

# National Guidance on the Implementation of Local Area Coordination



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# **National Guidance on the Implementation of Local Area Coordination**

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## Chapter 1. Introduction

One of the recommendations in *The same as you?* review of services for people with learning disabilities is: *Health boards and local authorities should agree to appoint local area coordinators for learning disabilities from current resources used for managing care and coordinating services.* The Scottish Government remains committed to the implementation of the recommendations of this report and sees local area coordination (LAC) as one of the key components. Local area coordination not only has the potential to increase inclusion and independence and improve people's quality of life, but also to reduce health inequalities for this population.

Since the publication of *The same as you?* local area coordination has been developed to varying degrees across Scotland. The findings of an evaluation of implementation in Scotland were published in 2007 and demonstrated clear, positive outcomes for individuals and their families.

*“When I’m with my local area coordinator, it’s about me. My LAC understands how I am and helps me to do things for myself and be more independent. I have been able to go to places and try new things that I would never have done before I met my LAC. Everybody like me should be able to have a LAC.”*

It also identified the need for further national guidance to inform a consistent approach to development of local area coordination across Scotland. This guidance responds to that recommendation and also shows how local area coordination can help support the shift towards self-directed support for individuals in receipt of services.

In some areas we are beginning to see the limiting of resources and support services to only those with substantial care needs. This approach has the risk of stalling implementation of *The same as you?* and increasing the incidence of people reaching a crisis and needing substantial support. The long-term benefits of preventative approaches have been well established and this guidance demonstrates how local area coordination is a cost-effective, preventative means of getting quality outcomes for people with learning disabilities.

The substantial cost benefits of local area coordination are detailed in Chapter 7.

## Chapter 2. About Local Area Coordination

Local area coordination works with individuals and families in communities. To understand how it works it is best to start with the 10 principles that local area coordinators in Scotland work to.

1. As citizens, people with disabilities have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.
2. People with disabilities, often with the support of their families, are in the best position to determine their own needs and goals, and to plan for the future, whether as self-advocates or supported by advocacy.
3. Families, friends and personal networks, which may include support workers, are the foundations of a rich and valued life in the community.
4. Supports should be planned in partnership with individuals and others important to them, including their family.
5. Access to timely, accurate and accessible information enables people to make appropriate decisions and to gain more control over their lives.
6. Communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers. Inclusion requires changes in many areas of community life and mainstream public services including transport, leisure and employment.



7. The lives of people with disabilities and their families are enhanced when they can determine their preferred supports and services and control the required resources, to the extent that they desire. Individuals should be at the centre of decision-making about their lives.
8. Local area coordination enhances support systems. All services and supports, whoever delivers them, should aim to achieve a good life for people with disabilities, should recognise and support the role of families, carers and their supporters and should be able to demonstrate that the service they give to an individual is available, consistent and of high quality. LACs are an integral and strategic part of the network of publicly funded services that demonstrate society's commitment and responsibility to support all people to fulfill their potential in the community.
9. Partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of people with disabilities. Investment in building the capacity and resources of communities is essential to enable inclusion.
10. People with disabilities are citizens and have a life-long capacity for learning, development and contribution. They have the right to expect that services and supports should respond to their changing needs and aspirations and they should have the opportunity to contribute to society through employment, public service and by other valued means.

Local area coordination is not:

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

Although local area coordinators may have an assessment role with some people this is not their primary function. They will work with people to enable them to access community and informal supports. Local area coordinators may contribute to single shared assessments where appropriate, particularly where the person needs to access mainstream budgets. Their contribution to single shared assessments will reflect a person-centred approach with the emphasis on the individual's decisions about the kind of life they want. Most people they work with will not need an intensive assessment. When people want it they will help them to identify their goals and work out ways of moving towards them. The local area coordinator will then try to broker support in the community to support people to move in that direction. They will seek to negotiate access to formal services where necessary.

*The same as you?* introduced the role of local area coordinators within Scotland as a way to affect real changes for people with learning disabilities and their families. The principles of local area coordination also promote inclusion of groups who may face multiple disadvantage or discrimination, such as people with disability from ethnic minority backgrounds, by ensuring culturally appropriate support and challenging services to facilitate access.

These included:

- Being listened to about what you need
- Supports that help you to 'get a life' and to live the way you choose
- A way of accessing support when you need it quickly so that you do not have to 'fight' for services
- Opportunities throughout your life.

## Relationship with Care Management

Local area coordination shares many of the aspirations that have informed the development of care management in Scotland. It is different from care management because:

- it makes support available throughout life
- the emphasis is on developing strengths and capacities rather than need for services
- its main purpose is to develop informal and community supports for individuals.

Local area coordinators are not another gatekeeper to services nor yet another assessor in the lives of individuals and families. Local area coordination has to have independence from care management to avoid conflicts of interest. However, it needs to be recognised as a strong and permanently supported part of overall local strategies.

Targeting of resources on those in need of intensive support means that care management alone cannot deliver the goal of ensuring that everyone who needs a service can have access. The development of local area coordination should enable care management to operate effectively.

