



People, Places, Possibilities

PROGRESS ON LOCAL AREA COORDINATION IN ENGLAND AND WALES

by **Ralph Broad**

With contributions from Eddie Bartnik, Brian Frisby, Les Billingham and Simon Duffy



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Building Positive Futures alongside citizens in Thurrock. Here, he reflects on how to lead change and stay true.



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since 1999, commencing with the national strategy in Scotland in early 2000. He is currently Strategic Adviser to the National Disability Insurance Agency (NDIA) in Australia. Eddie is the first Patron of the Local Area Coordination Network for England and Wales.



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Preface

The report reflects and celebrates the contribution and inspiration of many people over the past 3 years.

Firstly, my sincere thanks to Eddie Bartnik (who had a key leadership role in Western Australia and supported subsequent national and international developments) for his ongoing support, ideas, challenge and friendship. We are very excited that Eddie is the first Patron of the Local Area Coordination Network for England and Wales.

The developments in emerging England and Wales areas could not have happened without the vision, drive, passion and commitment of local leaders to Local Area Coordination, citizenship and belief in the strength of local people. They are also building relationships and action to make change happen.

Special thanks also to Les Billingham (Thurrock Council) and Brian Frisby (Derby City Council) for their contribution to this report, support and their ongoing support to colleagues in other areas.

I have been hugely fortunate to work alongside amazing Local Area Coordinator Managers who lead the development of strong local programmes and inspire Local Area Coordinators to nurture leadership, inclusion and contribution in local communities:

My thanks to Neil Woodhead (Derby City), Tania Sitch (Thurrock), Heather Rowell (Isle of Wight), Jane

Tonks (Swansea), Stephen Watt (Suffolk), Paul Phillips (Cumbria) and Marie Billyeald (Derbyshire) for their work, knowledge and friendship. Together, they are keeping Local Area Coordination strong and relevant.

Also, thanks to Archie Rose, who led the development of Local Area Coordination in Stirling (Scotland), for his ongoing support, ideas and commitment to Local Area Coordination.

Of course, we are immensely proud of the work of the growing family of Local Area Coordinators. You are doing wonderful work alongside local people and communities, sharing learning and nurturing opportunities to build real citizenship, contribution and local solutions.

Finally, and most importantly, my thanks to local people, families and communities that have welcomed us into their lives and shared their stories, expertise and passion.

A real privilege.

Ralph Broad

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Foreword

by Eddie Bartnik, Patron of the England and Wales Local Area Coordination Network

This is a good time to reflect on our journey with Local Area Coordination. For me it started with early reform discussions back in 1986 in response to the desperate need to find new ways of supporting people with disabilities, particularly in country areas, to build a good life, without having to leave their families and local communities.

From the original pioneering West Australian Local Area Coordination site established by Greg Lewis and Peter Dunn in Albany in 1988, Local Area Coordination is as strong today as ever across Western Australia, with full state-wide coverage since 2000. Western Australia provides the best long-term systems reform with data and evaluations spanning a 25 year period. Most importantly, Local Area Coordination in Western Australia has had the ongoing support of those who matter most – people with disabilities and their families. It is by no means perfect but it does provide fundamental building blocks for a better overall system of support and continually demonstrates a high level of value for money.

Local Area Coordination has now been implemented, with various degrees of consistency, across Australia and various locations in New Zealand, Scotland, Northern Ireland, England and Wales. It has also progressively included people with mental health needs and older people, in addition to the original target group of people with disabilities.

Successful implementation requires a high degree of fidelity to both the key design features of Local Area Coordination and also to the quality framework that ensures the integrity of implementation. In order to achieve its maximum impact, it also must be more than a ‘project’ sitting on the edge of the social care and health system. As we get alongside and closer to people with disabilities, mental health needs, older people and their families and local communities, the rest of the system needs to adapt and change to better respond to their emerging

aspirations and needs.

System administrators can fall into the trap of setting up Local Area Coordination projects but not tackling the whole system reform that is so desperately needed. So, Local Area Coordination work demands both small scale local projects, person-by-person and community-by-community, but also a larger scale project - reforming the overall system and rebalancing power and resources closer to people and their families.

Some 29 years later I find myself still strongly connected to my roots and to the power and authenticity of the Local Area Coordination approach. In addition to my ongoing support of Local Area Coordination in the New Zealand national reforms and the New Model of Support, I am honoured to be the inaugural patron of the England and Wales Local Area Coordination Network and to support Ralph Broad and colleagues with their efforts towards effective implementation and evaluation across England and Wales.

I am also working as Strategic Adviser to the NDIA in Australia, with a focus on Local Area Coordination, psychosocial disability/mental health and also information, linkages and capacity building strategies. Local Area Coordination is a core staffing strategy of the new NDIS in Australia, with trials operating in each state and territory and transition to full national implementation from July 2016.

To give you an idea of scale, an estimated 410,000 people with disabilities (including psychosocial disability) will access individual funding packages and personal budgets under the scheme, with full choice and control built into national legislation. The fact that Local Area Coordination was found, independently, by the National Productivity Commission to be the recommended staffing approach for the new national scheme is a resounding endorsement for the approach and its evidence base and support in the Australian community. It also provides a wonderful opportunity for the first national system reform of this scale, with the complete redesign of the operating systems. The individual, family and community capacity-building approach of Local Area Coordination is a perfect fit with systemic reforms to provide more personalised support through individualised funding, choice and control.

Never has it been more important to focus on the core values and design features of Local Area Coordination. What we do know is that where Local Area Coordination has been designed and implemented with fidelity, the outcomes are stunningly similar – whether it be in

Albany Western Australia, Canberra in the Australian Capital Territory, Stirling in Scotland, Bay of Plenty in New Zealand or Derby and Thurrock in England. Where people short cut and compromise, or ‘cherry pick’ certain elements of the approach (but still call it Local Area Coordination) then the outcomes vary accordingly.

The slow-build approach adopted in England and Wales has been thoughtful and intentional in safeguarding key features of the Local Area Coordination approach and demonstrating positive impacts on the lives of people with disabilities, mental health needs, older people and their families and networks, as well as the building of community capacity to better include all community members as welcomed and contributing citizens. Positive stories are the life blood of Local Area Coordination and feed the hearts and souls of all involved. Combined with thoughtful data on benefits and costs, these stories are also the means of convincing policy-makers and politicians of the need to be brave and try this new approach and also to be confident in redesigning current systems where these are clearly not working.

In the context of dire financial circumstances, I remember at a media interview in Scotland being asked: “But can we afford to try this new approach?”

My answer was: “Can we afford not to?”

It is also my answer today. When all the dust settles, there is a long term evidence base around Local Area Coordination that speaks for itself. And the fundamentals of building systems of supports and services from the ground up, person-by-person and community-by-community, working alongside people and strengthening capacity, makes clear sense.

I look forward to supporting the England and Wales Local Area Coordination Network and commend to you this collection of stories and articles and the disciplined approach of Ralph Broad and his colleagues to maintain the integrity of the Local Area Coordination approach.

Summary

This report builds on the 2012 report *Local Area Coordination: From Service Users to Citizens*. It outlines some of the developments that have taken place in the last 3 years including stories of success and the data describing the improved outcomes and efficiency.

Local Area Coordination is an innovation whose time has come. The health and social care system has focused on delivering services, not improving lives. Over time this is not just damaging to lives and to communities, it is also financially unsustainable. Local Area Coordination focus on people and places, and so generates new possibilities for positive change.

The introduction of Local Area Coordination does require a radical reversal of the thinking that drives much of the current system. It looks for solutions that help people sustain themselves in full community life from the very beginning - even before people come into contact with services. It does so by embedding Local Area Coordinators within communities, where they can form real relationships with people and develop community ties as part of building a better life for themselves.

The key elements to the role of a Local Area Coordinator are clear, although it requires a real commitment to respecting the necessary logistics of relationships in community. The role must connect to services, but it cannot do the work of those services. It is critical that Local Area Coordinators are able to work with integrity and as a real part of the local community. Where this happens there will be several benefits:

- **People will be leading better lives, as full citizens**
- **Families and communities will be more inclusive, stronger and better networked**
- **Needs will be prevented or met without the need for services**
- **Demand for services will be reduced, as will the associated costs**
- **Services will become more personal, local and flexible, offering a back up to local solutions**

Making the change to Local Area Coordination is challenging because it changes everything. Not only do new roles need to be defined and supported, all the other systems need to be changed in order to respect and support this change. This requires important conversations about the role of other professionals, the value of intentional joint working for better outcomes and a new understanding of how the welfare state should function to support citizenship.

The development of Local Area Coordination is still at an early stage, and intentionally so. Local and national leaders have worked hard to get it right and avoid the risk of superficial change that is undermined by thoughtless implementation. Networks are being developed locally and nationally to keep Local Area Coordination strong. These early successes are promising, but integrity and coherence is critical at a time when the whole welfare state is under enormous pressure.

Introduction

In 2012 our first report was published.¹ This report outlined the case for applying the Local Area Coordination approach, first developed in Western Australia 27 years ago, to England and Wales. Three years later there has been significant progress. Local Area Coordination is growing. It is supporting individuals, families and carers to stay strong, connected and to contribute to their local community. It is nurturing more welcoming, inclusive and supportive communities, whilst also reducing demand for, and dependence on, formal service responses.

