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Local Area Coordination

Summative Evaluation

Neil Lunt and Laura Bainbridge

Department of Social Policy and Social Work
University of York
Heslington
York
YO10 5DD

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2.1. The Local Area Coordination Approach

Local Area Coordination (LAC) is an approach that emerged to support individuals with learning disabilities during the 1980s throughout Western Australia. It offered direct family support and sought to ensure that individuals had access to services and experienced social inclusion, developing local collaborations and emphasis on community redesign for service provision. In evolving as a distinctive professional role, the LAC model moved from rural to urban areas across a number of Australian states.

In 2009, 26 of 32 Scottish Local Authorities had Local Area Coordination for individuals with learning disabilities, with a total of 80 Co-ordinators in post (see SCLD, 2010). Post-2010 a number of English and Welsh Local Authorities introduced Local Area Coordination in their areas, within a broader policy landscape that includes the 2014 Care Act, NHS Five Year Forward, the Localism Act, the Well-being of Future Generations Act (Wales) and, inevitably, austerity measures at local and national levels. Within England and Wales, Local Area Coordination has developed with support of the Local Area Coordination Network and the target population has been broader than learning disabilities.

Local Area Coordination sits within the broader asset-based initiatives that emphasise people's and communities assets and not simply needs (with other examples including time banks, peer support and social prescribing, see SCIE, 2015). The development of Local Area Coordination across England and Wales includes support offered to those who are vulnerable through age, frailty, disability or mental health issues. Local Area Coordination 'walks alongside' individuals to pursue their vision for a good life, thereby lessening the need for formal service interventions.

It aims at:
- Preventing or reducing demand for costly services wherever possible
- Building community capacity and resilience
- Supporting service reform and integration

For individuals, families and communities Local Area Coordination seeks to:
- Reduce individual dependence on services/the state
- Support people to find non-service solutions
- Build supportive personal relationships
- Ensure there is better knowledge of, and connections to, existing

community resources
- Improve health and well-being, and self-management of health
- Develop the contribution, confidence, leadership, choice and control of individuals
- Develop more supportive and better resourced communities

For the system the aims are:
- To move from a crisis to prevention focus, with local solutions contributing to building social capital
- Shift to a strengths-based, capacity building focus
- To increase choice/range of support and services
- Consolidate partnerships and joint working between Local Area Coordinators and services, Local Area Coordinators and communities, Local Area Coordinators and third sector organisations.
- Build connections with and add value to existing initiatives – e.g. Social Prescribing, community capacity building (e.g. Community Facilitators), and micro enterprise (e.g. Community Catalysts).

At a strategic level, the objectives of Local Area Coordination are to:
- Develop individual and community resilience
- Reduce dependency on service-based solutions
- Make links between services

The majority of LAC initiatives are still ongoing (an early 2010 'pilot' in Middlesbrough is no longer in operation; Suffolk Country Council discontinued support in 2018). Newer initiatives are also in development (including Solihull and Birmingham City Council).

Figure 2.1: Local Area Coordination Across England and Wales: Past, Current and Emerging Developments

Local Area Coordination in England and Wales

Source: Authors Own

A number of formative evaluations are publicly available for Local Area Coordination and are listed in Appendix 1.

2.2. The Local Area Coordinator Role

Local Area Coordination works on the principle of earlier intervention, and is for people in their local community who may be unknown to or ineligible for services, or current users of services. At the heart of the Local Area Coordination approach is the role of Local Area Coordinators, who 'walk alongside' individuals in their communities.

Local Area Coordinators are expected to help people:
- Seek practical, non-service solutions to issues and problems wherever possible
- Access, navigate, coordinate and control services and support if these are required
- Build and maintain valued, mutually supportive relationships
- Understand and nurture their gifts, skills, experiences and needs
- Access accurate, relevant and timely information
- Build a positive vision and plan for the future
- Be part of, and actively contribute to, community life

- Be heard (LACs encourage self-advocacy, advocate alongside people, or advocate for people if there are no other options)

In short, Local Area Coordinators aim at: 'Supporting our residents to stay strong, safe, well, resilient, independent and connected within their local communities' (City of York information leaflet on Local Area Coordination).