## Chapter 3. Current Policy Framework

Local area coordination was a major recommendation in *The same as you?* review of services for people with learning disabilities, published in 2000. The review involved people with learning disabilities and family carers and was based on the principles that people with learning disabilities should be valued as individuals and as part of our communities, should be at the centre of decision making about their lives and supported to do everything they are able to do. *The same as you?* is delivered at a local level through Partnership in Practice agreements between local authorities and their health partners.

*Changing Lives* identified local area coordination as an example of personalisation, which has been defined by the Service Development Group as follows:

*“Personalisation enables individuals alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.”*

One way in which personalisation is being implemented is through self-directed support where there is a shift in responsibility for managing the money to the person receiving the service so that they can have more control over its design and delivery.

*“Self directed support is a way of organising social care so that people can take control of their lives and fulfill their role as citizens. It is not the name of a particular service or provision.”*

National Guidance on Self-Directed Support, pg.1

<http://www.scotland.gov.uk/Publications/2007/07/04093127/0>

The In Control model of support provides a way of changing resource allocation systems to make such individualised budgets possible.

Personalisation, then, is much more than consumer choice. Rather, it starts from the rights and entitlements of citizens to choose support that will enable them to live better lives. Personalisation is a driver for public service reform because it shifts the focus of public service delivery from inputs to outcomes. *Changing Lives* also said that ‘more of the same won’t work’. Whole systems change is required, as is significant cultural change.

<http://www.socialworkscotland.org.uk/resources/private/Personalisation.pdf>

The User and Carer Forum in their paper on Citizen Leadership explain that a change in power relationships is essential to that change:

Citizen Leadership is more than “user involvement”. Effective consultation needs to take place, but Citizen Leadership is something more. User involvement does not require any shift in power. Citizen Leadership does require a shift in power: it is a new relationship between policy makers/service planners/service providers and people who use services/family carers. In this new relationship, citizens move from being “service users” to leaders. They take on a shared responsibility for ensuring that the right services are available for themselves and others.

Local area coordination is not just about social work policy however. It can contribute to quality outcomes for people in relation to a broad spectrum of legislation and policies including:

- *The Disability Equality Duty*, which from December 2006 places a duty on public authorities to promote equality and demonstrate involvement of disabled people.
- *Better Health Better Care* sets out the government's action plan to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care. The *2004 Health Needs Assessment* of people with learning disabilities in Scotland provided evidence of the serious shortfalls in meeting the healthcare needs of this population. There are inequalities in health improvement and prevention, screening and health checks and access to and provision of healthcare services.
- *The Community Care & Health (Scotland) Act 2002* significantly extends the rights of many carers in Scotland to have their needs as a carer assessed. The Act also requires local authorities and the NHS to advise carers of their rights. Local authorities are also required to recognise the care being provided by a carer and to take into account the views of a carer in deciding what services to offer to the person they care for. This requirement seeks to ensure that carers are regarded and treated as key partners in the provision of care.
- *Delivering for Mental Health* aims to raise awareness of mental health and to support mainstream services to be aware of the needs of their clients with mental health problems and provide interventions that address these specific needs.
- *Getting it right for every child* is a national approach to help all professionals supporting children and young people in Scotland. The implementation of a collective, overarching methodology should help improve opportunities for all children and young people in the country.

- More Choices More Chances is an action plan to reduce the proportion of young people not in education, employment or training in Scotland. A partnership approach is required to aid transition of all young people from school. Opportunities are to be delivered in a way that makes them accessible to all young people, including those hardest to engage.
- Mainstreaming Disability into Employment and Work – For disabled people, levels of employment are far lower than for non-disabled people. Finding ways to better include disabled people into the workforce by eliminating barriers is essential.



## Chapter 4. The Development of Local Area Coordination in Scotland

A local area coordination short-life working group was set up in 2002. The group identified that different approaches to local area coordination had been taken by local authorities across Scotland, resulting in mixed provision.

In an attempt to support local authorities to develop local area coordination, the working group issued recommendations to *The same as you?* Implementation Group (SAYIG) in 2002. These recommendations resulted in the commissioning of the first guidance on local area coordination in 2002.

Key points from the first guidance were:

- Local area coordination has a strong base in the community
- It is available for children and adults
- It is based on an established set of principles and is defined by the outcomes it will achieve
- It will enhance community supports as part of an overall reorientation of investment and provision
- It is different from care management
- Local area coordinators have strong strategic links with health, education, social work and the voluntary sector
- Local area coordinators work directly with individuals and families but are integrated into, not marginal to, service systems and mainstream budgets.

There have been a number of developments since the first guidance issued. Making Connections, the national training programme for local area coordinators, has been offered by SCLD since 2002. Using an action learning model this highly successful course has provided leadership and peer support as the local area coordinator's network has developed. Making Connections also provides space to learn from peers and for local area coordinators to develop their national identity. The training team for this course includes both a person with learning disabilities and a family carer.