Today the rights and opportunities of disabled people, people with mental health issues, older people and their families or carers are being undermined by cuts to income, housing and support. At a time when need for social care and health services is increasing in our communities, and is expected to cost more in the future, money and resources to support people are decreasing, with social care spending flat-lining since 2008 and now 500,000 people not getting social care who were 5 years ago.² This is resulting in increasing levels of unmet need, exclusion, isolation and risk of harm. This is neither just nor sustainable.

With this reduced access to care and support and predicted increase in need across age and service types in coming years, we are faced with some big challenges and questions. There seem to be three options:

1. Increase the size of services to deal with increasing demand from people in crisis or vulnerable to needing service intervention.
2. Manage demand by further tightening eligibility, but leaving higher unmet need and vulnerability.
3. Reduce demand by intentionally working to support individuals, families, carers and communities to stay strong, diverting people from formal services wherever possible through sustainable, local, flexible individual and community solutions.

The last option is the Local Area Coordination option. It is the only option which is about ensuring citizenship and social justice for all. Rather than waiting for crises, it's about nurturing individual, family and community resilience and control, developing local solutions wherever possible and making services more personal, local, flexible, accountable and efficient.

A Local Area Coordinator, starts at the start and helps people to:

1. Develop their own vision for a good life
2. Recognise their own strengths and real wealth
3. Get information about what is available
4. Make use of and build on their own networks
5. Strengthen their voice
6. Take practical action for change
7. Create new opportunities within the community
8. Use local services and personal funding where relevant

This is not just about a new process or job role. It is fundamentally about asking very different questions about what is necessary, what it is we mean by words like 'need'. If you ask people what their 'need' is then they may tell you, but often they will use the language of dependency that services have taught people to use. Ask people what service they require and they will tell you that too. The problem is that this often turns into an inventory of despair that does not produce the best outcome for the individual, their family or community; nor is it affordable.

Local Area Coordination, by moving beyond 'need' and the typical service response, offers a very different kind of solution. It uses the vocabulary of solution, self-reliance and strength. This really does change things.

This may sound obvious and simplistic - and in many ways it is - so are all good ideas. But its impact is wide-ranging and complex. This can be seen in the impact it has upon the culture of an organisation that welcomes Local Area Coordination. Its end (helping people achieve a good life) not only explains the means (the Local Area Coordination approach) it also changes the perspective of the whole system. It is this which drives the necessary cultural change. It is this which enriches the experience for everyone. For instance, people are now taking more seriously the question of what kinds of services people really do want. The idea that people want something personal, local, flexible, connected and inclusive services makes much more sense in the context of Local Area Coordination and its questions.

This report shares the stories of local people as they work to achieve their vision for a better future, with personal resilience and active contribution. It demonstrates how individuals, families and carers are being supported to stay strong, in control and more active as valued, contributing citizens. It describes the progress we are making towards making Local Area Coordination real in England and Wales.

1. Turning the System Upside Down

1.1 The service-first bias

Over many years, the health and social care system in Britain has become very complex, fragmented and difficult to navigate - for people, families, carers and for professionals. Arguably it has shifted from the role of a 'safety net' - to provide support in extreme or unusual circumstances - to becoming the default system upon which many rely. This can lead to undue dependence on professional services, which in turn becomes an obstacle to inclusion and active citizenship.

The system also seems to create greater need and dependence over time. It waits for people to fall into crisis, assesses people in terms of their deficits (defining people by what they can't do) and then spends money on professional services to meet deficits that have been further re-defined in terms of services themselves. See Figure 1.

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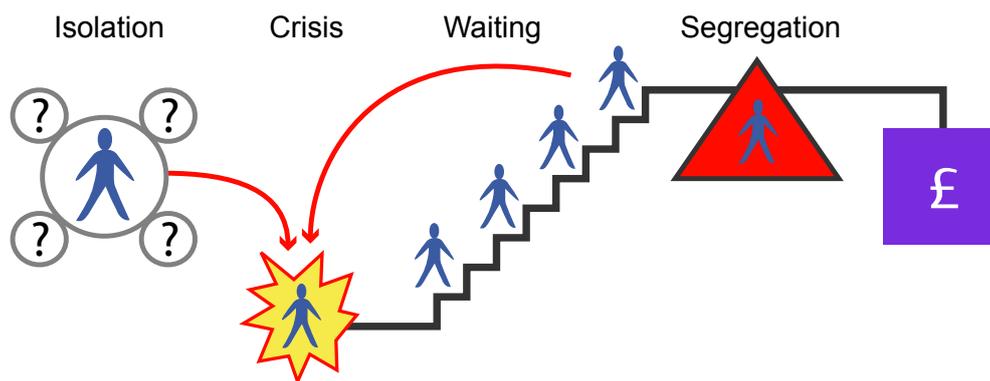


FIGURE 1. CRISIS-DRIVEN SERVICES

Yet, if you asked people what their personal vision for a good life is it would not be a service or a personal budget. It is much more likely to include aspects of our citizenship:³

1. A life of meaning and purpose
2. Freedom and the ability to use one's gifts and meet challenges
3. Enough money or security to face the future
4. Home and a sense of belonging
5. Being part of a community, with all our vulnerabilities
6. Making a difference through, employment, education or contribution
7. Love and relationships

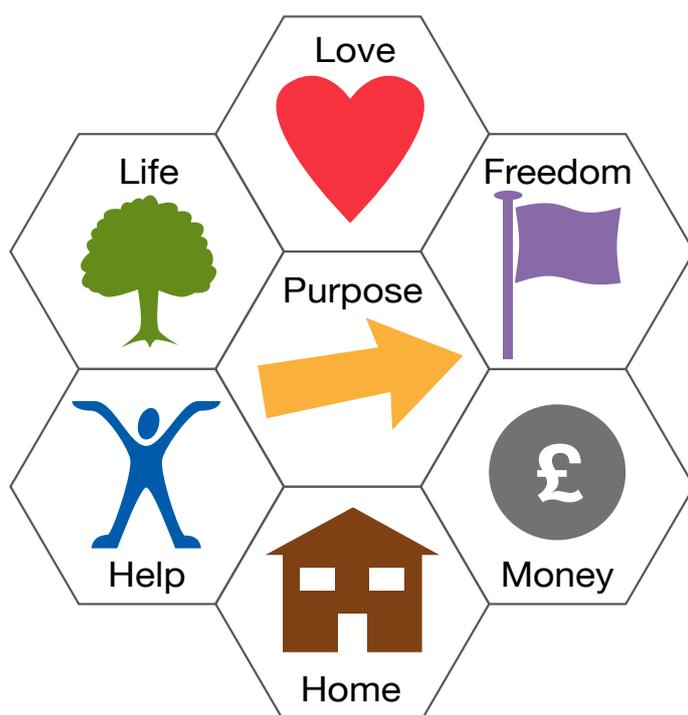


FIGURE 2. KEYS TO CITIZENSHIP

This kind of citizenship is not just what people want, it is also a self-sustaining and positive social ideal which enables communities to exist in harmony with individual contribution. However the current health and social care systems do not start with a focus on citizenship or community.

We need to build resilience at an individual, family and community level. We cannot simply allow people to fall off the cliff into a crisis where a diminishing number of services try to put the pieces together. We cannot simply make access to services even more difficult, creating even bigger problems. We must help people move away from crisis with support from family and community. We must ensure services back up, rather than undermine, community supports.⁴



We face a clear choice:



Do we wait for people to fall off the cliff and into crisis with fewer services available to help?



Do we make it harder for people to get services only to see bigger and more expensive crises?



Or do we help people get away from the cliff edge by helping people, families, carers and communities to be stronger?

FIGURE 3. PREVENTING THE FALL FROM THE CLIFF

However, while in recent years the importance of having a greater focus on ‘prevention’ has been formally acknowledged, most practical responses remain short term, disconnected projects or pilot programmes. Even when prevention is the goal, the means to achieve that goal are often highly focused on ‘fixing’ the individual or their problems. The social aspect is missing.

1.2 Community-first principle

The current system tends to see individuals, families, carers and communities as resources to exploit and exhaust - to asset strip. We have things upside down. Instead we should value citizens, families, carers and communities. We should work together to nurture and support our relationships, to stay strong, to share and to grow.

Local Area Coordination is increasingly being recognised as a useful method for strengthening inclusive communities,⁵ overcoming barriers to choice,⁶ supporting coproduction,⁷ contributing to thinking around the future of social work^{8,9} and part of future care and support initiatives.¹⁰

Recently, it has been cited as an approach to reform social care¹¹ and move to a more citizen led and controlled approach to supporting local people, families and carers – changing the relationship between citizen and state^{12,13} and to help craft positive solutions alongside older people.¹⁴

The New Social Care: Strength Based Approaches highlighted the urgent need for a move to a strength based approach:

Yet the forces driving the need for change are overwhelming. Nowhere are these more clearly spelt out than in the recent House of Lords Select Committee Report on Public Service and Demographic Change – ‘Ready for Ageing’. Two facts in particular stand out – there will be 51 percent more people aged 65 and over in England in 2030 compared to 2010; and spending on social care and continuing healthcare may have to increase by 37 percent by 2022, just to keep pace with demographic and unit cost pressures.

The existing model of rationed provision of (often poor) services fails citizens and is unsustainable. Instead we need to develop a new approach that starts from citizens and communities and their assets and capabilities.¹⁵

The Care Act 2014 in England¹⁶ and the Social Care and Well-Being Act (Wales), 2014¹⁷ both emphasise the need to work alongside individuals, families, carers and communities to help people stay strong and to build more welcoming, inclusive and supportive communities, instead of relying on services. This is not just a matter of dealing with the challenges of economics; it is because it is the right thing to do.