2.3. How Local Area Coordination Differs From Existing Roles

Local Area Coordinators are not linked to a particular service. Rather, they are place-based, defined by geographical areas of around 10-12,000 people. In seeking the best support for an individual, irrespective of where or how this is achieved, they are less constrained by pre-existing service configurations. The Local Area Coordination role hinges on getting to know and building positive, trusting relationships with individuals, families and communities, whilst also being aware of community resources and their current and future potential.

Local people can contact their Local Area Coordinator directly, or can be introduced by friends, family members, neighbours, statutory services or community organisations. At the heart of Local Area Coordination is the support of individuals beginning with a positive joint conversation to identify their vision for a good life and their plans for getting there. This will involve interests and resources (e.g. friends, family, neighbours, work colleagues and community), and identifying and developing networks. The Coordinators must be aware of (and able to 'map') community resources (e.g. individuals, families, communities and services). As a result, they may identify gaps in community opportunities and advance partnerships with local businesses, community, voluntary and third sector organisations.

Important points of difference between Local Area Coordination and pre-existing community and statutory roles include:
- The absence of eligibility criteria for Local Area Coordination. The only 'eligibility' condition is that the individual lives in the area (there is no referral pathway or waiting list);
- Local Area Coordination avoids fitting individuals within existing services;
- Local Area Coordinators do not directly provide services;
- Local Area Coordinators develop voluntary relations: the language is one of 'introductions' and 'connections' rather than referral;

- Local Area Coordination adopts a whole-person, whole-family approach that aims to build family and social connections and relationships making use of a person's own networks;
- Local Area Coordination support is not time limited whilst also seeking to avoid dependency;
- Local Area Coordination seeks to build resilience – rather than simply signposting (see Broad, 2015).

2.4. The City of York Context

The Local Government Association provided funding to the City of York Council (CYC) to develop the Local Area Coordination approach in York. In August 2016, CYC approved the introduction of three Local Area Coordinators. These Coordinators were appointed in Summer 2017 and cover Tang Hall, Huntington and New Earswick, and Westfield wards (c. 10,000 population) (see Figure 2.2 below).

Figure 2.2: Three Local Area Coordination Sites

Source: Author's Own

Within York, Local Area Coordinators were recruited in partnership with local communities and expected to be located in accessible local community settings and highly mobile within those communities. Local Area Coordination is overseen by a Senior Leadership Group (see Lunt et al., 2018), representing statutory, community and third sector partners and service users.

Across the spectrum of health and social care commissioners and providers, York has seen a range of innovative approaches over recent years (including Care Hubs and Social Prescribing). Local Area Coordinators aim to provide the 'glue' to combine these initiatives into an easily accessible suite of support. York is a relatively affluent city with a capable and skilled population. Analysis by CYC when planning the introduction of Local Area Coordination identified strong community capacity in many areas and the willingness of communities to deliver greater support to residents. However, analysis also concluded that this capacity is not always joined-up, which can make it difficult for people to be connected with the best available support.

3. Evaluation aims

The aims of Phases One and Two were to:
- Understand the process of set-up and delivery;
- Document implementation (including structures and resources and whether the programmes activities were introduced as intended);
- The mechanism of intervention; and
- The context of delivery (see Chen, 1996; Lunt et al., 2003).

To meet these aims, we examined:
- How Local Area Coordination was established at the system level (recruitment, induction, training and supervision);
- Leadership and management, including the formation of a multi-agency leadership group;
- Community mapping and engagement with target groups.

Capturing these aspects of Local Area Coordination allowed us to assess implementation and to suggest improvements for delivery (useful for both City of York and other Local Authorities contemplating the introduction of Local Area Coordination).

Results from Phases One and Two are discussed in a preceding report (see Lunt et al., 2018).

Figure 3.1: Evaluation Aims in Phases One and Two

PHASE ONE

programme design and implementation
intervention logic; set-up processes; organisation and management
LAC establishment at system level; leadership and management; community mapping/engagement with target groups

PHASE TWO

formative evaluation
stakeholder feedback (Inc. individuals and families, staff, local community agencies and referrers)
benchmarking and consultation with other LAC sites and the LAC Network

Source: Authors Own

This report presents the results from Phase Three of the evaluation. The aim of this phase was to capture early outcomes at the level of individuals, families, community and system (including project objectives and cost effectiveness). We sought to identify emerging insights, albeit acknowledging limitations of both time and resources. We also signal potential future opportunities for data collection, and longitudinal approaches that may capture Local Area Coordination outcomes over a longer timeframe.

