



# Local Area Coordination

*Catalyst for a System  
Wide Prevention Approach*

Les Billingham – Head of Adult Social Care and Community Development –  
Thurrock Council

Maureen McEleney – Housing Consultant and Interim Manager. Currently  
employed as Interim Assistant Director Housing and Growth – London Borough  
Waltham Forest

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## **Introduction:**

The health and social care system as well as housing services, particularly services to the vulnerable and homeless, are facing unprecedented challenge brought about by a number of convergent factors;

- Exponential rises in the number of frail older people and people living for longer with complex conditions
- Raised aspirations about the type, quality and flexibility of care and support provided.
- Significant reductions in the resources available to support the system caused by the programme of austerity since 2010.
- Welfare reform, reduced supply of affordable homes and a dysfunctional housing market causing a crisis in affordability and access to homes particularly in the South East.

There is little to suggest that austerity or welfare reform will end in the foreseeable future, indeed it seems reasonable to suppose that there is a major shift at the heart of these programmes in terms of the way the state, nationally and locally, will provide public services in the future.

Alongside this reality it is also becoming clearer that the social care system created in the post war welfare settlement is no longer fit for purpose to meet the demands of the 21st century, and in addition, new approaches to tackling demand, addressing need and sustaining tenancies are needed. Therefore there exists a pressing need to re-design the system, moving away from a focus upon needs as the currency of supply, which creates dependency, and changing the focus from service to solution, to one where service is just one aspect of a broad approach to providing care and support beyond current service boundaries.

The need to change our approach is supported in policy, most clearly in the manner in which the Care Act broadens the duty upon the care system to consider an individual's welfare as opposed to need, impairment or illness as the basis upon which support is provided. This is a far more holistic definition; with a significant focus placed upon the requirement by all agencies and services to prevent, avoid and delay the need for support.

The change in emphasis necessary to move from a needs and service response to a strengths and solutions approach will require a transformation of the way care and support is provided, and how all existing services are engaged. This transformation must be made without any significant investment to support fundamental change, and alongside the continuing need to produce short term efficiencies which are by definition counterproductive to the long term, strategic approach necessary for radical re-design.

The scale of the necessary transformation of the system involves culture and practice challenge and change at an individual, organisational and structural level. This will have to take place without the investment usually associated with large scale restructuring, however the lack of resource can also be seen as beneficial in that it may help to drive change from the bottom up and place more emphasis on creativity and innovation.

Local Area Coordination offers a comprehensive method for delivering integrated bottom up change at all three levels of the individual, organisation and structure, which are necessary to deliver a truly transformed service. The emerging evidence of the successes already being achieved across England and Wales in areas that have implemented Local Area Coordination schemes provides a compelling case that Local Area Coordination delivers this change in an incremental and affordable way, both aspects of which are necessary to ensure change can happen within the restrictions already highlighted above.

The Local Area Coordination model moves away from traditional approaches to providing support in a number of important ways:

- There is no eligibility for the service. Introductions, as opposed to referrals, can derive from anywhere and the only criteria for deciding if someone receives support is whether or not someone has vulnerability or is marginalised in some way, and if the type of support required is that which the Local Area Coordinator feels they can provide assistance with. Very often this may be no more than providing information and advice, referred to as Level 1 support, however the Local Area Coordinator can also provide long term and more complex support (level 2) if this is necessary. This may sound fairly casual in terms of making a decision about providing support in circumstances where the rationing of such support has become the norm, however this is intentional. The evidence from practice is that this approach to providing support, because of its non-bureaucratic nature and informality, encourages engagement with people who may not have previously approached services, or who have been continually failed by services in the past. These are the very people the Care Act identifies as those where we can prevent, avoid and delay the need for services if we act before a crisis occurs, or identify alternative solutions to support people post-crisis.
- There is no assessment of need, simply a conversation about what the individual's version of what a Good Life would look like. This can sound overly simplistic as an approach to identifying what is required but this approach places the individual in control of the situation and puts their aspiration at the centre of any agreement produced to deliver the desired outcomes. The conversation is from a strengths based perspective with the individual constantly asked to reflect on what resources they have to improve their current position and what is available within the local community to assist; services may be part of the solution but they are considered only as a last resort.
- Part of the Local Area Coordinators role is to asset map and create connections within the community where they are based. The Local Area Coordinators works very autonomously, identifying key places within their given community where they are likely to come into contact with people who can assist them in building up a picture of what is available, what gaps may exist and who are the key people to meet to make change happen. If an area has a community hubs programme then this can work very well alongside Local Area Coordination. There is also good evidence to suggest that where an area has established strengths based approaches to community development in place (such as ABCD) the effectiveness of the Local Area Coordination approach is enhanced. However these are not essential conditions.