A recently published study from Thurrock¹⁸ and research from Derby City, which will be described in Chapter 4, have also shown positive outcomes at the individual, family and community levels. There is evidence that the introduction of Local Area Coordination is helpfully reframing conversations and action about joint working and

funding across many different service areas. It is helping to change the culture of services and encouraging people to re-think the role that traditional services play.

The challenge is to move the starting point from an assessment of deficits, needs and eligibility towards a conversation about strengths, supportive relationships, citizenship, practical solutions and resilience.

The choices before us are to:

- Focus on deficits or nurture strengths
- Wait for crisis or help people stay strong
- Increase services or citizenship
- Tinker with the system or to reform it

To change this conversation there needs to be a real connection between human beings - this is why the role of the Local Area Coordinator is so important.

2. The Local Area Coordinator

Local Area Coordination first started in Western Australia in 1988 as an approach to support people with learning disabilities and their families or carers to stay strong, build non-service solutions and possibilities.¹⁹ It also acted as a catalyst for service reform, making services more personal, local, flexible and accountable.

Local Area Coordination has subsequently developed across the Australian states and is now driving national funding and service reform. It has been influential in Scotland and is now beginning in England and Wales, where it is being used to support children, adults who may have disabilities, mental health needs, older people and their families or carers.²⁰ It's about supporting local people to build their personal vision for a good life and to find a way to get there.

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2.1 The Local Area Coordinator's role

A Local Area Coordinator integrates a range of roles that have often been kept separate, and it delivers these alongside local people in their local community. The Local Area Coordinator is based locally and acts as a single, accessible, point of contact for people in their local community, irrespective of their age or service label.

They will take time to get to know individuals, families, carers and communities over time – a positive, trusting relationship is central. They are also a resource to anyone in the community for 'light touch' information, advice or connections to local resources. They will support between 50-65 individuals (children and adults) and their families or carers, who may benefit from longer term support, in a local area to help people:

1. Understand and nurture their gifts, skills, experiences and needs
2. Access accurate, relevant and timely information
3. Build a positive vision and plan for the future
4. Build and maintain valued, mutually supportive relationships
5. Be part of, and actively contribute to, community life
6. Help people be heard - encouraging self advocacy, advocating alongside people, or advocating for people if there are no other options

7. Find practical, non-service solutions to issues and problems wherever possible
8. Access, navigate and control supports and services, if these are required



FIGURE 4. THE ROLE OF A LOCAL AREA COORDINATOR

The Local Area Coordinator works across service types and age groups as a local, accessible point of contact in the community, or ‘front end’ of the service system, with a focus on helping people stay strong and connected as valued citizens.

Local Area Coordinators support local people:

- Not yet known to services to help build resilience and remain part of their community - staying strong – avoiding need for services.
- At risk of becoming dependent on services to find sustainable, supportive local solutions, helping them remain strong in their own community, diverting the need for more expensive “formal service” responses - reducing demand.
- Already dependent on services to become less dependent and more resilient in their own community.

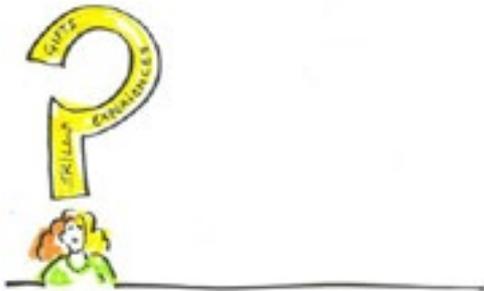
For some people, the Local Area Coordinator may be alongside them through all these times – providing continuity across transitions, helping to build a vision and stay strong; but also there when life gets hard and services are involved:

I now know who to go to if I have a problem – it used to be so difficult to find the right person or I’d have to wait until my problems were even worse before someone would listen.

They also work in partnership with specialist services and community organisations to help overcome barriers or obstacles for the person.

2.2 The critical questions

To make this happen, above all else, a Local Area Coordinator must start by asking the right questions. There are 3 critical questions:



What can you do using your gifts, skills and experiences?



What can your friends, family and community do to help?



And finally, what role is there for services and funding?

FIGURE 5. THREE CRITICAL QUESTIONS

Rather than assessing what people can't do and then merely signposting or linking people to services, these three questions help people orientate themselves in a more positive way:

- ◆ Motivating - People are supported to build a positive vision of their own future which can guide their future choices.
- ◆ Practical - People can explore a range of ways to make progress on their own terms.
- ◆ Capacity - People are encouraged to identify their own capacities and the capacities of their family and their communities.
- ◆ Social - People are not treated as isolated atoms, but are helped to see themselves as part of networks, of families or of communities.

2.3 Limits of the role

However, there are important boundaries to the role of a Local Area Coordinator:

- ◆ The Local Area Coordinator does not complete statutory health or adult social care assessments. Instead they offer advice and support to individuals to help them understand their strengths, aspirations, needs and possible solutions. This can help people be in greater control should they need an assessment.
- ◆ There is no referral system. It is available without the need to satisfy any eligibility criteria based on need or problems. People can connect in a variety of ways, for example: direct contact in the community, introductions by friends, families, carers, neighbours, GP, social workers, services, or by phone or email.
- ◆ The Local Area Coordinator does not work in a way that creates caseloads, waiting lists or allow dependency to develop.
- ◆ It is not a time limited 'fly in, fix and fly out' service. Local Area Coordinators get to know people on a person-by-person basis. They do not have a pre-determined time scale or set of responses and interventions. Instead, they focus on helping the person to stay strong, independent and in control, develop and build supportive relationships and practical local solutions to problems.
- ◆ Local Area Coordination is not about directly providing services.
- ◆ Rather than merely signposting people to services, they work alongside individuals, families, carers and communities to identify, nurture and utilise non-service, low-cost or no-cost solutions – to build resilience.
- ◆ Rather than just fitting people into existing services, Local Area Coordinators help people to build connections, relationships and opportunities based on their interests, experiences and strengths.
- ◆ Local Area Coordination is not just 're-badging' some existing service by adding a few extra roles to an existing service or professional role.

The national and international experience suggests that the integrity and effectiveness of the role diminishes when these boundaries are ignored and Local Area Coordinators are asked to play roles that are in too great a tension with the central function.

2.4 A day in the life

Often, people try to pigeon hole Local Area Coordination into a traditional service category, for example, information, advice and signposting, or service navigation, or community building, or brokerage, community connectors, relationship builders, advocacy, community-based social work – the list goes on.

The truth is that Local Area Coordination combines all of these traditionally separate roles and delivers them, very locally, alongside local people in their community. They support people across traditional age and service boundaries. By working in this way, as the ‘front end’ of the service system, nurturing individual, family and community resilience and mutual support, every day for a Local Area Coordinator can be highly varied, challenging and hugely rewarding.

It might look a bit like this:

8:45 Arrive at local library to check emails and collect materials and files for the day ahead.

9:00 Support family to lead a meeting at their school about their son who has a learning disability.

10:00 Go to local Sure Start Centre to introduce a local mum to a coffee morning run by mums and carers.

11:00 Meet with a retired teacher to talk about a ‘homework club’ for children in the local area.

12:30 Have a working lunch at the AGM of the Family Support Group who work with the families of individuals with drug and alcohol addictions.

2:00 Accompany a lady with mental health needs to a benefits tribunal appeal meeting supporting her to be heard.

3:00 Accompany an individual to meet with the Housing Department.

4:00 Meet with an individual in the local cafe when they’ve finished work.

7:00 Accompany an individual to the local Arts Group presentation.

It is critical to also remember that the Local Area Coordinator is located in, and is part of, a relatively small local community. The activities of one day intersect with the activities of the next, and local knowledge builds and reinforces strategic action.

3. Themes and Stories

These stories represent just part of a journey alongside local people, their families or carers and their communities, as they build their positive vision for a good life in the future and think about the range of ways of getting there. There is a common thread through all Local Area Coordination stories and supports around:

- Listening, learning and supporting people to pursue their personal vision of how they would like life to be
- Nurturing opportunities for contribution and citizenship
- Understanding and building valued informal, supportive, personal relationships
- Focusing on gifts, skills and local solutions, rather than services and funding
- Helping people build resilience and stay strong
- Finding sustainable, local, non-service solutions to problems wherever possible.
- Building real partnerships with people, communities, local organisations and services

Relationships and connections continue to grow and we see the increasing passion of local communities to support each other and welcome people previously isolated, excluded or labelled.

3.1 Taking Time

Simran met Steve at the local library. Steve had been given a negative label by services because, on occasions, he would appear to be acting in an aggressive manner, shouting and swearing. Over a number of months Simran slowly introduced herself to Steve, and eventually he came and sought her out. It very soon became apparent that Steve had not eaten for a number of days and Simran ended up sharing her lunch with him. This event then led to a developing dialogue between Simran and Steve, very much led by Steve and at his own pace.

The picture of Steve's life began to emerge. It would appear that Steve has some level of learning difficulties and also struggles to maintain his mental health; this might well be as a result of his dependence on drugs. Steve lives in social housing and has been refusing the housing provider access to the property, he appeared to be significantly underweight, and there was concern about his health.