Other key developments to underpin the role have included:

- Two highly successful national local area coordination conferences in 2004 and 2006
- The production of “Someone on Your Side” a film about local area coordination in Scotland
- The development and publication of “Making Connections: Stories of Local Area Coordination in Scotland”
- The national local area coordination programme (residential) in 2005 which was attended by local area coordinators, key stakeholders and family carers
- Supporting employers with the appointments of local area coordinators including feasibility studies and development of job descriptions and employee support
- The development of regional networks and a practice and development group, enabling the delivery of regional training
- A local area coordination micro site on the Scottish Consortium for Learning Disability (SCLD) website <http://www.sclld.org.uk/sclld-projects/local-area-co-ordination.xhtml>

Not all local area coordinators attend the action learning sets due to constraints within training budgets. However, support is provided to all local area coordinators through a free Opportunities session provided four times per year in Glasgow, facilitated by SCLD. This support contributes to the strategic development of the Local Area Coordinators Scotland Network via an online, confidential Bulletin Board which SCLD e-moderates.

In addition, local area coordinators in some neighbouring local authorities have formed a local forum and have been meeting regularly. This currently includes local area coordinators from seven local authorities and provides an opportunity to discuss relevant issues and share practice.

In 2005, the then Scottish Executive funded a national evaluation through Stirling University's Social Work Research Centre. The evaluation concentrated mainly on investigating the following:

- What are the lessons from the implementation of local area coordination across Scotland?
- What are the outcomes of local area coordination work?
- What is the future scope for local area coordination?

The findings published in 2007 identified that the local area coordinator role was highly valued by individuals, families and staff and evidenced positive outcomes in terms of increased independence, choice and inclusion. The authors recommended an increase in the number of local area coordinator posts to achieve full geographical and client group coverage across Scotland, the creation of a National Development Worker post and the production of updated guidance.

The evaluation also emphasised that the values, skills and qualities of local area coordinators are more important than formal qualifications. Local area coordinators need complex and diverse skills, the ability to be self directing and highly motivated and the confidence and authority to challenge other service providers. To ensure that local area coordinators obtain credibility in a professional environment it is important that the post is appropriately acknowledged and remunerated.

At the beginning of 2008 there are 58 local area coordinators operating in 24 of the 32 local authority areas in Scotland. Based on practice experience in Western Australia, *The same as you?* recommended that a local area coordinator should work with around 50 people. This may not be practicable in some areas, but it is clear that only a small percentage of the 23,000 people with learning disabilities known to services are accessing local area coordination.

The following three examples demonstrate the development of Local Area Coordination across three different local authorities in Scotland.

## The Example of Stirling

Stirling Council has been engaged in a set of changes to deliver the Joint Future Agenda and *The same as you?* and which pave the way for personalisation. Local area coordination has proved an effective and integral part of these changes which include:

- A corporate approach to inclusion
- More straightforward access to formal services
- Flexibility to make it possible to offer low level support where this can make a difference.

Local area coordination in Stirling is about more than services:

*“people deserve happier lives, not just better services”.*

It has made a highly effective contribution by:

- Developing new support networks for individuals
- Challenging barriers and changing hearts and minds
- Improving access to formal services for individuals (including housing, sport)
- Links and joint work with adult learning, sport and leisure, employment services, etc. to enable people to have more fulfilling lives
- Making a strategic contribution and representing the council on different groups.

Some of the reasons for the success of local area coordination in Stirling include:

- Strategic vision and support for the service from the director of community services
- Managerial role combines leadership with front-line work, ensuring that development is informed by direct contact with people
- Effectiveness and cost effectiveness of the service demonstrated through evaluation. Unit costs are outlined in Annex 2.

By September 2007 over 200 people have continuing access to a local area coordinator. All had voluntarily requested local area coordination support.

As a result the establishment of local area coordination in Stirling has increased from 1 to 4 coordinators (3.5 FTE) and the scope now includes people with autism spectrum condition without learning disability and people with mental health issues. It is likely to develop for older people also. It has been important to retain a focus on core local area coordination principles while increasing the expertise and capacity of the team.

## The Example of Midlothian

Local area coordination in Midlothian is delivered by The Thistle Foundation, a Scottish Voluntary Organisation, whose practices and values closely mirror those found within the local area coordinator's charter. There are currently three full-time equivalent local area coordinator posts in Midlothian.

The service began in 2003. At that time it was the stated intention of the local authority that local area coordination would grow from three initial areas, to cover the whole of Midlothian.

Whilst Midlothian local area coordinators work across the disability spectrum, the greater percentage is that of people who have a learning disability. This has brought the service to the forefront of the minds of those in the local authority looking to drive forward the service personalisation and In Control agendas.

Midlothian local area coordination has recently been tasked with providing the project team to work alongside a project coordinator from the local authority to deliver The Innovation Project, also known as 'The Person Centred Outcomes Project', to help ensure that people who use day services and residential services can have high quality person-centred plans.

The key outcome for people with a learning disability will be a person-centred approach to strategic planning and the delivery of support services. For the local area coordinator concerned, this will involve undertaking the completion of some 160 person-centred plans, along with a mentoring and support role to day centre and residential service staff within the authority. The project will take 18 months to complete.