- Employing a Local Area Coordinator represents a significant change to management and resourcing support. The Local Area Coordinator by definition is expected to be based within their community for the vast majority of their time, which can only work well where there is an established approach to flexible working and lean management. Furthermore there are very few overheads attached to the Local Area Coordinators as they work within community facilities and largely autonomously. This trust based relationship mirrors that which the Local Area Coordinator establishes with those they are supporting and is a key factor to their success; with the model in the broadest sense driving change as a direct consequence of the way it is designed.

## ***Local Area Coordination-Catalyst for change:***

### **1) Local Area Coordination and Prevention:**

Local Area Co-ordination works as a driving force for transformation and prevention in three significant ways:

#### **I. Person Centred Prevention:**

The Local Area Coordination model is predicated upon delivering a very person centred approach to support and this report sets out a number of the ways this happens in practice. This person centred approach is fundamental to the preventative impact of the Local Area Coordination model and informs the other ways in which Local Area Coordination can influence change within and across organisations.

Intrinsic to the model of support used by Local Area Coordinators is an emphasis on prevention, through building individual, family and community resilience through self-sufficiency and mutual support. As already discussed there is no expectation for Local Area Coordinators to complete an assessment of need, nor to find a solution through identifying a particular service from the usual menu of options. The use of this more accessible approach to supporting individuals who are often marginalised and reluctant to engage extends the reach of support to those very people who, without some intervention, have a strong possibility of reaching crisis and needing more expensive and often less effective interventions.

The nature of the relationship between the person being supported and the Local Area Coordinator, along with the language used to describe the interaction, is intentionally different from that normally found between professionals and those requiring support.

The Local Area Coordinators are “introduced” not referred to the person, they begin a conversation aimed at understanding what the individuals opinion is in terms of a successful outcome (a “good life”), any solution arrived at considers the full scope of potential sources of support available before agreeing on a course of action.

The emphasis is placed on the ideas for solutions that the individual brings to the conversation; as such the solutions are personal and outcome based by design.

Another key feature of the Local Area Coordination model is the focus on what an individual can do for themselves, which inevitably increases the possibility for people to identify ways to “put

something back” into their community through volunteering and on some occasions (although less often) through gaining employment. Becoming actively involved in civil society tends to magnify the preventative impact of Local Area Coordination, not only through managing demand through reducing need, but by increasing social value through enhancing the productive aspects of an individual’s contribution.

## II. Behavioural Prevention

Gandhi famously said “be the change that you wish to see in the world” , Local Area Coordinators, by modelling the change we wish to see in the system, stimulate others around them to challenge established methods of working and change their practice.

It is vital that Local Area Coordinators sit within existing statutory services, and are framed within the full range of public sector support for marginalized people. Whilst there remains an emphasis upon non-service solutions, it will sometimes be the case that it is necessary to assist navigation through the myriad public sector services that individuals come into contact with prior to beginning the work that will produce the desired outcomes. Typically a period of stabilisation may be necessary with some assistance from the Local Area Coordinator, for example - around an individual’s housing, financial, or health needs. Therefore the Local Area Coordinator holds a pivotal position as a consequence of the way they work within the system. The emphasis is to design a personalised network of all available resources that can assist, whether from the community, services, charities or any other individual or group that could contribute to providing a long term solution.

This navigational role means that a range of services and professionals are exposed to the Local Area Coordination approach, which can help to produce culture and behaviour change across such diverse groups as social workers, health and housing professionals as well as others, including the fire service. This “change through behaviour” manifests in a number of ways:

- At the most basic level the challenge implicit in the Local Area Coordination approach, always seeking alternatives ways of providing support and focusing upon that which will assist in meeting the agreed version of a “Good Life” disrupts some entrenched thinking about what is an appropriate response. The focus upon what someone can do for themselves,, and what community solutions may already exist to connect to is also at odds which much of the behaviour found within traditional assessment based services. Exposure to the Local Area Coordination approach does begin to drive change in behaviours because of its effectiveness in producing outcomes, sometimes where all other interventions have failed. Some of the testimonials from professionals within the evaluation reports from early adopter sites such as Derby City provide clear evidence of this outcome.
- The Local Area Coordination model is very empowering and as a consequence Local Area Coordinators are likely to challenge existing services, policies, practice and processes which are disadvantageous to the individual and often counter-productive to the efficient working of the organisation. This challenge function is a significant factor as a driver for long term change and as a source of short term savings through gains in efficiency. The additional

benefit of improved support to the individual further enhances the preventative impact. Recent examples of change resulting from this feature include challenge of the way in which marginalised people are contacted when in council tax debt, removing the threat of immediate enforcement to one of attempted mediation, and the re-use of furniture in vacated Council Housing where appropriate.