As a result of this developing relationship:

- ◆ Steve has started to attend GP appointments.
- ◆ Simran has started to support Steve to get his finances in order.
- ◆ Steve has been able to access the support of a local food-bank in times of crisis.
- ◆ Steve has started to think about his future, he feels as though he has let his family down, and is starting to think about the steps to employment. This began with him addressing his appearance.
- ◆ Simran is starting to help Steve think about his home, and has negotiated a visit to the property with the housing provider. For the time being, this relationship is now being brokered through Simran.

3.2 Respecting people's expertise

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Maggie is a 50 year old single parent with two children, living in rented accommodation. In a two year period Maggie lost her job, marriage and home. This had a significant impact on Maggie's mental and physical health, after a period of inpatient treatment she became isolated and house bound. Rajeev met Maggie on a number of occasions and spent time talking about what life was like for her, how she wanted it to be and ways she could get there.

As a result, Maggie has now found a new home and has started to take control of her support and services. She has developed the confidence to take control of the support planning process, has changed her care provider and reports feeling more in control of her life. She has also started to re-engage in community activities.

Maggie really benefited from the long term approach taken by the Local Area Coordinator. This contrasted starkly with the notion of a professional being parachuted in to 'fix' issues for her. Given her history, the Local Area Coordinator's approach would appear to have prevented Maggie from requiring admission into Mental Health crisis accommodation, and the care packages associated with individuals following discharge from such accommodation.

I had support with meals, because I'm Asian, they made Asian food... but I don't like Asian food, because of everything that was going on I didn't feel able to say anything.

3.3 Knowing the community well

Getting to know, and becoming very visible in, your local community is an important part of Local Area Coordination. Whilst on one walkabout within the community, the Local Area Coordinator discovered a local family-run bakery. Very quickly it was obvious that the owner had strong links with many of the individuals and families in the area – a ‘connector!’ The baker talked about Paul, a young man who appeared to be really struggling over the past few months.

Paul has a learning disability and is not known to services. Over recent months, as a result of changes to the benefit system Paul had been unable to navigate his way through the form filling process, this left him without money for a number months; he had been approaching the bakery which he had known since childhood for food.

Thanks to the connection with the baker, the Local Area Coordinator was able to support Paul to access the food bank, sort out his benefits, volunteer in his local community, help with developing a CV and interview skills to seek employment (which he achieved!). Now he no longer needs benefits. They still meet for a coffee every month and Paul recently got engaged. He also brought along a box of tinned food for the food-bank that had helped him out at the very beginning of his journey.

3.4 Resourceful communities

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Paul Phillips is Senior Local Area Coordinator in Kendal, Cumbria. Here he talks about a recent partnership with local citizens to build an inclusive garden share scheme for the whole community:

Our communities are full of people who have gifts, skills, resources, interests and experiences they would like to share, things they would love to learn and things they would love to have help with. In our local communities, we bumped into people with both a love of gardening, and who were willing to share with their neighbours who were struggling to sustain and maintain their gardens. A potential partnership of mutual benefit. Rather than waiting for services, we began building relationships and opportunities in our own local community. Relationships instead of dependence.

After just a few months, the scheme has 12 garden owners on board and we have been introduced to 9 gardeners, pairing 8 of them and looking at matching the rest over the next few weeks. The garden owners are from all walks of life including some with mental health or physical health concerns and some who are elderly who have no family or friends that can support them. It's early days, but this feels really exciting. This is built on shared interests and the gifts of local residents - it's about people helping people, not service labels or dependence.

Part of the Garden Share Project has now been taken over by a Residents Association, and will be run by the community directly - building local ownership. This demonstrates how the work of the Local Area Coordinator can create sustainable long-term solutions, controlled by local people.²¹



FIGURE 6. CUMBRIA GARDEN SHARE

3.5. A human approach

Sarah was introduced to Local Area Coordination by her mental health worker. She had recently moved into the area, having successfully applied to the local housing provider for a tenancy. Services had labelled Sarah as being “a difficult person to work with, who would often make unreasonable requests and presented as very demanding.” This reputation was so significant that workers had contacted the Local Area Coordinator to warn them not to get too involved.

When they first met, they spent time talking about how life was now and how she would like it to be. Sarah felt that it was the first time that people had taken the time to get to know her as a person as opposed to a set of problems.

As well as thinking about issues that needed to be resolved, the Local Area Coordinator asked Sarah to think about her gifts and skills rather than just focusing on the things she needed support with. Together they talked about Sarah’s gifts, interests and passions, as well as some of the issues that needed to be dealt with. They negotiated who would take responsibility for managing those actions, all the time with the focus on Sarah taking as much control as possible. It was very clear from the outset that, whilst the Local Area Coordinator would do as much as they could to support Sarah, they would not take ownership of her issues.

They also began to talk to Sarah about opportunities within the community where she could share her gifts, skills and experience. Sarah is starting to view herself as someone with something to contribute, rather than someone who can only engage with others if she tells them how ill she is.

Whilst Sarah still finds life challenging she now reports feeling as though she has a growing network around her, she is beginning to build relationships with others in her community and is also spending less time on the phone to professionals.

3.6 Coordinating services

Jon was first introduced to Ben through a Family Mosaic field worker. Although he had been a very active person all his life, he was now unable to leave his first floor flat due to an injury he suffered at work. He felt depressed and isolated. He had health issues relating to diabetes (resulting in A&E admissions), but couldn't get to the local clinic every week. He also had issues regarding benefits being stopped and had to use his savings to employ someone to get his weekly shopping.

Ben took time to listen, learn and build a positive relationship with Jon. This was important as he had previously felt let down by other services. He wanted to feel in more control of his life, sort out his finances and be able to access and be part of his community again.

Ben supported Jon to:

- ◆ Link with an NHS community nail cutting programme designed for people who are house bound. This avoided any further admissions to hospital.
- ◆ Fill out a form, step by step, that would attempt to reclaim the DLA monies owed to him. This has now been achieved and his debts have been paid off.
- ◆ Contact the local church and introduce a volunteer who lived nearby who was able to help collect his shopping.
- ◆ Arrange a single point of access through the DWP instead of having to telephone via the call centre every time that he wanted an update. This helped Jon to feel more confident and in control – doing more for himself.
- ◆ Move to a new ground floor flat so he can now access the community at his leisure. They are now planning for the future and meeting people with shared passions.

As a single point of contact who had taken time to listen and build a trusting relationship, Ben supported Jon to solve his own problems, build new relationships and control supports and services he needed, as well as avoiding admission to A&E services.

3.7 Supporting people to be heard

Brian was introduced to Kate by an advocacy agency. Following a recent bereavement, he had become homeless, did not have access to his belongings and felt lonely and isolated. Together, they explored what was important to him now and how he would like his life to be in the future. He was very interested in having things to do, being with other people, having a job and getting better support from mental health services.

Together, they began to put the pieces together, with Kate supporting Brian to:

- ◆ Collect his belongings, including his suit for job interviews. Brian has now applied for 2 jobs and continues to search for employment.
- ◆ Connect with housing advice services and accessed health services via his GP.
- ◆ Move to a self contained flat within the borough.
- ◆ Through links with another Local Area Coordinator, Brian was introduced to an individual in a different locality who wanted to learn how to use a computer. An introduction was arranged, supported by both Local Area Coordinators.

3.8 Feeling safe

The local MP wrote to the Strategic Director to ask for Local Area Coordination support to help Debbie, who lived alone in her own home and was being targeted by local teenagers who were constantly kicking her garden fence panels down. In the past, Debbie had received support from the local mental health team and she was also the main carer for her elderly mother, who lived nearby. She was feeling very lonely and isolated.

Rajeev went round to visit Debbie and began the conversation about her current situation and some of the things she wanted to do or needed help with.

Rajeev supported Debbie to:

- ◆ Explore information about local activities both for herself and her mother.
- ◆ Meet with a group of men from a local church who were very happy to go round one Saturday and help her get on top of her garden and fit the fence panels. They chopped and sold the wood, with Debbie donating it to a local charity – contributing to the community that had supported her.

- ◆ Approach the local Anti-Social Behaviour team and negotiated for them to pay for the replacement of the damaged fence panels.
- ◆ Approach a local allotment association to see if anyone on their waiting list would be willing to take on her garden and use it to grow things in.

Whilst working on Debbie's garden, the volunteers from the local church struck up a really nice relationship with Debbie, and as a result they invited her to attend their church art group and local people are now keeping an eye on the fence. Debbie now feels much more secure in her home, which in turn has had a positive impact on her own health and her ability to support her mother.

3.9 People helping people

Soon after starting as a Local Area Coordinator in Derby, Simran was asked to help local people to establish a coffee morning in one of the local libraries. Over the period of a couple of months the group became self-sustaining and also built a reputation within the local community.

The group are viewed as a great resource in the local community, supporting new people in the area to find out what's going on, navigate services, connect with people, access information and share ideas, gifts and experiences.

This recently included supporting a young mum, new to the area, to overcome a problem in securing a school placement close to home and helping her and her husband be connected with employment opportunities.

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3.10 Feeling in control

Pam was introduced to Jon by the local housing department as she was quite isolated. She had a history of depression and found it difficult to look after her home. When they first met, Jon and Pam started to explore a few things that she was passionate about that would be a part of her vision for a better life.

Jon walked alongside Pam supporting her to:

- ◆ Connect with Family Mosaic to explore working alongside her to plan a budget and keep in control of her finances.
- ◆ Contact DWP and organisations to sort out pension issues.
- ◆ Remember to take her medication in the mornings. She now locates her medicine in a very visible place and has now been remembering to take her medication.