In the meantime, coverage of the current three areas will be maintained by two local area coordinators. The role of local area coordination in Midlothian continues to grow, receiving positive responses from individuals and families, and gaining in reputation among agencies and organisations in the area.

### **The Example of Fife**

In Fife the two local area coordinators are managed within the supported living service as part of the social work department. A new framework based on the principles of local area coordination and evaluated using John O'Brien's five accomplishments has been established for their work. There is a proposal to pilot and evaluate this framework for individualised services. The purpose of the pilot project is to demonstrate that preventative work, with a quality of life focus, can complement mainstream social work services.



## What makes local area coordination effective and what limits its success?

The 2005 national evaluation of the implementation of local area coordination in Scotland concluded by stating: 'In order for LAC to prosper and flourish across Scotland, and continue with much needed support to individuals and families, it must be consistent, resourced and valued.'

Key factors identified by this evaluation as impacting on the success of local area coordination are:

- The commitment of senior managers.
- A clear definition and understanding of the role by local area coordinators themselves, their managers, other local authority staff, service providers and individuals and families.
- The extent of confusion and/or tension between the local area coordinators role and that of social work/ care management.
- The degree to which local area coordinators are equipped (i.e. suitable office facilities), trained, remunerated and empowered to do the job.
- Local area coordinators' values and commitment to inclusiveness, empowerment and acknowledgement of the natural authority of families, was identified to be fundamental to the success of local area coordination.
- The extent to which local area coordinators have time to build relationships with individuals and families to help them to identify their own needs and work toward change in their lives. This is dependent on local area coordinators having manageable numbers of people to work with (*The same as you?* recommendation of 50) and how many local area coordinator posts there are in each local authority area.

- The extent to which local area coordinators are able to concentrate on their core functions rather than being asked to carry out a diverse range of task.
- The geographical and demographic constraints on the local area coordination role – they may not have a remit to work in certain communities or with all age groups and impairments/needs.
- Community capacity building success may be linked to the degree to which communities are welcoming, whether the local area coordinator has a strategic base in the area and their previous knowledge of the locality and/or their community development background.

## Chapter 5. Evidence of Outcomes for Individuals, Family and Community

The new relationship between the Scottish Government and local authorities was set out in the concordat with COSLA that underpins the funding to be provided from 2008 to 2011. The move to Single Outcome Agreements and the reduction in ring-fenced funding provides local authorities with the opportunity to look at innovative and cost effective ways of meeting people's needs. Evidence from the recent evaluation and from local area coordinators themselves shows that local area coordination can help deliver outcomes across a range of local authority services including social care, housing, leisure, community planning, education and employment.

### Evaluation findings

The evaluation of local area coordination found strong evidence of a range of positive outcomes for individuals and families:

- significant improvements for individuals and families in accessing services
- enabling greater choice
- increased family capacity
- increased community capacity
- increased awareness of disability
- individuals and families, through networks established by the local area coordinator, mutually supporting each other
- individuals and families engaging more effectively with other agencies.

The evaluation report suggested that local area coordination can reduce the need for substitute care services and that local area coordinators, by making significant differences to individuals' opportunities, should not be seen as simply the 'icing on the cake'. It reported that many people had been enabled through local area coordination to access mainstream educational opportunities or take up mainstream employment.

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

Another important outcome for individuals and local authorities is the reduction in risk that comes with greater inclusion in the community, stronger support networks, and involvement in a range of activities with a range of people.

### **Case study showing the impact local area coordination can have on an individual and the community**

Mark was supported by Quality Action Group to get local area coordination support during May 2003. He completed a questionnaire during June 2003 and identified more activities in the rural area; getting a house of his own and getting a paid job as his top priorities. The questionnaire identified Mark's priorities for local area coordination support.

Mark was supported to apply for housing and overcoming some barriers put up by the service.

Mark is supported by Quality Action Group and local area coordination to deliver training for frontline staff. This group has now delivered training, chaired by Mark, to about 120 staff.

Three years on, Mark has his own house (with a small amount of support) and has a permanent job with Stirling Council. Through Quality Action Group he now participates in delivering training, is involved in National work, e.g. Inspections, SCLD, Users & Carers.

Mark continues to get local area coordination support mainly in advice, information, general and emotional support and forward planning.

It is clear from the outcomes for individuals, families and communities shown in the evaluation, that local area coordination has an important role to play in delivering 4 of the 5 national strategic objectives as follows:

### **1. Safer and Stronger**

Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

In Argyll and Bute the local area coordinator has set up a Shopmobility Scheme which is entirely run by local volunteers who have disabilities, mental health issues or are carers. The volunteers with learning disabilities do not receive paid support while they are there, and instead are supported by other volunteers who provide peer support. The Scheme is providing a free service (mobility scooter hire) to older people and the mobility impaired and reducing isolation both for the volunteers and those to whom they offer a service.

## 2. Wealthier and Fairer

Enable businesses and people to increase their wealth and more people to share fairly in that wealth.