- The Local Area Coordination model also enhances creativity in the way it demands innovative and lateral thinking in relation to the solutions required to produce a “Good Life”. The primacy and focus given to innovation at the heart of the model is again producing evidence of stimulating change across organisations.

### **Case Study One:**

#### Improving services through improved communication/community involvement

The Local Area Coordinator visited local community groups; a common concern from elderly groups was regarding the limited service for blood testing. (1hr per week at one GP surgery 20 tickets issued on a first come first serve basis). Many residents who were elderly or with disabilities had difficulties accessing this service, usually the individuals regularly required blood tests. Another impact to local residents was the sudden cuts to local bus service no longer including a route to the Hospital where residents had an alternative service.

The Local Area Coordinator wrote several stories based on these facts, attended a CCG meeting and met with the Pathology Operational Manager to discuss these concerns, who agreed to meet local residents at a forum meeting where he agreed to provide an improved service. He is setting out proposals for the New Year to extend the blood testing service from 1hr to a whole day and the first come first served will be changed to a booking system accessed via on line and or via telephone for those individuals without computer access.

The Local Area Coordinator has discussed two other alternatives sites where this service could be provided– a local Children Services building and an additional GP surgery interested in providing this service. Finding solutions within the community will help to keep visits to the acute Hospital to a minimum which is a primary aim for the Pathology Dept. This has also promoted discussions amongst Forum members and local community groups to look within the community for solutions.

### **Case Study Two:**

#### Supporting a complex issue through establishing trust-impact on prevention.

A Local Area Coordinator has been supporting a 60-year-old male. He has been receiving intensive support for a number of years by both Health and Social Care services, and has displayed behaviours that are very challenging to both organisations. For several years he has been due to have a double amputation to his legs but at the last minute he always found an excuse not to go through with the operation, leaving him in the same position and requiring support from both services. The Local Area Coordinator has been supporting him and working with him to have the confidence to have the

operation. The Local Area Coordinator also visited him in hospital, where the resident stated that “If it wasn’t for your support throughout this, I wouldn’t have gone through with the operation.” The operation took place three weeks ago and he is making a good recovery. The long term plan is for intense rehabilitation after which time the Local Area Coordinator will support him to connect with his community.

### **Case Study Three:**

#### Cross organisation impact through trust based and longer term support

The Local Area Coordinator has been supporting an elderly woman whose vision for a good life was; “To have a home that has a door that locks to make me feel safe and secure, a chair to sit on and hot water to have a bath.”

Her issue, which was caused by an enduring mental health problem, was that her house was full to just below ceiling level in all rooms with hoarded material which she had been keeping for the last ten years plus. After many months of low level and quite informal support the Local Area Coordinator was able to assist her to make the decision to move in to temporary accommodation whilst her house was cleared and repaired.

26-28 tonnes of material was removed from the property, but due to a rat infestation the property was still not habitable, she has now moved into a sheltered housing complex where she has all that she envisaged for a good life and much more, as she now has friends and joins in activities regularly.

She has commented, “The Local Area Coordinator listened, they did not judge me. Local Area Coordination has changed my life forever. I had no focus or vision for the future, I did not know what each day held for me and I had given up. Now every day is a new day and a blessing. I have been given a second chance”.

These representative examples provide evidence that having Local Area Coordinators on the ground is having a profound impact upon the way individuals are being successfully supported to find solutions to previously intractable issues. Local Area Coordinators are identifying plans to provide individuals with a sustainable future; one in which their requirement for care and support will be delayed or prevented. There are also indications within the examples, particularly with regard to case study one, of how Local Area Coordinators are beginning to drive change across the organisations where they have been deployed. Although the impact on culture change is less obvious in the other two cases, it is precisely this type of solution focused support, leading to positive change for individuals, that is beginning to influence behaviours across the organisations within which Local Area Coordinators are engaged. However, changing culture and established practice is hard, especially where the system that has supported a particular approach also needs to undergo radical change itself; Local Area Coordination offers an additional and very powerful tool to sit alongside more traditional methods such as training and organisational development programmes to engender such a transformation.