- ◆ Meet new people with shared interests. She has a passion for knitting and is now part of a local knit and natter group at a local café run by local people. She is knitting her daughter a scarf (which looks great) whilst meeting and talking with others within the community. She is also hoping to invite her new friends to her home.
- ◆ Plan for the future – now thinking about helping other local people and sharing her gifts.

3.11 Supportive communities

Through spending time getting to know people in the local community, the Local Area Coordination team in Derby built a relationship with a group of men who attended a local church. They were looking for an opportunity to share their skills, work together as a group and make a positive contribution to their community – to give someone a hand up.

The team talked to the men about some of the themes emerging from the Local Area Coordination work, particularly the number of people being supported who were struggling to get on top of their gardens. Since this initial meeting the group has supported the team with one Saturday a month, where they will come and blitz a garden taking all the waste away with them at the end of the day. This has had a massive impact on the lives of the people they have supported.

Over the months this group has grown in size with members of the Local Area Coordination team joining in. The aim is now to involve more people from different faith groups. For every garden the group helps out with the Local Area Coordination team are expected to help the person develop a plan to keep on top of the garden once it has been cleared.

3.12 Contribution

George was introduced to Francis by the Older People Mental Health Team Care Coordinator. He is a 69 year old man, with a history of depression. He has previously attempted suicide, requiring admission to hospital. There is limited family support and although physically healthy, George spent most of his time in his flat, which made him feel lonely, isolated and depressed.

Francis took time to get to know George, to find out what was important to him and explore what a good life looked like to him. His main priorities were to get out of the flat, meet people and make some friends, help other people and feel safe, secure and more confident.

Francis supported George to:

- ◆ Explore family support from Ngage (a local voluntary family support organisation). He is now a volunteer driver three days a week with the Royal Volunteering Service and is starting volunteer driving for meals on wheels.
- ◆ Start a course in 'Computers for Absolute Beginners' at the local Adult College, to improve his computer skills and enable access to social networks. He now uses Facebook and uses the local library to further enhance his computer training and to regularly meet people.
- ◆ George has now been connected to two other people supported by Local Area Coordination and provides them with practical support.

Before Francis had been introduced to George all he did was sit in doors 24 hours a day. Francis has provided opportunities for George to get out of the house a lot more, involving helping others. Francis challenges and pushes George and always calls to see how he is.

If it hadn't been for Francis I wouldn't be here now.

3.13 Helping families and carers stay strong

In Thurrock, Local Area Coordinators used their local connections and knowledge to work alongside families or carers to find alternative ways to support them including linking with a retired teacher to help with homework challenges and local mums to support with transport, and daily help with the children. They also supported families to lead meetings with the local school. All of these have contributed to better attendance.

"It's really nice to be able to come and talk to the same person face to face."

"My Local Area Coordinator has listened to all the issues affecting me, normally the Council want to pass me on to someone else; they have helped me deal with all of it."

"Thanks to the Local Area Coordinator my group has been able to apply for community funding that we would never have known about - brilliant!"

"I am a fairly intelligent person and have been able to work on some significant projects in some big organisations; however, despite this I found it extremely difficult to navigate and understand the complex processes that have to be used to ensure that the right level of support is given to the individual needing it. I cannot overemphasise how the Local Area Coordinator was able to step in at the right times with the right support, without which I believe I would still be struggling. I felt that I had someone walking alongside me and that gave me sufficient encouragement to deal with all the issues without breaking down. For me the Local Area Coordinator is the frontline customer service face for the local authority in a community based setting, allowing easier access and one point of contact for many issues a person could not possibly manage on their own."

"The Local Area Coordinator is genuinely interested in me and does not have an agenda. I feel completely in control and that the Local Area Coordinator is on my side. There are things that I have done that I wouldn't have been able to do without the support of the Local Area Coordinator."

"Francis grabbed my ears and dragged me up from the grave. Francis has been the right man, in the right place at the right time."

"It is not possible to believe how much help I received and how much this man means in my life."

"Ben has been great, he has coordinated everything and got things moving where they weren't before. The Local Area Coordinator came in during a very difficult situation where I had hit rock bottom and was on antidepressants. He linked me in with people who could support me with shopping and cleaning as well as supporting me with my PIP application and potentially moving. I no longer feel as depressed. Ben was my lifeline."

4. Impact and Outcomes

Over the past 27 years, there have been many studies and evaluations of Local Area Coordination. They showed that where there is design integrity (building on the core values, principles and approaches of Local Area Coordination) and strong, connected, contributing leadership, there are consistent, positive outcomes.

4.1 New Research in England

Two of the leading areas for the development of Local Area Coordination in England are Derby City and Thurrock. The University of Derby led an early formative evaluation of the first 10 -12 months of Local Area Coordination in 2 localities in Derby City in 2012-13. The results of that evaluation are published here for the first time. Thurrock Council also evaluated the first 14 months of Local Area Coordination in their locality. This research, by Sitch and Biddle has been published by Thurrock Council but a summary of that research is included here alongside the research from Derby.¹⁸ All of this research builds upon the first study of Local Area Coordination in England which also showed cost effectiveness and positive outcomes for individuals, families, carers, agencies and providers.²⁵ Thurrock Council is also about to publish an independent Social Return on Investment evaluation, due September 2015.

Methodology

Both studies involved a combination of stakeholder interviews, face-to-face interviews with individuals, families and carers supported, data collection, tracking individual journeys and cost benefit assessments. The Thurrock evaluation also based its financial benefit assessments on a database developed by The New Economy Manchester, for the DCLG's Transformation Challenge Award.

Source of introductions

The Derby and Thurrock studies have shown that Local Area Coordinators come into contact with local people in a variety of ways, and in ways that are much less restrictive than the crisis, assessment, eligibility based approach of formal services. Being locally based, embedded in and connected to local people and the community is central.

Source of introductions - Derby City (first 10 months)	Area A	Area B
Community Contact	6	10
Initial Contact	4	3
Mental Health Long Term Team	2	3
Secondary Health	2	2
LD Long Term Team	4	3
Police Community Support Officer	0	1
General Practitioner	3	0
Total	21	22

TABLE 1. SOURCE OF INTRODUCTIONS IN DERBY CITY

To date introductions are from a wide variety of sources including:	
The Council's initial contact service - Community Solutions	
Social workers and support planners across all services including mental health teams	
Third Sector organisations	
Multi-disciplinary meetings (MDTs) based around GP surgeries	
The Mayor of Thurrock Council and ward Councillors	
Direct from the community and meeting people at Community Events	
Community Hubs	
Housing	
Police and Fire Services	
Mental Health and Housing Services	

TABLE 2. SOURCE OF INTRODUCTIONS IN THURROCK

Backgrounds of introductions

The studies also showed that Local Area Coordinators support individuals and families or carers from a wide range of backgrounds

Age	Area A	Area B
18-35 years	4	2
36-55 years	9	8
56 years +	8	12
Characteristics		
Physical Impairment	6	2
Sensory impairment	-	2
Learning Disability	6	3
Mental Health	5	9
Older person	4	6
Additional complex physical health issues	14	9

TABLE 3. RANGE OF INTRODUCTIONS IN DERBY CITY

	136 are male and 120 are female
	Ages 18-98 years
	60 are receiving longer term support
Of the people currently receiving support:	
Learning disabilities	12%
Mental Health issues	27%
Older people	31%
Physical disabilities	15%
Sensory impairments	4%
Other	11%
SUM	100%

TABLE 4. RANGE OF INTRODUCTIONS IN THURROCK

The Derby evaluation asked 40 people supported about their feelings and experiences before and after being supported by their Local Area Coordinator (see Figure 7)

This showed improvements and positive outcomes in all 'quality of life' areas:

1. Relationships - increased social networks
2. Control - Feeling more in control of their lives
3. Information - Being better informed and able to make decisions
4. Local knowledge - Feeling more informed about their local community
5. Connected - Feeling more engaged in their local community
6. Confidence in the future - Feeling more confident about the future
7. Health & wellbeing - Feeling more in control of their health and wellbeing
8. Contribute - Feeling more able to share their gifts and skills with their community

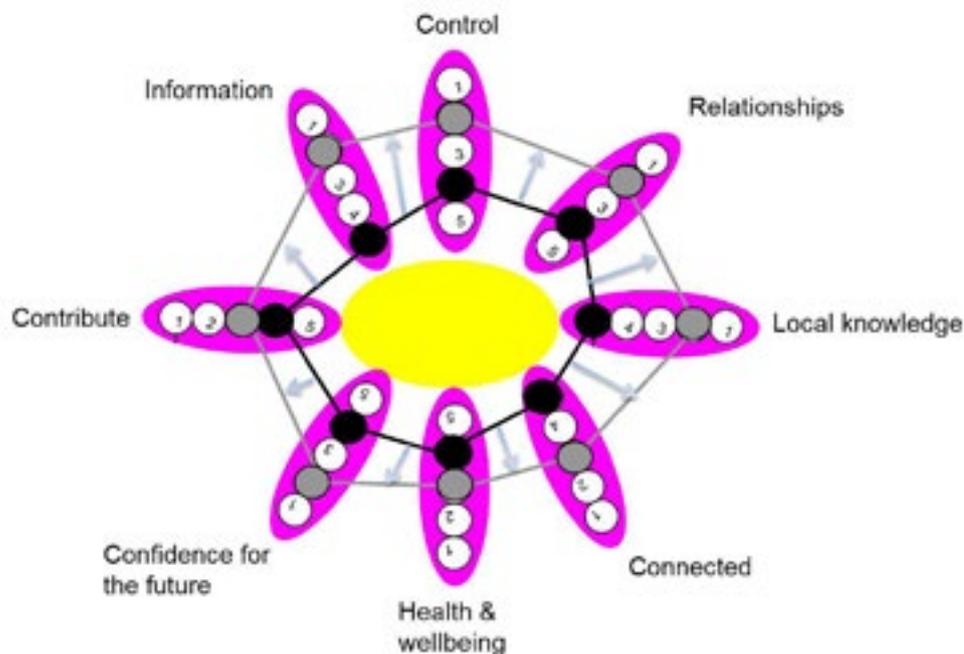


FIGURE 7. OUTCOME IMPROVEMENTS IN DERBY CITY

Savings

The Derby University evaluation gathered information and data via stakeholder interviews, face to face interviews with the people supported, with community connectors (local people who know lots of other people and who want to improve their community) and with Local Area Coordinators and managers. They then carried out a cost-benefit assessment based on real life 'costed scenarios.' It found diverted or saved costs of between £800,000 to £880,000 in the first two locations, in the first 10 months, whilst working at 40% capacity (still learning the job and building up supportive relationships).