In Stirling an individual in his thirties who had previously never worked identified this as a top priority for the future. Local area coordination worked with the local supported employment agency to help achieve this ambition. The individual, who received a 50 hours care package at one stage secured a full time paid position, received a salary, boasted about paying his rent for the first time, gained knowledge, self esteem, and a huge confidence lift leading to him requiring a care package of 5 hours per week. There were savings to community care and in housing benefit and a gain to society through his contribution.

### 3. Healthier

Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

A lady in Fife, Sue, suffered from severe depression and had tried to take her own life on two occasions. The only constant support she had was from her GP as Sue would frequently refuse to have any further contact with any services that were trying to support her. Sue referred herself after being passed information on local area coordination from her GP surgery.

Local area coordination has enabled Sue to have a better quality of life as she has grown in confidence and ability. She has been able to make significant changes to her life such as moving house and temporarily re-instated her Housing Support to help with this. Sue successfully completed a College Course in Psychology and also goes to Adult Literacy and Numeracy classes and Computer classes. Finally, Sue became a volunteer at the local hospital and goes round with the tea trolley.

Sue feels her life is more meaningful now and is a lot happier as a result. She no longer requires some of the medication prescribed for her depression and no longer sees the nurse counsellor or receives any psychiatric help. Local area coordination has enabled Sue to have a better quality of life and to develop as an individual.



#### 4. Smarter

Expand opportunities for Scots to succeed from nurture through to lifelong learning ensuring higher and more widely-shared achievements.

A local area coordinator in Scottish Borders supported a man with learning disability to develop his own interests when his sister was reaching the limits of the emotional and practical support she could offer. The local area coordinator supported the man to overcome his anxieties so that he could travel independently and he now attends college with support from a volunteer.

## Chapter 6. How Local Area Coordination Enhances Personalisation and Self-directed Support

The local area coordination approach, combining strategic, individual and community work is a way for people currently beyond the reach of the formal service system to access support and a way of building people's capacity to identify what would better meet their needs. It therefore both develops inclusion and reduces risk.

Local area coordination and self-directed support are not parallel or alternative routes to personalisation. They are both essential components of transformative change. Local area coordination and self-directed support overlap but are different.

- Local area coordination is not based in entitlement to services
- The key emphasis in local area coordination is on building capacity rather than meeting need
- Local area coordinators work in communities as well as with individuals.

Self-directed support adds value to local area coordination because:

- It emphasises the rights of people as citizens
- It extends the means of people requiring a service to have control and influence over it.

Similarly local area coordination can add value to self-directed support by helping people access community services, rather than rely on specialist support, and by helping people who are not receiving formal support.

The table below sets out some of these similarities and differences.

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

Within the new landscape of personalisation and self-directed support the place and function of local area coordination within a redesigned service system becomes clearer. People can access the local area coordinator directly. To fulfil its preventative role local area coordination must be available to individuals and families beyond the eligibility criteria for formal services and to be available to work with people throughout the life course. They will work with people before they receive services and with some people who do not receive them.

As people concerned with community development they should have a local base where they are accessible to the wider community.

Their primary function is to support self-assessment, establish personal life plans and support people to implement those plans. They contribute to a whole system approach and can help people to access low cost and no cost services.

Reformed public services depend on new relationships:

- Between the citizen and services
- Between services and the wider society
- Between people who use services and other citizens.

Local area coordination is a way of working that will help to change culture and develop these relationships by starting with the person and their wishes and capacities. It shares a value base with personalisation and self-directed support and represents the type of practice without which public service reform will founder because it develops the personal trust and relationship within which system change and service intervention can be effective.

## Summary

Local area coordination will help to make personalisation happen, by showing how to put the person, not the service, first. It needs to be part of a whole system change.

It is wider than self-directed support because it is preventative and works with people who may not need a full assessment. Local area coordination can improve the quality of life and reduce risks for people who may not be eligible for a formal service.

It will make change happen by making sure that the individual is the driver of that change and develop the trusting relationships (with individuals, other services and other organisations) that will create the confidence needed for change.

The reality of linking the vision of *Changing Lives* to frontline practice requires dedicated time over an extended period to engage and support people to have a genuine say in shaping and controlling their individual service. Local area coordination clearly links formal and informal services and systems. This produces outcomes that are both imaginative and cost effective for individuals, communities and services.

## Chapter 7. The Case for Investment

Local area coordination is a preventative approach that can divert people from statutory services, increase independence, informal networks and community links and support people to achieve better outcomes. It can therefore be a ‘spend to save option’. Local area coordination can also generate resources for individuals and communities. In this section we present evidence and learning to date about the cost effectiveness of local area coordination. These examples demonstrate how investment in a person-centred approach that works with the individual and family over time results in more independent individuals, better supported families and stronger communities. Social work budgets can be reduced through access to mainstream resources.

Without early intervention of the kind that local area coordinators can provide, crises will develop in people’s lives that will require more expensive intervention, individuals may experience barriers in accessing appropriate support and more people will require statutory services. Stirling have calculated the unit hourly cost for the support of local area coordination, outlined in Annex 1, which demonstrates how cost effective it is.