This behaviour and culture change is preventative by definition because it has a focus on individual strengths and on non-service solutions, ensuring the full range of potential support is considered prior to agreeing a course of action. Whilst this is primarily an individualised model for prevention, the impact upon the workforce through creating an atmosphere where creativity and challenge becomes the norm, supports change at a fundamental level within organisations. The whole emphasis of the Local Area Coordination approach is on supported self-help and promoting independence; in many ways an antithesis to the methods used to support people over the last 50 years.

### III. Structural Prevention

The third way in which Local Area Coordination stimulates transformation of the system that is preventative in nature is at the structural level. Local Area Coordination focuses upon identifying and utilising pre-existing community based support, bringing together the strengths and assets within and across communities, individuals and groups to ensure that available help is utilised effectively.

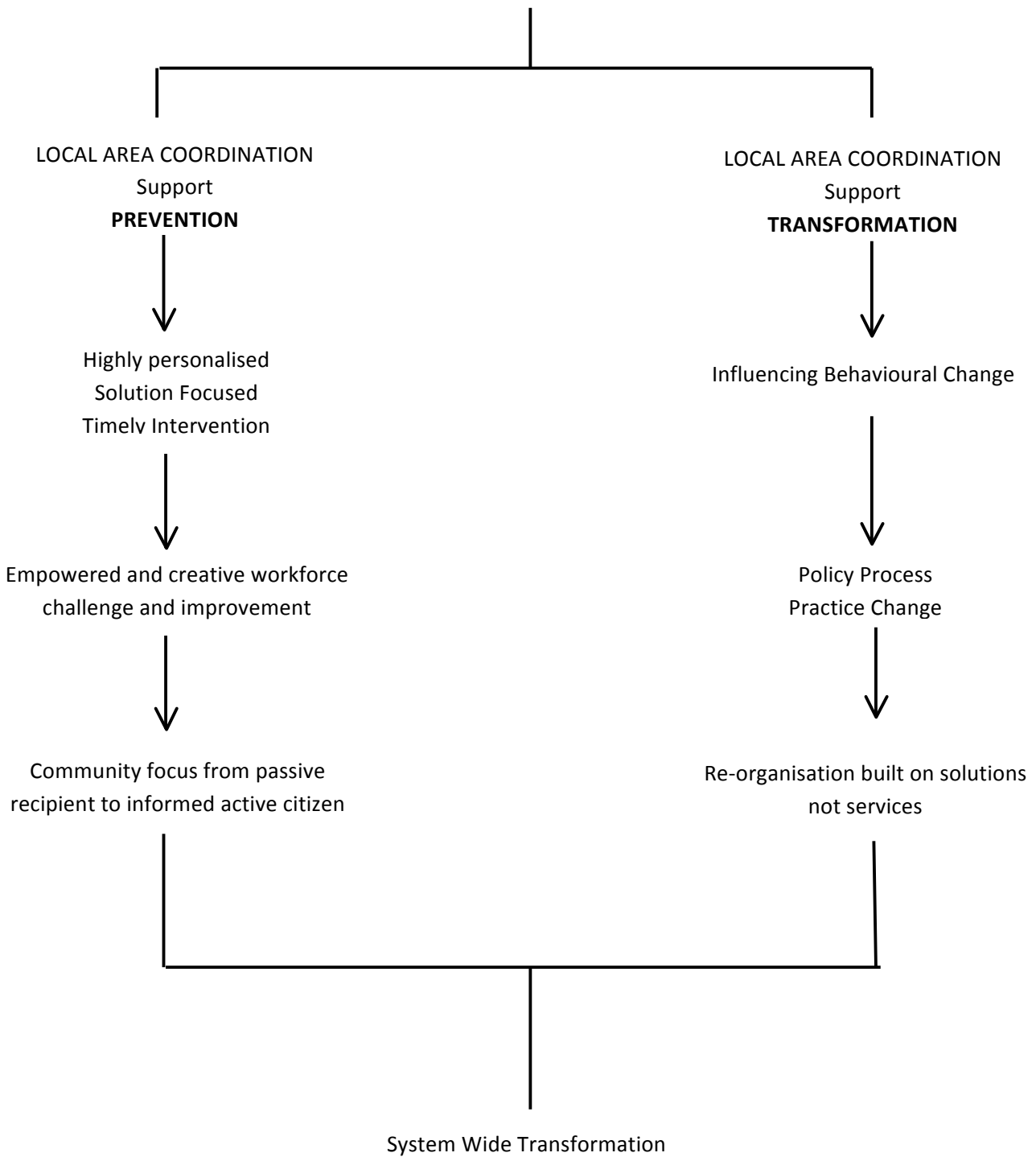
Furthermore, Local Area Coordinators will identify where there is a gap in community based support and, through working with the individuals in question and with their knowledge of what makes a given community function, establish a way in which such gaps can be bridged.