4. Methods

Ethical approval for Phase Three of the evaluation was granted by the Social Policy and Social Work (SPSW) Departmental Ethics Committee at the University of York.

Methods for Phase Three included:

1) Performance data
We accessed the routine performance data collected and reported by Local Area Coordinators. This data provides details of the number of introductions at Level 1, Level 2 and Community Groups, sources of introductions, presenting issues and resulting support and activities. To trial the scale of activities undertaken, we also asked a Local Area Coordinator to review their caseload and outline the number of cases where their involvement made a direct contribution to a particular outcome e.g. entering paid work, volunteering, support with legal proceedings etc.

2) Review of policy papers, programme materials and documentation
We accessed City of York presentations and LAC information materials, including the reporting of cases written-up by Local Area Coordinators each month.

3) Semi-structured interviews
For Phases One and Two we conducted 27 interviews pertaining to start-up and implementation with Local Area Coordinators, Programme Management and 18 community organisations / professional stakeholders across the three LAC wards.

During Phase Three we spoke to:

Those who made use of LAC
In total, 17 face-to-face interviews were conducted across the LAC areas. The objective of the interviews was to capture reasons for initial engagement, route to engagement, support offered, support received, impact, areas for LAC improvement and imagined future. A graphic elicitation technique (i.e. timeline interviewing) was employed during each interview. Interviews lasted approximately 60 minutes and each interviewee was given a £10 High Street Voucher as a 'thank you' for their contribution to the evaluation.

The LACs themselves

Three face-to-face interviews were conducted (one with each LAC). These interviews focused on caseload, service-user interactions and LAC experiences in the field. Each interview lasted approximately 90 minutes.

Community stakeholders

8 telephone interviews were conducted, each lasting approximately 20 minutes. The purpose of the interviews was to capture awareness / reflections on the early experience of the LAC services. These included individuals employed by the City of York and other community roles (e.g. housing, advice, community development).

All interviews were audio-recorded with participants' permission.

4) Leadership group meeting

We attended Leadership Group meetings from the early stages of programme design. We had access to all meeting minutes and documentation, including iterations of the Implementation Plan. Ten Leadership group meetings took place between February 2017 and December 2018.

5) Benchmarking processes with other UK Local Area Coordinators programmes

We collected materials from other Local Area Coordination initiatives, conducted site visits and engaged in telephone conversations with LAC programme staff.

5.1 Performance Data: progress to date

5.1.1 Introduction

LACs report monthly data on engagement levels, source of introduction, issues presenting and actions taken. They also record a limited amount of demographic information[1]. The sections below present data captured during the period August 2017-November 2018.

5.1.2 Engagement levels

The three types of LAC engagement are as follows:

- **Level 1 Support -** provision of information, advice and connections and/or short-term support.
- **Level 2 Support -** 'walking alongside' those who are vulnerable (due to disability, mental health needs, age or frailty) and who require sustained one-to-one assistance.
- **Community Groups -** provision of assistance related to an existing or new community group. Assistance can be short or sustained, and includes activities such as connecting community groups, advice on funding and identifying delivery locations.

The optimal caseload for each LAC is 50-60 Level 2 engagements.

As shown in Figure 5.1 below, the total number of cases reported by the LACs by November 2018 is 786. Of these, 617 are individuals, while 169 are community groups.

Within the reporting period, 337 cases are currently active.

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[1] Data is collected on gender.

