour Team	YP	Concern over anti-social behaviour	LAC support offered	Agencies to keep each other updated	1	1.5
16	14.1.11	Home Housing	D&A	Drinking heavily and offering people money for help. Potential tenancy action.	Visit complete	Visit to pass on information regarding meal deliveries.	3	4.3
17	27.1.11	SHARP team	MH	Complete Care Needs Assessment. Recently come out of psychiatric in-patient service but not accessing mental health services.	Visit - client had taken overdose and was awaiting ambulance.		1	0.5
18	3.2.11	Erimus Housing	MH	Suffers with anxiety and depression Wants to do voluntary work with people with addictions. Concerns over tenancy.	Visit complete.	Link to welfare rights, Hope North east and MVDA.	2	3
19	3.2.11	Erimus Housing	MH	Concerns over tenancy. Has agoraphobia, psychosis, depression and anxiety, fuelled with panic attacks, outbursts of self harm and attempted suicides. Violent relationship with her son.	Visit carried out with CPN	Investigate repair issues with Erimus. Look at setting goals.	2	6.5

20	11.2.11	Ormesby School	YP	Excluded from school. Family need support.	Met	Mother had new baby. Contact at a later date.	1	1.5
21	21.2.11	Erimus Housing	Dom Viol/MH	Concerns tenancy at risk because of rent arrears. Previously experienced domestic violence and is receiving support from local services. Suffers from depression and has attempted suicide.	Ongoing support to deal with various issues.	Ongoing support	2	12
22	24.2.11	Erimus Housing	MH	Concerns over exploitation by boyfriend and that may be unable to cope and needs support. Concerns unable to manage tenancy.	Attempted contacted. No response .LAC contacted Housing Office to advise of outcome. Housing Officer to advise if joint visit necessary.	NFA.	1	0.25
23	7.3.11	Erimus Housing	MH	Suffers with agoraphobia, depression and anxiety. He has diabetes but is unable to leave his flat to collect his medication. Wants to find employment or voluntary work.	Arranged visit	Investigate volunteer opportunities and link in with IAPT.	1	1
24	9.3.11	Children & Families	MH	Need for anger management	Several messages left. No contact.	Have spoken to the locality team re: no contact.	1	0.25
25	9.3.11	Children & Families	LD	Support for her son who has learning difficulties and anger management problems. Not aware of local services.	Discussed visit with Social worker. SW to set up a multi agency meeting to discuss a way forward.	Awaiting update on the second multi agency meeting.	1	2

26	9.3.11	Children & Families	Family	Requesting parent support	To ascertain history/update	Not required	1	0.3
27	11.3.11	SHARP team	OP	Paramedics raised concerns after fall. Evidence of self neglect and possible safeguarding issues.	Visited and spoke to grandson. Arranged further appointment to speak to father and daughter.		1	1
28	16.3.11	Children & Families	Family	Failure to engage with Social Services. Social worker engaged with children but no one supporting parents who are vulnerable.	Information gathered. Follow up visit done but no access.	Client has left property.	1	2.3
29	16.3.11	SHARP team	MH	Suffers from agoraphobia. Victim of anti-social behaviour.	Family rang to say person did not want to engage with LAC	NFA	1	0.1
30	16.3.11	SHARP team	MH	Isolated. Request for information/advice re transport for appointments.	No answer, left info			0
31	17.3.11	LAC	MH	Been into the housing office regarding a neighbour dispute. Left the office in a distressed state threatening to kill himself or his neighbour. Has mental health issues and a known history of suicidal thoughts.	Crisis Team notified and support put in place.	Details of LAC passed onto client.	1	0.5
32	21.3.11	SHARP team	OP	Recent bereavement and not coping	Admitted to hospital prior to meeting. To re-arrange on discharge.	Client felt to be coping better than thought. Housing officer will contact if not.	1	0

33	22.3.11	Councillor	Carer	Concern regarding financial situation. Caring for son with complex needs. Client requesting LAC input to help achieve goals and improve basic skills.	Visited	Another appointment to be made to complete LAC Family Agreement.	2	4
33	24.3.11	Community Police Team	Family/YP	Problems with son's behaviour	Complex family. Left open to family to arrange a follow up appt.	LAC to meet sons	1	1
35	25.3.11	SHARP team	OP	Requesting Day Care	Complete care needs assessment	LAC to accompany on a Day Centre visit	2	1
36	4.4.11	SHARP team	PD	Request for information and advice regarding finance and budgeting.	Awaiting decision on DLA and ESA.	LAC to contact charities for home furnishings.	2	2
37	5.4.11	Children & Families	Family	Invite to a meeting regarding this family to see if LAC can help. Grandparents struggling with caring role.	Financial Inclusion advice given. ESA claim to go in.	Tandem now working with client to clear debts and hoping to secure house move.	1	2.75
38	5.4.11	Erimus Housing	LD	Concerns over ability to manage tenancy and finances. Has learning difficulties and has been subject to financial abuse in the past	Provided help with arranging trip to Blackpool and redecorating his kitchen.	NFA	3	1
39	14.4.11	Erimus Housing		Struggling to cope after recent move. Wants support in managing his tenancy and help with finding employment.	Further home visits but no response	NFA	1	0.2
40	20.4.11	Erimus housing	MH	Potential breach of tenancy. Fire hazard due to hoarding.	Visit	Arrange meeting	3	7.5

41	9.5.11	SHARP team	MH	Isolated. Concerns over mental health.	Referred for a MH assessment.	LAC to accompany client to a care assessment meeting	3	1
42	9.5.11	Self	Family/ PD	Disabled child in rehabilitation. Requesting childcare help	LAC to identify childcare facilities in the locality, follow up on Financial Inclusion and NA meetings. Contact made with the children with disabilities team.	LAC to arrange a follow up meeting when more information gathered.	2	1
43	11.5.11	SHARP team	MH	Family support. Complex family needs relating to historical abuse, caring needs, alcohol misuse and emotional / and mental health.	LAC met with client and SECOS to discuss the situation.	Follow up meeting with mother to be arranged.	2	1
44	20.5.11	SHARP team	OP	Complete Care Needs Assessment with view to securing a care home place				0