Lessons

The leadership in Derby identified a range of critical success factors including:

- ◆ Strategic and senior commitment to 'front end' prevention
- ◆ Strong on-going links and partnerships with the statutory and community services and local citizens
- ◆ A shared vision and understanding of Local Area Coordination across services and communities
- ◆ A strong focus on inclusive recruitment, retention, training and support of Local Area Coordinators over time
- ◆ A clear understanding of the role by the post-holder and other local authority staff, service providers, individuals and families or carers
- ◆ The importance of being in a local, accessible, non-service location
- ◆ Working with an optimal number of people in the local area

Conclusions

The evaluations highlighted key imperatives that drove the improved outcomes. These included careful design (building on previous learning and studies), the central importance of positive values and assumptions of the Local Area Coordinator and their ability to form valued, trusting relationships at the individual, family, community and service levels. Additionally, being locally based in very accessible, non-service settings in the community was seen as critical – offering a neutral, valued space for conversations, building a vision and taking action.

Feedback from people supported highlighted that Local Area Coordination was different from other services due to its accessibility, the practical support provided, the whole person or family approach, sensitivity and help that was there ‘when needed.’ In Derby, the role of the Local Area Coordinator was seen as being helpful and complementary to other services, important in directing and signposting citizens to the sources of statutory support which they might require. This early intervention reduced the longer term costs to services by ‘catching’ people before they required more in-depth, intensive and expensive support.

At the time of evaluation, both areas were at the early stage of building relationships and connections with younger people, families, carers and services. The ‘all ages’ approach will be an important aspect and principle for maximising the possible benefits for both local people and services in the future - supporting people to be in control, reducing duplication and confusion across and between services.

4.2 Previous research

These findings are not only very positive they are consistent with international research on Local Area Coordination:

- ◆ Reductions in visits to GP, A&E, adult care, mental health and safeguarding services; avoided housing evictions.²²
- ◆ Reduced dependence on day services and better health outcomes.¹⁸
- ◆ Costs 35% lower compared to areas where there was no Local Area Coordination.²³
- ◆ People supported to find local, low-cost or no-cost solutions.^{18 22 23 24 25}
- ◆ Preventing more expensive placements.²³
- ◆ Increased valued, informal, support relationships – reducing isolation.^{18 22 23 24 25}
- ◆ Service integration and co-funding.¹⁸
- ◆ Increasing capacity of families or carers to continue in caring role.^{18 23 24 25}
- ◆ Improved access to information.^{18 22 23 24 25}
- ◆ Better resourced communities.^{23 24}
- ◆ Improved access to specialist services.^{23 24}
- ◆ Support into volunteering, training and employment.¹⁸
- ◆ Preventing crises through early intervention.^{18 22 23 24 25}
- ◆ Changing the balance of care to the use of more informal supports and diverting people from more expensive services.^{23 24}

4.3 Strategic impact

One of the further benefits of Local Area Coordination appears to be that it is driving conversations around strength-based approaches and the reforms necessary to make services more local, personal, flexible and efficient.¹⁸ Some examples of the wider impact of the introduction of Local Area Coordination include:

- ◆ Linking Neighbourhood Watch with training around identifying vulnerable individuals and focused Dementia Friends training.
- ◆ Working with banks and other services to consider vulnerable people in their communities.
- ◆ Emerging partnerships and joint-working across service types including Fire and Police.
- ◆ Emerging partnerships between Local Area Coordination and Social Work and Housing teams, reducing dependency on formal services and link people more into their community.
- ◆ Other Thurrock Council Adult Care services are now adopting the Local Area Coordination approach to giving local citizens genuine influence in the recruitment and induction of new staff.
- ◆ Supporting all services and organisations to move to a focus on strength and community based practice, prevention and capacity building including training staff.
- ◆ Utilising assets and having an increased presence within the community. For instance, professionals are now having meetings in the community, rather than within the council offices. Local Area Coordinators also base themselves within the community, using community spaces.
- ◆ Discussions taking place around building a shared vision building across service types – with a focus on prevention and keeping people strong as well as integrated service provision where this is needed.
- ◆ Increased opportunities for ‘face-to-face’ conversations across services and organisations including greater awareness of roles and conversations around future shared, efficient resourcing.
- ◆ Coproduction - people with experiences of services now deliver training to student social workers.
- ◆ Services in the community for local people are being supported with volunteers connected by the Local Area Coordinators; this includes charity shops, day care, residential care and community centres.

4.4 Local Area Coordination and Social Work

In Thurrock Council, there is an emerging understanding of the possibilities of better outcomes through joint-working between Local Area Coordination and specialist services, including social work. As well as enabling rethinking the roles of existing specialist services, it is providing the opportunity to bring services back to core functions and principles and closer to the communities they serve.

In a recent article in *Community Care Magazine*, a conversation between Frances Leddra (Principal Social Worker, Thurrock Council) and Rachel Carter from *Community Care* highlighted a number of key positive outcomes for social workers by working in partnership with Local Area Coordinators.⁸ This included having greater local community knowledge and connections, as well as releasing social workers to concentrate on supporting people with complex needs, issues, such as managing mental health crises.

The joint working also enables Local Area Coordinators to support people to access specialist social work services in a more timely and personal manner, if this is required. Frances Leddra, principal social worker and strategic lead for safeguarding, complex care and social work said:

“All the social workers and Local Area Coordinators know each other really well so it is just a case of picking up the phone... Local Area Coordination has opened up a whole world of community resources that social workers didn’t even know were there.”

Further, Leddra indicated this local knowledge has helped social workers find solutions to difficult cases. For example, one gentleman had repeatedly been referred to the safeguarding team due to self-neglect and misusing alcohol. The social work team referred him to the Local Area Coordinator, who spent time with him and helped him meet local people. He is now volunteering in his local community.

“This was a case that was just spiralling around social work for about two years with people not knowing what to do with him... The social work team and the Local Area Coordinator worked together to help this gentleman stop drinking and he is no longer known as a high risk safeguarding case.”

This article describes how Local Area Coordination is helping people to stay strong, have a voice, to need services less, to be in more control of their own lives and to be able to contribute to their communities. It is bringing people together to share ideas and action about improving services for the future.

5. The Leadership Challenge

In the following two sections local leaders who have helped make Local Area Coordination work in their communities reflect on the leadership challenges they've faced.

5.1 Progress in Derby

by Brian Frisby, Director of Prevention, Personalisation and Professional Standards at Derby City Council

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The background to the development of Local Area Coordination at Derby City Council three years ago was set out in the first report on Local Area Coordination.¹ Rooted in the Council's personalisation programme, Local Area Coordination began as an authentic attempt to understand how the Council could meaningfully support citizens to build on and build up – or even establish for the first time – their own social capital, based on relationships and connections with their family, neighbourhood and wider community.

Eager to reduce transaction costs by not 'reinventing the wheel' we committed to faithfully repeating the methodology of Local Area Coordination developed in Australia that had demonstrated evidence of positive outcomes for citizens and savings to the public purse. We did this by drawing upon the work of Eddie Bartnik in Australia, the support of Ralph Broad, Inclusive Neighbourhoods and the connections between Local Area Coordination and asset based community development (ABCD) expounded so well by Cormac Russell.

Taking a social-scientific approach we set out to replicate the known methodology and to:

- ◆ Work out how to begin to move on from supply management towards demand management
- ◆ Find out how we might reform the front end
- ◆ Work out what were the right questions to be asking
- ◆ Connect service 'silos' and reduce duplication

- ◆ Start with meaningful relationships and partnerships
- ◆ Support communities to be and stay strong
- ◆ Start small but think big – using action learning to work out the next steps and how to make wider systems changes

As such, the development of Local Area Coordination in Derby was never a ‘pilot’ project, but the first step of a journey – the final destination of which we could not know and indeed, had we attempted to define could well have restricted opportunities that we may never dared to anticipate. The maxim at the outset was to start small but think big. This action learning approach was underpinned by a commitment to coproduction with people living in the two wards where we had decided to commence and to establishing partnerships at the local level – both intended to drive a ‘bottom-up’ approach.