Figure 5.1: Total number of cases reported
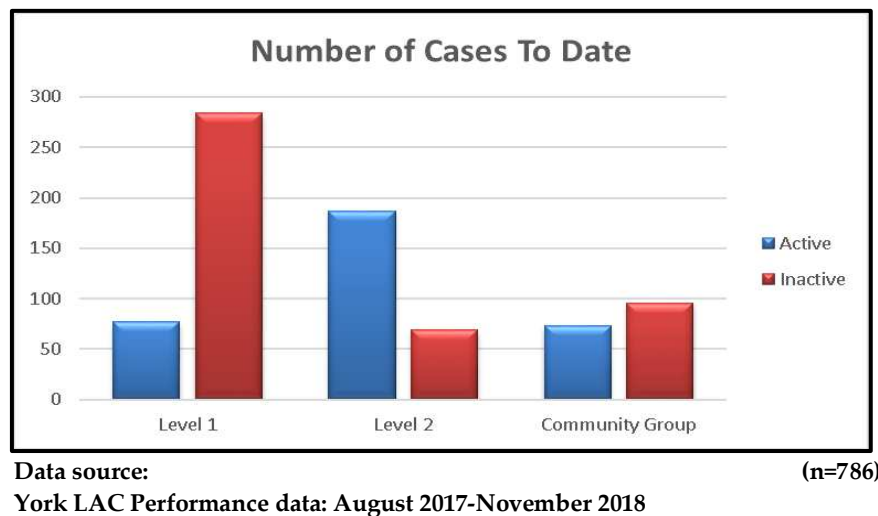
As illustrated in Figure 5.2, just under half (46%) of all LAC engagements within the reporting period have involved the provision of Level 1 support. One-third (33%) of engagements have entailed the delivery of Level 2 support, and 21% have involved Community Group assistance.

Figure 5.2: Engagement level: all cases
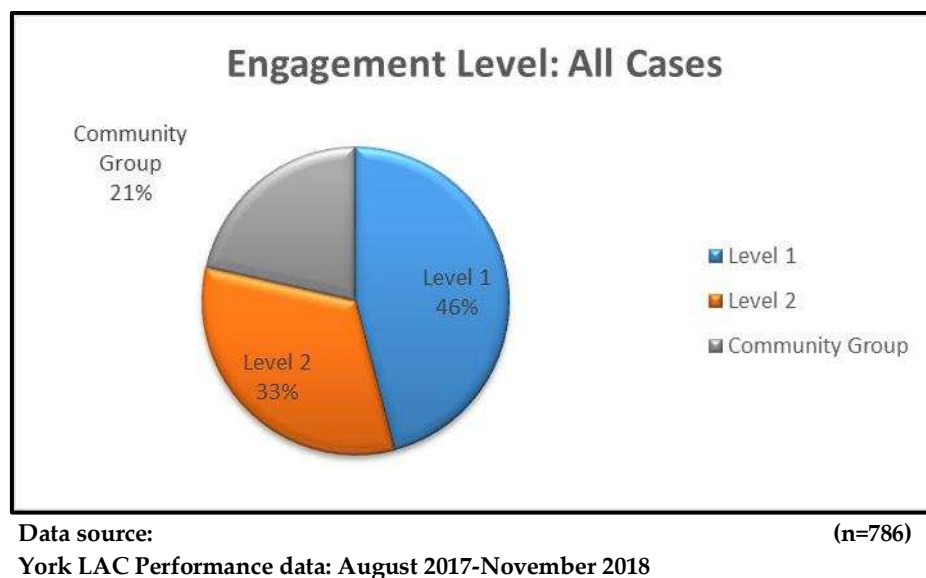
For the 337 *active* cases, 77 are Level 1 (23%), 187 are Level 2 (55%), and 73 are Community Group cases (22%).

Females represent 64% of Level 1 and 67% of Level 2 cases. In earlier phases of introductions females made up three-quarters of total referrals.

5.1.3. Introduction source

Figure 5.3 below details the originating source of introductions made to the York LAC programme.

Information recorded suggests that the largest source of introductions are from individuals themselves (19%), Adult Social Care (9%) and Community Centres (7%). Together, these account for just over a third (35%) of total introductions to date.

If we focus on Level 2 introductions, these are less likely to be self-introductions and are more likely to have been facilitated by Adult Social Care, Community Mental Health Teams (CMHTs), Housing Associations and Health Visitors.