However, Local Area Coordination is fundamentally an individual and family focused support service and has only a limited percentage of its resource targeted at community development. Local Area Coordination encourages active citizenship, moving marginalized people away from the paternalistic model of support that has become the custom, and that too often promotes apathy and poor self-worth, therefore Local Area Coordination is essentially a model that promotes social justice. This aspect of prevention - because it seeks to reconstruct the nature of the relationship between the state and citizens who are too often portrayed as passive and "needy" - is significantly enhanced where Local Area Coordination is introduced alongside a formal Asset Based Community Development programme, with its focus on a strengths based model of support.

#### Scale of Prevention

It is important to note that the three types of prevention associated with the introduction of a Local Area Co-ordination programme are not organisation or department specific, Local Area Coordinators work across the entire council and wider public sector; as such the preventative impact of their work is system-wide.

Local Area Coordination  
Catalyst for Prevention and  
Transformation



## 2) Local Area Co-ordination – Links to Other Preventive Models

Whilst Local Area Coordination can function well as a stand-alone provision, it is rare that there are no other preventative programmes operating in a given area. Local Area Coordination works well within of a network of other complimentary preventative programmes, linking the various strands and assisting individuals to access the diversity of opportunities available at a service, community, neighbourhood and personal level.

Much practical work has been done to ensure Local Area Coordination and other local and national prevention models work in complimentary ways and are mutually reinforcing. It is important to fully exploit the potential these varied approaches offer to drive prevention and to consider if and how their impact can be enhanced through working within a system where Local Area Coordination is featured. This builds on one of the recommendations identified within a recent Social Return on Investment analysis commissioned by Thurrock Council which shows that the initial return of around £4 for every £1 invested can be significantly improved if the Local Area Coordinator role as an integrator of the overall prevention offer is fully exploited.

### I. Local Area Coordination and “Living Well”

Living -Well aims to develop new pathways for elderly people who have a high dependency on formal care and are at risk of hospital admission. The scheme relies on significantly enhancing the role of the voluntary sector, to focus interventions on what the individual, their carer, their family and the community can do for themselves. Waltham Forest is currently introducing a Living Well scheme. There are limited studies yet available on Living Well initiatives; however the Living Well Pathfinder in Cornwall is predicated upon successful outcomes identified from an evaluation of a pilot service introduced in Newquay.

A major feature of the Newquay pilot was the use of “Guided Conversations” as an alternative to the traditional assessment process. These conversations established a trust based relationship, providing sufficient time to listen effectively to the aspirations of the older people whom the pilot targeted. This guided conversation approach is highly congruent with the Local Area Coordination approach and similar outcomes have been observed as a result of this change. The most notable impact identified as a result of introducing guided conversations is the effect on culture evidenced by a change in practice amongst the multi-disciplinary teams involved in the pilot. This change in practice has resulted in an increase in joint working and a decrease in demand. These outcomes mirror those associated with Local Area Coordination in the evaluations already produced in Thurrock and Derby City.

The Local Area Coordination and guided conversations/living well programme are targeted in different ways offering different solutions and means of engagement.

- Local Area Coordination is based within a given community and thrives because of this place based approach. The relationship that builds between the community and the coordinator is one of the most powerful outcomes of the model; again there is growing evidence from early adopter sites that this is one of the major factors for the speed and the scale of the success of Local Area Coordination. Local people begin to identify the Local Area Coordinator

as a local resource and build trust and confidence as a result of this association. Furthermore there is a degree of distance from “the Council” and other related services caused by the way Local Area Coordinators are deployed within the community. This distancing (yet connectedness) helps because people who might normally be reluctant to approach services, often the very people we need to engage with if we are to become preventative, are more likely to seek assistance.

- A further advantage of the Local Area Coordination approach is the expectation that the Local Area Coordinator will spend a percentage of time building community connections, mapping local assets and identifying gaps. This is an invaluable associated activity to ensure the development of micro markets and free of charge or low cost solutions to services.
- The guided conversations approach targets people already within services and delivers improved coordination of the services being provided. Whilst this is a very necessary improvement to the current system it is still delivered within a traditional service model. It is not intended that the guided conversations approach will generate the radical disruption to the current system necessary to stimulate transformation, as it does not work with those outside of the system. It is instead aimed at improving service coordination.

The models are complementary and support beneficial outcomes. Both models have a very positive impact on service re-design, the former most obviously in terms of integration and the later with its focus firmly on prevention and transformation. Living Well will vastly improve navigation whereas Local Area Coordination will create a step change through innovation, these two factors working together will enhance a drive to system change.