Local Area Coordination is essentially about working with individuals in need in the context of their immediate and extended family, neighbours and wider community. It sign-posts people to local solutions, not in a ‘case finding’ sense, but by supporting and sometimes challenging them to draw upon their wider family network and connecting them to sources of support that are already freely available. We saw ABCD as being complementary to Local Area Coordination and therefore brought Cormac Russell in to work directly with residents within one of the localities. Cormac taught the group how to undertake a community asset survey of their ward, which they went on to do. The survey found people who wanted to play a more active part in their community and facilitated many introductions to people who were in need of support. The group went on to form The Alvaston Residents Association (TARA) which now plays an active role in identifying needs, assets and solutions to issues that have been identified by local people.

We engaged our local university to evaluate the work, to test out whether Local Area Coordination was transferable from Australia to Derby, how it compared or contrasted between Alvaston and Arboretum, what benefits it had for citizens, how we might begin to reform the front end of the adult social care system and what financial benefits there may be. The latter is often the benchmark for success with business cases focusing upon financial savings as opposed to other social benefits. Yet the financial savings produced by diverting people from the system are notoriously difficult to demonstrate.

The University of Derby evaluation delivered entirely predictable results – that implemented according to its core values, principles and methodology, Local Area Coordination produces the same outcomes for people in a city such as Derby as it does in rural outback Western Australia. Over a period of 10-12 months (formative stage), working with approximately 50 people, the evaluation estimated a £800,000 saving to the health and social care economy as a result of people’s use of the formal system being delayed or diverted entirely. The data was used to produce a business case.

However, what proved to be far more persuasive in winning over the hearts and minds of politicians, board members and executives within the local authority and the NHS (commissioners and providers) was the qualitative data that the programme was producing. Often, customer stories, case studies and narratives are dismissed as less value than quantitative financial information. Yet it was the powerful accounts of the way in which Local Area Coordinators had been introduced, built relationships, established trust, worked to the person’s strengths and aspirations and built connections with family members and other citizens in the locality to create simple, person centred and inclusive solutions to situations that convinced strategic resource allocators of the need to invest.

Putting it simply, sharing the learning grabbed people’s attention. We used this to cultivate conversations with key colleagues in adult social care and in the NHS about the

potential role that Local Area Coordination might play in a reformed system. In Summer 2013 we began a review of assessment, enablement and support planning within the Council and shared the learning about Local Area Coordination with staff and partners, with two unexpected outcomes.

First, CCG colleagues encouraged us to be bold in our thinking about reshaping the system. They challenged our view that a wider extension of Local Area Coordination was a ‘leap of faith’ – and asserted that with the results of the evaluation it was much more a ‘leap of fact.’ Set against the challenges faced by the reform of health and social care, with no other ‘game changer’ in sight, to not expand the scope of Local Area Coordination was less risk than ‘doing nothing!’ Second, in the comprehensive consultation with our staff about the future shape of their service, they strongly endorsed the expansion of Local Area Coordination - making posts part of the establishment, in place of social work posts.

As a result, the original two grant funded posts, plus two others are part of the assessment, enablement and support planning service from 1 April 2014 – funded from the base staffing budget. A further three posts have been funded by the CCG from 1 April 2014 with a further three posts likely from April 2015. Ten in total, across the city, working as part of virtual, multi-disciplinary community support teams – working with clusters of GP practices to avoid hospital admission and facilitate return home. The role of the Local Area Coordinators in these teams is to shape a connected approach to integration and empower strong, inclusive and healthy communities.

Key to the success in developing our strategic approach to Local Area Coordination has been developing the role of senior leaders alongside operational management. Over the past year a group of senior managers from adult social care, the CCG, NHS providers, acute hospitals, special education, public health and neighbourhoods has been nurtured and developed. This is not a hierarchical relationship, because the senior managers are not the experts, but a more clearly defined role in learning about the work, thinking through the strategic connections and opportunities for system wide innovation. The current unprecedented financial and integration challenges are making the space for creative solutions where the risks associated with innovation are lessened when compared to the risk of just doing more of the same.

No problem can be solved from the same level of consciousness that created it.

Albert Einstein

We are facing an unprecedented financial burning platform. The typical solutions to efficiency won't deliver the saving we need – they'll just salami slice to the point where we ‘fall over.’ In these circumstances it's more of a risk to do nothing or to salami slice than to innovate with things that may be previously untried and untested.

The challenge remains:

How do we reform the front end of the system that delays or avoids people needing to come to paid services and keeps those who do to a minimum by squeezing the most out of the universal offer and supports people to build on and build up their social capital – and where they have none, to establish it and shifts resources from the back end of the system to the front end?

Local Area Coordination, done well, has demonstrated the ability to do this in Australia and now in the UK (when it's done well). It may well be the closest thing to a panacea that we will see – but it's not an overnight solution.

When the forms of an old culture are dying, the new culture is created by a few people who are not afraid to be insecure.

Rudolf Bahro

5.2 Leading Change, Staying True

by Les Billingham, Head of Adult Social Care Services in Thurrock Council

Transforming the way we deliver care and support is hard. The vast majority of people involved in our sector are characterised by the passion, commitment and determination they bring to the task of providing the best possible service to the people who need support. Harnessing these fantastic traits, whilst telling people that some of the ways they have been operating do not produce the best outcomes is a difficult and delicate matter; as in most things delivering real change in health and social care is about people and culture.

Local Area Coordination is at the forefront of whole systems transformation in Thurrock. We believe Local Area Coordination offers a real opportunity to work with the whole person in the place where they are most likely to experience good outcomes, their community, and at a time that represents the best opportunity for sustainable improvements, before they hit crisis. However implementing change across such a broad and complex system adds further challenges to delivering this new approach.

People, culture and whole systems - how have we managed to implement Local Area Coordination successfully in Thurrock?

Leading change

There is absolutely no doubt that successful change must be widely owned and delivered through excellent engagement and co-production. However, without strong and committed leadership any change programme will flounder. Leadership is emphatically not about a single, powerful voice, nor is it about someone's unique vision. Leadership is a quality found throughout those involved in delivering successful programmes and sometimes in the most unlikely places.

In Thurrock we have identified and nurtured a whole range of different people who have displayed the courage, audacity, drive and commitment necessary to support the Local Area Coordination agenda. These individuals are from very diverse backgrounds, some professionals and others citizens, some operating at a senior level and others who want no more than to improve things in their own street or circle of interest. All however share a belief in the potential for positive change and faith in the potential of Local Area Coordination to deliver improvement. This alliance of leaders was perhaps best

represented in the process of recruitment and selection for our Local Area Coordinators. This process included the communities where they would work, a broad range of professional with whom they would come in to contact, user led organisations and other interested citizen's; the success of our recruitment to date is evident in the stories that the Local Area Coordinators have amassed as a result of their work, and is testament to the power of the collaborative model used in selection.

Staying True

So the difficulty facing anyone wanting to implement something as transformative as Local Area Coordination is how to balance the passion of those engaged in delivering a traditional model of care and support, with the need to take them on a journey that will challenge them culturally, within a complex system that is in many ways built to resist change. I have argued that the only way to deliver such a transformation is through a broad leadership that is prepared to face all criticism and challenge and, whilst respecting the views of others, remain determined.

The question is how do you build such a consensus and support and nurture it throughout such a complex process? I believe the key to this is by taking time to establish a core vision that is genuinely owned by all, and by agreeing a set of core principles around which there will be no compromise.

All programmes, projects, philosophies and models must have the maturity and flexibly to change in the face of evidence that things are not working. Such a contingency must be built in to the original vision, and plans must include sufficient evaluation and review functions to ensure they are taking account of changing circumstances and evidence of failure. Ensuring that core principles are agreed and non negotiable should not inhibit such flexibility, indeed they should form the benchmark by which such evaluations take place; however they also form the strong, central core that ensures everyone is signed up to the change and the infrastructural support necessary to hold firm.

It seems necessary now to be able to summarise everything in to a snappy phrase. Our experience of successfully implementing Local Area Coordination in Thurrock has been lengthy, complicated and at times torturous, however this experience has allowed much reflection, I am confident that the mantra below offers a succinct methodology for managing change successfully.

Agree core principles, identify leaders and keep your nerve.

6. The Wider Story

6.1 The growth of Local Area Coordination

Positive outcomes, inclusion, demand reduction and savings come from a real belief in the gifts and power of all citizens, rights for everyone and a genuine commitment to designing, delivering and supporting Local Area Coordination fully. Take time to do it well, build inclusion and nurture the long term outcomes at the individual, family, community and systems levels. Remember, the ‘slow fix’ produces quicker and better outcomes than the ‘quick fix.’

Following strong outcomes in their initial areas and emerging partnerships with local people, communities and services, Local Area Coordination is now growing in Derby and Thurrock.

- ◆ Derby started with learning sites in 2 wards in 2012, growing to 7 Local Area Coordinators in 2014 and with now a further 3 in June 2015.
- ◆ In Thurrock, they started in 3 areas, now growing to 10.
- ◆ In both areas, there is now a growing shared vision across services and communities, with shared working and funding across services. Building a legacy and resilience for the future.
- ◆ New areas, including Suffolk, Isle of Wight and Derbyshire are building on this learning as they work with local people to develop Local Area Coordination.
- ◆ The City and County of Swansea has just supported local people to recruit their first 3 Local Area Coordinators. It is exciting to have the first Local Area Coordinators starting in Wales.