Figure 5.3: Introduction source

Data source: York LAC Performance data: August 2017-November 2018 (n=786)
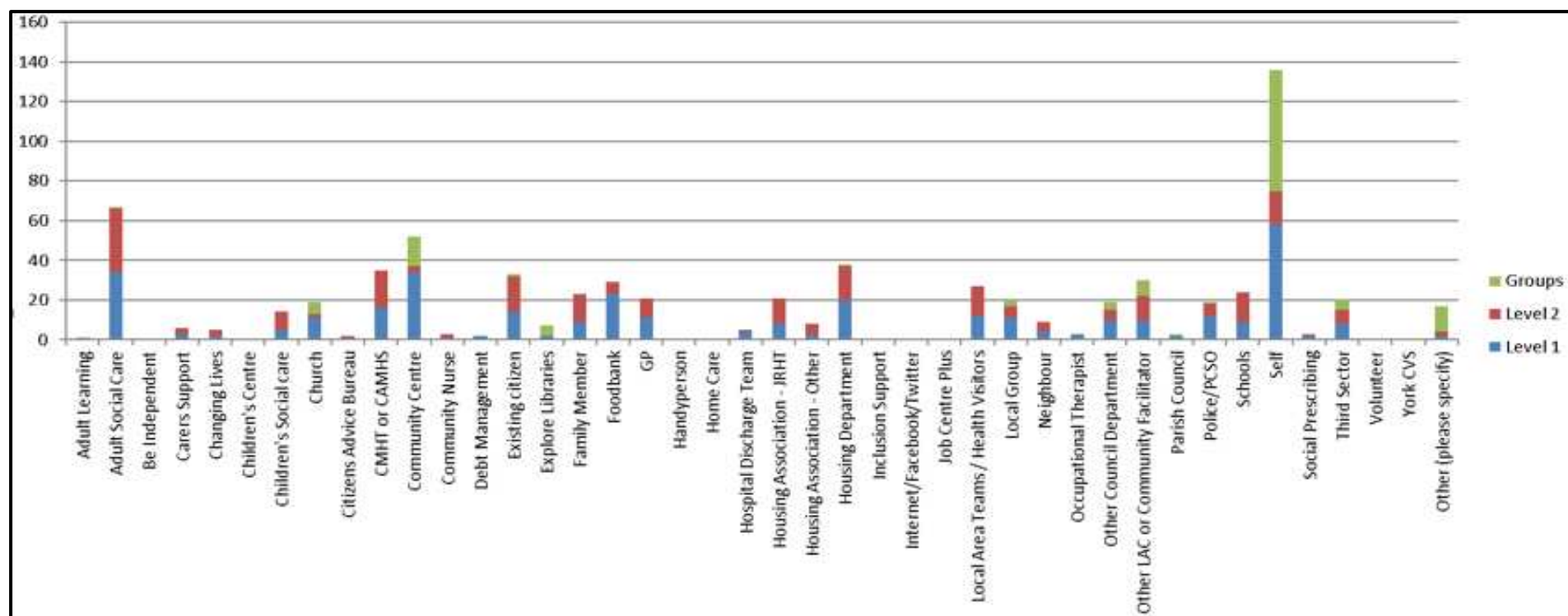
5.1.4   Presenting issue(s)

For those seeking Level 2 support the LACs record presenting issues (these are unranked but listed at up to three per individual). As shown in Figure 5.4, the main reasons for engagement across all cases reported are mental health (14%), isolation (12%) and housing issues (9%). Together, these account for over a third (35%) of issues presented to date.