## Examples from Scotland

In Scotland the local area coordinator network has provided examples of how local area coordination can achieve cost benefits by:

- preventing crises through early intervention
- changing the balance of care to the use of more informal supports and diverting people from more expensive services
- using community resources
- bringing in additional resources
- making better use of existing resources
- supporting people to achieve better outcomes
- benefitting the wider community.

These examples are summarised in the following table.

## Examples from Scotland of cost benefits of investing in local area coordination (LAC)

'spend to save' – prevents crises

- Stirling LAC worked with a 16-year-old man who has mild cerebral palsy and mild learning disability. He also carried a label of "behavioural problems". He lives at home with his mum, who has health issues of her own to cope with. When he first met the LAC, he was attending college, doing a course for people with special needs, but was bored. He had painted his mum's house and wanted to be a painter and decorator, but had been told by a careers advisor that he could never do this job. The alternative was a course that was not meaningful or fulfilling for him. He had become more reliant on his mum and was becoming isolated. His mum was concerned about the negative affects this was having on them both.

The LAC built up a relationship with him and his mum, supporting them to fill in college forms, attend reviews and medical appointments, and supporting his mum with her own health issues. Over time, the LAC found out about his skills, dislikes and relationships. This was all helpful information that went some way to explaining his frustrations and led to the recognition that he was much more able than he had been credited. His reaction had often been to give things up or become aggressive as he felt unable to say how he really felt. The LAC worked with him on ways to be heard and kept painting and decorating on the agenda at college. She also encouraged and helped him to maintain a dialogue with the college until a supportive work placement was found, where he is part of a team who decorate and provide gardening services for local people. He has started the process towards being supported by the "Employability" service to achieve his ambition of becoming a fully fledged painter and decorator. The LAC approach gave the young man space and the opportunity to be heard and supported to make this transition a positive experience, and continues to do so.



## Examples from Scotland of cost benefits of investing in local area coordination (LAC) – cont'd

<p>changes the balance of care to the use of more informal supports and diverts from more expensive services</p>	<ul style="list-style-type: none"> <li>• In Fife the LAC supported a man to meet a companion to go on holiday with. This was an alternative to a week's residential respite which could have cost the local authority up to £1,158 with a private provider. The LAC also found a bus route with low-level steps so that this same man could do his own shopping. She then supported him to use the free shopping delivery service provided by a retailer (saving of £7.84 a week to the Local Authority if they had provided shopping and delivery service). The LAC also helped him complete a Disability Living Allowance Form and he now puts his mobility allowance towards a car which gives him the opportunity to get more involved in his community.</li> <li>• A LAC in West Lothian supports 38 people, 15 of whom had been referred for a social work assessment. They were passed directly to the LAC which prevented them having to go on a waiting list. These are people who would qualify for statutory services paid for by social work, but by coming through LAC they are accessing a variety of services from alternative sources e.g. learning to travel independently; independent living skills (cooking, budgeting, shopping) and housing support. These services are provided by the voluntary sector and have been put in place very soon after meeting and working together with the LAC. Most of the 15 people are also accessing leisure facilities in their communities. These are services that social work is not having to fund.</li> </ul>
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## Examples from Scotland of cost benefits of investing in local area coordination (LAC) – cont'd

<p>changes the balance of care to the use of more informal supports and diverts from more expensive services – cont'd</p>	<ul style="list-style-type: none"> <li>• The LAC in Glasgow East CHCP shows how local area coordination uses a person centred approach which encourages people to ask for what they need rather than fitting them into block funded services. This usually results in them asking for less money. For example, one young person asked for weekly support to go to local activities instead of going to centre based respite several times a year. The yearly cost of the weekly support is equivalent to 10 days of the centre-based respite. Another young adult was refusing support from a provider. Through a direct payment he has been creating his own support package. He is now getting by on half the support hours he previously had, and has returned money to the direct payments team.</li> <li>• In Argyll and Bute one LAC has started training volunteers for a travel buddy scheme which will provide free escort for people who are anxious about travelling on their own. This will lead to cost savings if people can go to college or the shops without paid support.</li> </ul>
<p>brings in resources</p>	<ul style="list-style-type: none"> <li>• The people with learning disabilities and parents who lead the LAC work in Glasgow East were able to see the priorities they had expressed influencing the work of local agencies. The LAC helped a voluntary organisation to obtain £22,000 in additional funding and take forward three new initiatives. The community gained and the organisation's work was targeted on local needs.</li> <li>• In Midlothian a woman whose family had worked with the LAC found out about a winter fuel rebate for people in receipt of certain benefits, a saving of £60 per household. The LAC team sent the information out to the people with whom they worked. Many householders were awarded the rebate over two winters.</li> </ul>