Figure 8 shows a photograph of local people from Sketty joining Deborah Driffield (Chief Officer Social Services) as they recruited their first Local Area Coordinator. From left to right, the picture shows Peter Thomas, Dan Guttery, Elinor Evans, Jane Tonks, Mandy Harvey, Rev. Alison Jones, Deborah Driffield, Sian Roderick, Delyth Rees.



FIGURE 8. RECRUITMENT IN SWANSEA

50

Local Area Coordination is about much more than just adding a new service to an already complicated system – it means driving conversations and action around service culture, integration, joint working and nurturing resilience. As one leader in Thurrock put it:

“For all involved there has been a mind shift and constant challenge to how we ‘do business’, an understanding that “working in a different way gives different outcomes.”

Despite the strong evidence of consistent positive outcomes for individuals, families and carers, communities, efficiencies and reform, Local Area Coordination will face many challenges in the future – often from a service system that doesn’t have evidence of outcomes, reform or efficiency.

However, through a very intentional and positive approach to developing Local Area Coordination, and by building a community of practice through the Local Area Coordination Network and building on the shared learning over many years, there are opportunities for real, sustainable, positive change.

For current and emerging areas, the big challenge is to fully implement Local Area Coordination as a simple, local support across all age groups – children and adults. This provides enormous opportunities and sustainable outcomes from building continuity and control through transition and connections across services, simplifying the system for both local people and service partners.

6.2 The Local Area Coordination Network

It is one thing to develop a new idea or initiative and an entirely different thing to help it to stay strong, relevant, innovative and influential over many years. Social Care and health services over the years have been littered with good ideas that flourish briefly on the edge of the service system and then wither after a ‘pilot’ period, or through ‘drift’ over time, or through pressure from the dominant service-led system.

In response to this in England and Wales, the Local Area Coordination Network Community Interest Company (CIC) is emerging as a key driver for building long term legacy, good practice, effective design and strong partnership working at each level: senior leadership, operational management, Local Area Coordinators and community.



FIGURE 9. LOCAL AREA COORDINATION NETWORK MANAGERS GROUP

The Network is not only supporting the effective design and development of robust and locally relevant Local Area Coordination approaches, but also a ‘community of practice’ for long term shared learning, resources, problem solving and mutual support.

Over the past 2 years, senior leaders from across different areas have connected and built supportive working relationships, share ideas and good practice and started to build a vision and action for the effective evaluation of Local Area Coordination and its contribution to service reform. Additionally, Local Area Coordination managers have recently met to build a national approach to monitoring evaluation and to build on the learning in each area. They are also building opportunities for mutual support, sharing ideas, innovation and connections.

The Network is also building positive relationships with innovative, complementary, strength-based organisations to nurture shared working leading to added value in the longer term. It will be important for the Network to continue to build partnerships, stories and opportunities for people with a lived experience of services to be heard, understood and have real influence.

Figure 9 shows the Local Area Coordination Network Managers groups, Heather Rowell (Isle of Wight), Marie Billyeald (Derbyshire), Jane Tonks (City and County of Swansea), Andrew Michael (Neath Port Talbot), Tania Sitch (Thurrock) and Neil Woodhead (Derby City).

Conclusion

Social Care and Health services are at the crossroads. This means there are some very clear and important choices to be made to take our communities and services in particular directions. It means we have the chance to do things differently, in a way that either helps people to stay strong and embraces the gifts, skills and opportunities of local citizens, or we ‘tinker’ with a system that has built dependence, is unsustainably expensive and is now excluding people until they have fallen into ever increasing crises.

The stories in this report, alongside the multiple national and international evaluations and research over the past 27 years, show very clearly how Local Area Coordination:

- Builds individual, family and community resilience.
- Reduces demand for services.
- Reduces isolation and loneliness.
- Increases choice, control and contribution.
- Builds inclusion and citizenship.
- Is a catalyst for reform.
- Simplifies the system for local people.

The stories tell us that, while services can be really important for some people, for many others they are less effective and should only act as a back up to natural solutions; they should not be the primary source of support As David Boyle put it:⁶

Turn services upside down so that informal solutions and social support is the first resort, not the last.

This forms the strength of Local Area Coordination as a single, local, accessible point of contact – simplifying the system, reducing duplication and a focus on strength, inclusion, leadership and citizenship for all.

A final word from David Boyle:²⁶

...all service contractors, public and private, need to be asked the following questions: How do you plan to rebuild social networks? How do you plan to encourage mutual support among users? And how do you plan to reduce the level of need for your service year by year?

Afterword

by Simon Duffy, Director of The Centre for Welfare Reform

Amidst the chaos of 'welfare reform' and the severe cuts raining down on local government it is so encouraging to see people commit to make things better and seize the opportunities hidden within these crises. Local Area Coordination seems to be at the crux of advancing the ideals of inclusion and citizenship which have been championed for many decades - but which have often struggled to overcome bureaucratic inertia and self-interest.

Looking forward I would make three observations about the development of Local Area Coordination and the likely shape of things to come which I hope might be useful to the leaders of the movement today.

First, it is important to note that the current economic crisis - which hits local people and communities hardest - is likely to continue for some time. However the very success of Local Area Coordination means that Government will probably try to take hold of the idea and exploit it for its own ends. This is probably unavoidable and will open up both positive opportunities and negative risks.

It will be important for advocates of Local Area Coordination to be mindful of the values that have guided them so far. Central Government is likely to be the last agency to respect the local or to value people's own sense of what is important. The meritocratic imperatives of Whitehall often lead to good ideas being quickly turned to other ends. The deeper that the roots of Local Area Coordination go then the safer the movement for change will be. It will be important for the leaders of the movement to be networked and supported.

Second, the movement has rightly stressed the need to maintain coherence with the early learning from Western Australia and to avoid the exploitation of Local Area Coordination into something else. This is a real risk and it is very positive that the leaders of this movement have been so mindful of it.

However it is interesting to note that the approach, as it is developing in England and Wales, already does imply some evolution of the idea. In particular the approach is now more inclusive - less disability focused and more inclusive of older people and people with mental health problems. This is something to celebrate; but it also means that the place of Local Area Coordination in England and Wales is also likely to be contested from different directions.

It is also important to note that the idea of 'services' - which is very important to the Western Australian conception (particularly in the outback where there are few obvious 'services') may also start to feel different over time. Where self-directed support has taken real root in England then many service models disintegrate into forms of community life. Is it a service when a disabled person employs a personal assistant? Is it a service when

a person with mental health problems uses a personal budget to get a job? Is it a service when an older person adapts their home?

I also think that there has never been a better time to consider the relationship between social work and Local Area Coordination. Advocates of Local Area Coordination have rightly protected it from becoming the fiefdom of any profession; instead they have tried to ensure that its values and skills are central - those who carry out the necessary role should not be twisted into some pre-existing professional shape. But in the UK today social work is also in a state of crisis. It is less and less clear where its future lies; at the same time its advocates are working to remind people that, at its heart, it is about justice and a commitment to the capacities of people and communities. There is a relationship and potential alliance between Local Area Coordination and social work and the emerging work in Thurrock looks promising for the future.

There will be an interesting balance to be struck by advocates of Local Area Coordination between maintaining model coherence and adapting to emerging circumstances. I suspect that the best form of advocacy will also be capable of connecting with other emerging innovations and working respectfully with others who start from slightly different places. Given what we've seen so far it seems that the current leaders will grasp this challenge firmly.

Finally, there is also an even bigger conversation to be had about where Local Area Coordination fits. There may be those who would prefer to keep their heads down and focus just on the practicalities of making Local Area Coordination work, but we stand at a critical point in the life of the whole welfare state. Since the development of the welfare state, particularly in England, there have been several critical trends:

1. **Growing inequality** - Increasingly the welfare state has abandoned trying to ensure that the poorest have adequate incomes. The UK is now the most unequal country in Europe and benefit levels are appallingly low. The stories in this report underline how often people now need to rely on food-banks.
2. **Growing centralisation** - Local government and local parishes have become progressively less influential in the life of the community. Central bureaucratic structures have taken more control over health, education and employment. The UK is the world's most centralised welfare state.
3. **Growing interference** - These changes are not a simple reduction in the size of the welfare state. Instead the welfare state has become increasingly bureaucratic and is focused on manipulating citizens to ends set by the centre. This is particularly clear in the case of benefits and employment, where Government uses privatised employment services, sanctions and cuts to drive more people into work.

Nothing could be further from Local Area Coordination than this. Yet the forces that have driven the welfare state in this direction seem too large and invisible to be resisted. In a sense Local Area Coordination may be acting as a compensatory mechanism for these tendencies, holding to the very values that the current imperatives ignore, and perhaps that's enough.

But all of this raises important questions about how local leaders - not just champions of Local Area Coordination - but leaders from civil society and local government think about the challenges ahead. Local Area Coordination works; but does this not mean that a whole shift in power and resources to the local level might not also work? If so, who is advocating for that shift and what alliances are being built in order to achieve it?

The recent referendum debate in Scotland demonstrates that people are prepared to ask big questions about the organisation of power and responsibility in modern society. Local Area Coordination suggests why these changes might have a positive impact. We would be wise to be mindful of these bigger conversations in the years ahead.

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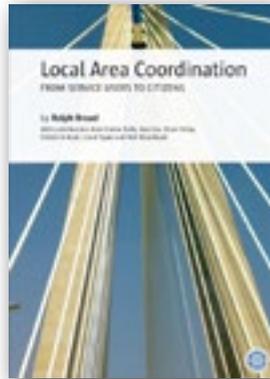
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