## II. Local Area Coordination and Social Prescribing

Social prescribing is a method for linking users of traditional health and social care services to non-clinical sources of support. A social prescribing pilot is currently being implemented in Waltham Forest, which will involve hiring two social prescribers to take referrals from health and social care professionals. Their role will be to connect these patients with support, services or advice available within the local area.

In most cases the model is involved with people who are already within services (for example those with L.T.C in the Rotherham model) and utilises the community and voluntary sector as key to developing the model locally.

Through supporting those within the system and improving access to the CVS, a significant preventative impact can be predicted - although the scale of this impact may be constrained by the wide geographical base and emphasis on signposting to services. Implementing social prescribing alongside the introduction of Local Area Coordination is likely to have significant positive impacts locally, and help to create a co-ordinated and seamless local system. However, there are clear differences between the two schemes:

Firstly Local Area Coordinators, because of the method of deployment, are much more likely to work alongside those who are marginalized but not yet known to any part of the system. Local Area Coordinators will be able to introduce these individuals and families to the social prescribing

programme, which is likely to enhance the preventative impact, and ensure that support is delivered much earlier, therefore further from crisis, than may otherwise have been the case.

Secondly, it is important to recognise that social prescribing covers a much wider geographical area than Local Area Coordinators and that the CVS, who are an infrastructure organisation supporting provider of services, can, in some ways be separated from the Community. CVSs play a critical role in ensuring that communities have a voice, and in developing alternative responses to social need, however they still function within the space occupied by services. Because Local Area Coordinators operate within a given community and have a focus upon identifying gaps and linking individuals and small local groups together to bridge these gaps, they will assist significantly in creating a rich and diverse support network upon which social prescribing can begin to rely.

Thirdly, social prescribing is principally a signposting service; it is not aimed at developing local solutions or connecting communities, as this requires intimate local knowledge and a neighbourhood presence. Local Area Coordination achieves both of these objectives and arguably they can be critical in ensuring the effectiveness of social prescribing in so far as they are fundamental in building a rich network of potential local solutions to identified need. Having Local Area Coordinators assisting in this way will improve and enhance the effectiveness of the social prescribing model.

Finally, Local Area Coordination will also be a potential resource for social prescribing in terms of providing support to marginalized people for whom social prescribers may otherwise find there are very limited options available.

### III. Local Area Coordination and Housing

Local Area Coordination is usually implemented via Adult Social Care and there are good reasons for this to be the case given the links to the well-being agenda. However, the impact that poor housing and housing related issues have upon well-being is well documented. Therefore where the opportunity exists to implement Local Area Coordination jointly between ASC and Housing there is every chance that the successes already evident in areas where implementation has happened will be significantly enhanced. The Care Act clearly identifies the connections between housing and prevention and places a new duty on Councils to have a coordinated approach with Planning and Housing to ensure their positive impact upon well-being is capitalised upon. Furthermore the introduction of the Supporting People programme in 2003, overseeing strategic development of supported Housing for key marginalised groups - often the same people supported by Adult Social Care and who are significant users of health - emphasised the link between housing and health and the benefits to the whole system that flows from a collaborative response. Whilst this regime is now ended the synergies remain.

Therefore there is an opportunity to introduce Local Area Coordination as a method of working when transforming the approach to supporting vulnerable tenants; an opportunity that has the potential to broaden the support beyond the restrictions associated with any specific supported housing facility to include the community in which it is located and to make the support more preventative in nature, with an impact beyond tenancy sustainment, taking fuller account of the determinants of poor health and well-being.

The significant re-modelling of supported housing within areas like Thurrock and Waltham Forest as a consequence of Supporting People programme reorganisation is seeking to take advantage of the opportunity to develop innovative approaches focused on prevention. Elsewhere when these initiatives have been introduced they have sometimes tended to lack ambition, focusing upon two fairly traditional approaches. Firstly, the use of accommodation as a resource within a community using a “hub and spoke” model, secondly, by changing the role of wardens or sheltered housing officers, refocusing their work on promoting independence and looking to use them in an additional outreach capacity. This role can be expanded further.

A successful model has been piloted in South Gloucestershire, Bath and North East Somerset within a traditional sheltered housing service. The Housing Association involved has appointed independent living officers and advisors changing the focus of the role away from the traditional warden model.

The scheme also offers a range of activities and has expanded the use of volunteers.

The volunteers recruited have been tasked with asset mapping the local community and in developing a menu of support, including considering how to make best use of the scheme to reduce loneliness and isolation in the local area.

Outcomes to date have been good and the provider has built upon this success and obtained funding to consider how to expand the programme to introduce Independent Living Communities.