## Examples from Scotland of cost benefits of investing in local area coordination (LAC) – cont'd

<p>better outcomes</p>	<ul style="list-style-type: none"> <li>• The national evaluation reports how LAC in Stirling enabled a man to achieve his dreams of a job and his own house. His support has reduced from 4 to 2 hours a week and he is financially better off working 16 hours a week in a permanent job. He has gained greater wellbeing and is involved in many community initiatives.</li> <li>• Over the course of 3 years Midlothian LAC has supported a young woman to become more independent. She lives with her mother and 3 years ago life revolved around her home and the adult resource centre. The LAC worked with her on a person-centred plan and made sure it was implemented. Now she has reduced her attendance at the resource centre from 5 days to 1 day a week. She is a volunteer trainee with a social firm that recycles materials for arts and crafts, and is learning about customer care and other retail skills one day a week. She is supported two afternoons each week to access activities in her local community, become more confident about using public transport on her own, and is learning to budget her income. She and her friend arrange and enjoy regular evening meals out together. The Social Worker's input was reduced and she was able to close the case because of the involvement of LAC. Her development continues at her pace, her capacity to become more independent is increasing, her presence in her local community has increased, her social network has widened.</li> </ul>
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## Examples from Scotland of cost benefits of investing in local area coordination (LAC) – cont'd

community benefit	<ul style="list-style-type: none"> <li>In Argyll and Bute the LAC has set up a Shopmobility Scheme which is entirely run by local volunteers who have disabilities, mental health issues or are carers. The volunteers with learning disabilities do not receive paid support while they are there, and instead are supported by other volunteers who provide peer support. The scheme is providing a free service (mobility scooter hire) to older people and the mobility impaired and reducing isolation both for the volunteers and those to whom they offer a service.</li> </ul>
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## Evidence from Western Australia

In the state of Western Australia (population 2 million) local area coordination is the first point of contact for all disabled people and their families. A review in 2002-3 considered six aspects of value for money and concluded that local area coordination is cost effective because:

- it improved access to services (more disabled people in Western Australia were getting service than in other places)
- it influenced the balance of care (twice as many people got a non-residential service in Western Australia compared with other parts of Australia)
- the costs per service user were a third less than elsewhere (by using lower level supports and preventing crises)
- local area coordination prevented people having to move from their local community to access a service
- it generated additional resources.

Annex 2 reviews these findings in more detail.

### **The costs of stopping or not expanding local area coordination**

The experience of local area coordination in Western Australia and Scotland suggests that there would be losses in not developing local area coordination including:

- reduced access to local support
- increase in demand for formal services
- reduced opportunities for people to develop independence
- under-development of informal supports
- services less appropriate to wishes and needs.

## Chapter 8. Future Development of Local Area Coordination

The evidence of outcomes for people and cost effectiveness for local authorities clearly demonstrate the benefits of local area coordination. Local authorities, with their health and voluntary sector partners, should plan how they can further develop existing local area coordination provision to help prevent a shift to crisis driven responses.

It is widely acknowledged at a national and local level that action is needed to address the well-documented health inequalities faced by people with learning disabilities in Scotland. The way local area coordinators work in partnership with individuals and families and empower them to become valued members of the community has a key part to play in improving wellbeing. They also have a role in signposting and supporting people to access health promotion activities as well as health care services. In recognition of this and in response to the initial recommendation in *The same as you?* it is important that health partners are fully involved in the development of local area coordination.

After 5 years of experience, Stirling have found that it is sustainable for one local area coordinator to work with 60 people. There is a clear need for further development across Scotland and an increase in the numbers from the current 58 local area coordinators, if this sustainable level of support is to be reached. To assist with this development the evaluation of the implementation of local area coordination recommended the introduction of a national development worker in Scotland. The Scottish Government will consider the role and remit of a national development worker around training, sharing good practice and overcoming barriers to the development of local area coordination.

The findings from the evaluation of local area coordination in Scotland also highlight the potential for local area coordinators to focus more on community development and building capacity in mainstream services. In some areas the large number of people being supported by one local area coordinator means that community capacity planning has not been a primary focus of the role. A move towards 60 people per local area coordinator should enable the time and resource to focus more heavily on this crucial aspect of the role.

### **Who could benefit from access to local area coordination?**

*Changing Lives* recognised the potential of local area coordination to really begin to address the need for preventative support for all people who receive community care services.

- Children and adults across the disability spectrum
- Family members and carers
- Professionals and other people working in the statutory sectors, voluntary sector and community groups
- People who:
  - are beyond the eligibility criteria for formal services
  - do not and may not wish to, receive services
  - are looking to plan for the future
  - are looking for support with transition
  - need information.

Older people and professionals with an interest in services and wider opportunities for older people have already begun to learn about local area coordination and discuss how they would like it to be developed for older people in Scotland. The benefits around promoting good health and well-being, complementing other services and helping people prevent crises should be there from the start. For this reason, those people consulted suggested an initial focus on older people who are in a transitional period in their lives, for example becoming more frail or beginning to use services.

## Summary

Local area coordination has shown how many of the aspirations of *The same as you?* and *Changing Lives* for personalised services can be achieved. It is important to accept that these gains are unlikely to be realised unless individual disabled people and their families have access to support locally to enable them to work towards greater independence at their own pace. Local area coordination can provide this support.



## Annex 1

### Local Area Coordination: Unit Cost Calculation – Stirling

Based on very simple maths, e.g. one LAC can support up to 60 individuals (accepted as sustainable as a result of 20 years of practice experience and development in Western Australia and 5 years in Stirling). A bid was submitted for a full-time local area coordinator and a full-time Administrator – totally £58,000 PA.