Figure 5.4: Presenting issue(s) – Level 2
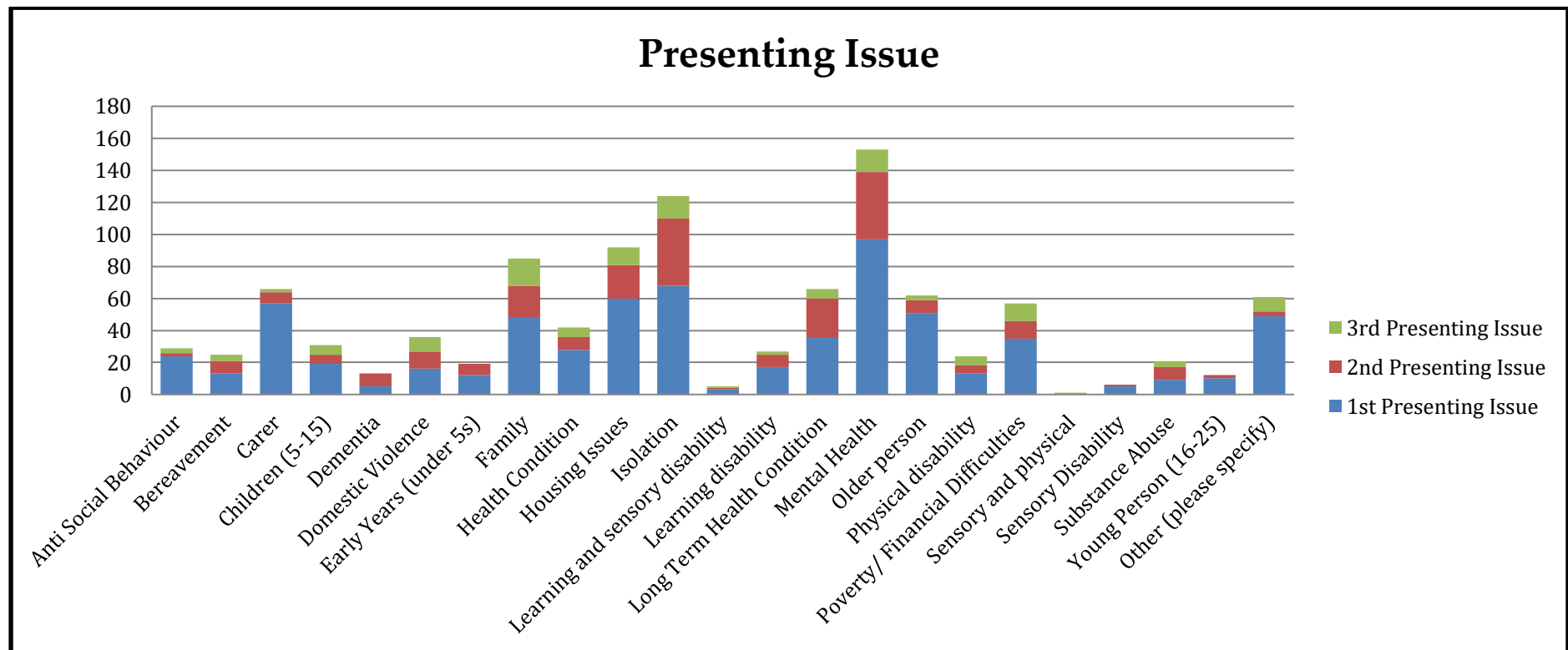
Data source: York LAC Performance data: August 2017-November 2018   **(n=786)**

5.1.5   Actions – Level 1

Table 5.1 below details the types of actions undertaken by the LACs when working with Level 1 programme recipients. Action types, defined by City of York administrative processes, are as follows:

- Arranging joint visit – where a meeting or follow up is arranged with a third party source or service
- Community Connection – where recipient is connected to a citizen
- Group Connection – where recipient is connected to a Community Group
- Information and Advice – where recipient requires low touch advice
- Moved to Level 2
- Non-service solution – where a solution is reached which has no service costs
- Self-advocacy – where recipient has referred themselves to LAC
- Signpost to services – where recipient is passed over to a costed service

Data indicates that since LAC was introduced in York, just under two thirds (65%) of Level 1 cases have required information and advice.

	Arrange joint visit	Community connection	Group connection	Information and advice	Moved to Level 2	Non-service solution	Self-advocacy	Signpost to services	Other	Total
2017										
Jul	1		2	5				1		9
Aug	7	1	2	8		3		3		24
Sep	6			9				2	1	18
Oct	6	2	1	14				2		25
Nov	4	3		22		1	1	3	3	37
Dec	1			13	1					15
2018										
Jan	4	1	1	27	3					36
Feb	5	2		16				5		28
Mar	1			14					1	16
Apr	1	1	1	19						22
May	1	1	2	9				4		17
Jun	2	2		19				2	1	26
Jul				15				2	4	21
Aug				11				2	1	14
Sep	2			8				1	1	12
Oct	9	3		17				6		35
Nov	3	8	1	3		4		1		20
Total	53	24	10	301	4	8	1	34	12	447