In Waltham Forest and in Thurrock, Independent living schemes have been introduced to ensure the traditional sheltered housing offer is extended to improve the outcomes of people supported, re-focus support to promote independence and to broaden the service by moving out into the surrounding community.

In remodelling sheltered housing services there are a number of potential additional benefits that could result from adopting the Local Area Coordination approach. Waltham Forest are already utilising accommodation as a community resource in a hub and spoke model, and using the resources attached to the scheme to stimulate community involvement and extend the support available to a wider population. This approach is in keeping with the Population Health model being promoted by the Kings Fund amongst others. Population Health is a system-wide model where evidence from North America has shown that shifting the whole health and welfare economy towards the population, and thereby ensuring prevention and low level intervention are given primacy, will produce significant reductions in demand for more intensive and costly crisis intervention. Having a Local Area Coordinator deployed within a given community and working closely with housing as it seeks to modernise and transform traditional services will embed population health approaches within service development.

The potential of Local Area Coordination however extends far beyond services for the elderly and accommodation based support. One obvious example would be the way in which current floating support services are delivered to a range of vulnerable groups, which have a narrow focus upon tenancy sustainment, too often dealing with the immediate issue but not taking the kind of holistic and personalised approach synonymous with Local Area Coordination. Linking such support within a network of services such as welfare reform advice, debt advice and third sector support such as CAB would again see the Local Area Coordination model as both a connector of such support and as a

holistic response to complexity; potentially having a transformative impact on these areas of delivery.

By engaging with marginalized people much earlier, and concentrating on their strengths, Local Area Coordination will assist in reducing some of the potential causes of future homelessness by addressing the circumstances that cause people to experience chaotic lifestyles and consequently struggle to cope. Adopting a Local Area Coordination model of support will also consider the broader causal relationship between current factors and future crisis, which tend to lead to poor outcomes and expensive service responses. This will produce far greater efficiencies than those generated by merely dealing with the presenting housing issue.

The Local Area Coordinator can support housing workers to be more preventative and personalised in their approach, with a focus on self-help and solution finding rather than service and crisis management.

Therefore, the introduction of Local Area Coordination alongside the major transformation of housing related services offers potential to drive transformation and generates a significant additional focus on promoting independence for marginalised groups; with lessons learned being used to improve impact in other sites where Local Area Coordination is or has been implemented. Reciprocity of learning is another emerging and significant bonus of the Local Area Coordination approach being coordinated by the national network of local authorities implementing Local Area Coordination.

There are a number of other important strategic areas where Housing and the Local Area Coordination model offers potential to assist with improving individual outcomes and in meeting key objectives. Single homelessness, homeless families, troubled families and homeless prevention services could all potentially see improvements through the use of the Local Area Coordination model by the way in which it develops a trust based support framework, seeking to connect people to their communities and help them to navigate the complexity that is a characteristic of the system designed to support them.

Housing in its broadest sense, including home owners, the private rented sector, adaptations services, as well as those in the social housing sectors offers an opportunity to refocus services to drive prevention and support people to maintain their health and independence. Housing through Initiatives such as “well homes”, high quality older people’s housing development, the creative use of assistive technology and by linking the planning process to improving health and wellbeing can help drive the shift to a preventative model.

These place based programmes have a significant role to play in future demand reduction programmes; having Local Area Coordinators embedded in the local community and providing good evidence of local assets and intelligence can help to feed these programmes, and increase understanding of what interventions are likely to have the most impact on the health and well-being of a community.

#### IV. Local Area Coordination and Employment

One area in which Local Area Coordination could be more effective is in supporting people to access long term employment. Clearly joblessness is a significant contributor to poor health and welfare

outcomes and supporting people in to employment is a key outcome for some of the people with whom the Local Area Coordinators are in contact. There have been some significant successes in terms of introducing people in to volunteering to improve social connectedness, and in some cases this has led to employment as a result of improved self-confidence; however more needs to be done. There are some emerging examples of how this aspect of the Local Area Coordinators work might be improved:

- Across the board stronger relationships with key agencies, most notable DWP and adult education, are beginning to be formed, this should improve opportunities for employment.
- In Swansea Local Area Coordination implementation is closely supported by the local University and there has been a proposal that they could utilise their strong links with local business to consider how Local Area Coordination can link to the local social responsibility agenda. One idea being considered is whether it would be possible for a local company to sponsor a Local Area Coordinator within the area in which they operate to help to ensure local people are offered employment opportunities wherever possible. The integrity and autonomy of the Local Area Coordinator would have to be guaranteed but the idea does seem to have merit and could lead to a significant improvement in producing employment opportunities for those people supported.
- In other areas where Local Area Coordination is being introduced consideration is being given to the role of local Registered Providers in terms of how they might link in with Local Area Coordinators to encourage community presence and employment. There is already good practice from the construction and housing industry in terms of their social responsibility through their support of apprentices. Registered Providers enjoy an important role within the communities in which their schemes are located and there is significant potential to mobilise this influence constructively to improve opportunities for marginalized people within the local economy.