Simple breakdown of the total amount divided by 60 (people supported) divided by 52 (weeks in the year) and divided by 35 (hours in the week). This gives a unit cost per person supported per hour = **£0.53p**. A LAC working with 40 individuals would = **£0.79p**, but in Stirling our LACs have reached 60 individuals within a very short period of time due to the response from individuals and families.

By September 2007, over 200 people had been supported since LAC was established in January 2003, now over 230 (November 07). These numbers include three people who have moved to other areas (two of whom cannot get access to support because there are no LACs and they are deemed low priority for access to the only available support, e.g. traditional Care Management) and two who have unfortunately died.

All of the others lie in approximately three categories:

1. Approximately 20%, usually new contacts where support and time can be intensive.
2. A large group about 60% who receive regular and frequent contact.
3. Approximately 15-20% and growing group who as a result of support have grown in confidence self esteem and activity and who request and require only occasional or infrequent contact.

#### Examples

- One mother of three disabled children is now stronger, more confident, has improved health and who wants to be able to sustain her family now states: “I know where you are and will get in touch if I need anything”;
- One young man (now 18) supported to get involved in a community drama group and to link into work now has a full time job, has many friends and once again is happy to know that he can contact LAC when he needs anything. His parents are also now very happy, all of their worries in the lead up to their son leaving school now a fading memory.

## Annex 2

### Value for Money Findings from Review of Local Area Coordination in Western Australia

Research question	Key findings								
how did the cost of the LAC programme compare with services in other parts of Australia where LACs were not an integral part of the support offered to disabled people?	<ul style="list-style-type: none"> <li>• More disabled people in Western Australia are getting a service than in other places (half as many again).</li> <li>• There are more people getting every type of service: residential services, non-residential services (such as home support and day services) and individual coordination. But the big increases are for non-residential services (nearly twice as many people getting a service in WA) and individual co-ordination (four times as many people getting this service).</li> <li>• The average cost per service user is a third less than in other places.</li> <li>• This is because the services that many more people are using are the ones that cost less, and are the ones that prevent further difficulties happening.</li> <li>• For each type of service, people in Western Australia were more satisfied than were people in other places.</li> </ul> <table border="1"> <thead> <tr> <th>type of support</th> <th>Western Australia costs, 1999/2000</th> </tr> </thead> <tbody> <tr> <td>residential services</td> <td>\$61,944</td> </tr> <tr> <td>non-residential services</td> <td>\$3,899</td> </tr> <tr> <td>individual co-ordination (LAC)</td> <td>\$3,316</td> </tr> </tbody> </table>	type of support	Western Australia costs, 1999/2000	residential services	\$61,944	non-residential services	\$3,899	individual co-ordination (LAC)	\$3,316
type of support	Western Australia costs, 1999/2000								
residential services	\$61,944								
non-residential services	\$3,899								
individual co-ordination (LAC)	\$3,316								
had LAC achieved its objectives?	<p>LAC had achieved all its objectives to:</p> <ul style="list-style-type: none"> <li>• strengthen individuals, families and carers</li> <li>• strengthen communities</li> <li>• develop partnerships and support services.</li> </ul>								

## Value for Money Findings from Review of Local Area Coordination in Western Australia – cont'd

Research question	Key findings
<p>did LAC prevent unnecessary spending and bring in more resources to a community?</p>	<ul style="list-style-type: none"> <li>• LAC has prevented people having to move away from their local community to get a service</li> <li>• LAC has also encouraged other organisations to provide additional resources for disabled people – so it has ‘multiplied’ the effect of the initial investment by the Disability Services Commission.</li> </ul>
<p>how much did it cost to run and how had the costs changed when it was expanded?</p> <p>Note: The costs of providing the LAC service that are reported each year include the costs of running the service and the grants to individuals and families. (Direct funding includes payments which are similar to schemes here such as Direct Payments and the Family Fund, plus aids and equipment, employment support and Flexible Family support, which is a much wider/more flexible version of respite.)</p>	<ul style="list-style-type: none"> <li>• Over the previous 7 years, the proportion spent on the direct funding to disabled people and families had gone up while the proportion spent on salaries had gone down.</li> <li>• The average cost for each person receiving residential care went up over the previous 7 years. The average cost for each person supported by LAC stayed fairly steady.</li> </ul>

## Value for Money Findings from Review of Local Area Coordination in Western Australia – cont'd

Research question	Key findings
what were the results of other relevant studies?	<ul style="list-style-type: none"> <li>• The review found that the other studies confirmed that LAC was a good quality approach and cost-effective.</li> </ul>
what would be the costs of not continuing with LAC?	<ul style="list-style-type: none"> <li>• Demand for specialist and expensive services would increase.</li> <li>• People would have less access to the services they needed.</li> <li>• It would be a particular loss in the rural areas.</li> <li>• The loss of the preventative strategy would mean pressures would continue to increase.</li> <li>• There would be a community backlash.</li> </ul>



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