#### v. Local Area Coordination and Commissioning/Market Development

Strong links are being established between Local Area Coordination and the development of micro enterprises and other commissioning activity at a community level. In Thurrock this is being carried out alongside Community Catalysts. A number of areas are also engaging with a variety of innovative solutions that are aimed at extending the range and type of solutions available. These initiatives include the implementation of Shared Lives schemes, the use of time banking and time credits, and the development of a web-based, inter-generational knowledge and skills exchange portal – Animate- funded under the European Union Ambient Assisted Living programme; all initiatives that increase the value of individual contributions and the potential links to employability.

The development of local markets and the extension of choice to individuals fostered by such developments is another duty placed upon Local Authorities by the Care Act; again this is a key area where Local Area Coordination will assist the Local authority to discharge their new duties.



### 3) Local Area Coordination –Summary of evaluations and cost benefit analysis to date.

**Local Area Coordination Cost/Benefit Analysis Table**

Local Authority	Evaluation Type	Evidence for improved outcomes			Cost/Benefit
		Individual	Cultural	Structural	
Derby City	Cost Benefit	yes	yes	Not assessed	£800K diverted costs in 12 months
Thurrock	Internal 14 month with cost benefit	yes	yes	yes	Calculated in individual cases – shown in each case to be cost effective.
Thurrock	Social return on investment	yes	yes	yes	£4 social value created for every £1 invested

#### Additional Evaluations

1) Government of Western Australia and Disability Services Commission report May 2003- Local Area Coordination Review. Summary of findings:

- Increased informal/unpaid supportive relationships/circles of support
- Preventing people from unnecessary out-of-home placements.
- Improves resilience - family caring is less likely to break down
- Improved access to information
- Contribution to reform of services and specialist roles – rebalancing funding and system
- Better resourced communities – Local Area Coordination generates additional resources £3 for every £1 spent
- Cost per service user is 35% lower than the national average (when compared to non- Local Area Coordination areas) – significantly increased coverage within existing resources and also 12% higher satisfaction rates with consumers

2) Derby City Social Return on Investment:

- Report due for publication imminently, will enable comparative analysis with Thurrock SROI when available.
- 3) Various Universities within the UK have expressed an interest in completing a longitudinal research project to consider Local Area Coordination as both a transformational programme to improve outcomes for people supported and in terms of its impact upon driving cultural and system wide change. There is a proposal for a coalition of academic establishments to link this research to a PHD proposition.

## 4) Conclusion

Generating transformational change without investment is extremely difficult, doing so whilst having to produce major year on year savings is almost impossible; and yet this is the task facing Adults and Children's Services

Health services face a similar challenge to transform, modernise and move away from the current paradigm based firmly on the medical model of care.

In Housing the reduction in the supply of affordable homes, welfare reform, increased levels of homeless presentations and restricted funding means that the current model has to change.

Local Area Coordination does not require significant investment but does represent a powerful model for transformational change at all levels across the whole system. Successful implementation requires effective design and committed leadership to establish and sustain the model. The experience already gained through implementing Local Area Coordination suggests that the following core areas are vital to ensure success:

- Building a shared vision, understanding, commitment and action across services of the possibilities of Local Area Coordination adding value as the new "front end" of services.
- Where Local Area Coordination implementation is designed with integrity and driven by strong leadership, long term studies show highly consistent, positive and predictable outcomes. Where Local Area Coordination is diluted or the cherry picking of parts of the approach takes place, outcomes are far less consistent.
- Real engagement, the contribution and leadership of local people is crucial, including those with a lived experience of services, isolation, marginalisation or vulnerability.
- Ongoing investment in nurturing good practice, co-production and reform, with opportunities for cultural change being exploited wherever they present.

This consistency in implementation is supported by The National Local Area Coordination Network, a shared resource that enables reciprocal relationships between authorities at different points in the implementation process.

Providing person centred support and promoting the role of communities in supporting and nurturing wellbeing are significant parts of any truly systemic approach; Local Area Coordination supports both of these aspects and provides a powerful operational and strategic underpinning to help to shift the system away from crisis intervention.