5.1.6 Reflections on reported performance data

- *Growth of introductions*: Introductions grew steadily between August 2017-November 2018, reaching target caseload for Level 2 activity across all three wards. Given that local community organisation and ward dynamics are unique for each site, target caseloads are reached at different time-points. Appendix Two outlines the Caseload composition for Level 2 activities across the three wards.
- *Changing source of introductions*: A large proportion of earlier introductions came from Community Facilitators and Community Centres. With increased awareness of Local Area Coordinators introductions are now being received from a broader range of sources.
- *Gender*: Data suggests three-quarters of Level 1 and 2 introductions are female.
- *Low sources of referral*: The number of GP introductions remains relatively small (under 20 for both Level 1 and 2 combined).
- *Higher sources of referral*: For level 2 introductions, the greatest number are from Adult Social Care, CMHT, Housing Associations and Health Visitors.
- *Presenting reasons*: The greatest proportion of those receiving Level 2 support present for reasons of mental health (14%), isolation (12%), and housing (9%).

5.1.7 Reflections on reporting and collection of performance data

- *Activity and age*: Early data (August-September 2017) suggested 75% of introductions were not in work or were retired. Such evidence is useful for understanding the wider context but is not contained in later reporting.
- *Main reason for engagement*: Data on engagement relating to demographics/groups (e.g. children, youth, retired, very elderly) could be valuable.
- *Differences across wards*: It would be helpful to understand how activity is shaped by local context.
- *Marginalised groups*: Asset-based initiatives are criticised for ignoring marginalisation (Daly and Westwood 2018; MacLeod and Emejulu, 2014). Across wards, do some population engage less and are particular issues less prominent?
- *Caseload churn*: Alongside total and active caseloads, analysing change in caseload composition would be valuable.
- *Information and insights for planning*: how do emerging needs integrate into wider systems of decision-making (e.g. mental health, isolation)?

- Family caseloads: Complex family caseload activity is evident in the York model; *perhaps* a difference when set alongside Local Area Coordination activity elsewhere?

5.2   Role and Impact

As highlighted earlier, for individuals, families and communities Local Area Coordination seeks to reduce individual dependence on services and support people to find non-service solutions. At its heart lies the building of supportive personal relationships, and improving health and well-being (including self-management of health). It develops the contribution, confidence, leadership, choice and control of individuals. Ensuring better knowledge of, and connections to, existing community resources is also key. Drawing on the interview data (with Local Area Coordinators, those supported across the three wards, and community stakeholder perspectives) we outline how developments have unfolded across the three sites and emerging evidence of change at the levels of individual, family and community.

5.2.1   Local Area Coordinator activities

Local Area Coordinators undertake a wide range of activities in their day-to-day work. These include:

- *Organising drop ins, lunches and coffee mornings*: across all three wards such activities involve building support networks and tackling isolation. For example, in one ward a number of those attending such opportunities were experiencing mental health issues (e.g. depression).

  Support for appointments/visits: across the three wards there is support to accompany people to appointments (e.g. GP and advice drop-in's or appointments) and for encouraging them to make appointments where required. People may forget appointment times and important issues. LACs act as 'prompters' to enable them to provide more accurate accounts of their situation. In addition, people can be shy or unsure when meeting with professionals - having LAC support gives them confidence and reassurance.

- *Companionship for isolated / vulnerable people, including visits and support*. Alongside drop-ins, such companionship is a key activity in supporting those within the community. For example, a LAC sitting with a disabled man while his wife goes along to the Carer's Café is

beneficial in two ways: offering a measure of respite to the carer and support to the disabled person.

- *Navigating financial systems*: Providing support with benefits and applications was widely reported. One LAC for example spoke of spending approximately 3-4 hours per week completing benefit forms. Assistance includes completing PIP and UC forms in people's homes and signposting to others within the benefits advice network. Advice and support is also offered in relation to completing Blue Badge and carer's assessment forms.

- *Navigating housing:* There are many examples of Local Area Coordinators supporting people in poor housing conditions as well as situations of overcrowding, thus averting potential homelessness. This involved liaising with Council and Housing Association staff, and accompanying people to Housing Options or Housing Registrations meetings. LACs also provide housing arrears advice, and support people to move to different properties.

- *Navigating health and social care systems*: Local Area Coordinators support those in the community to access health and social support. This includes Occupational Therapy assessments (e.g. leading to the provision of grab rails within the home), GP appointments, and mental health provision (e.g. peer support groups), and referrals to adult social care.

- *Advocacy:* Advocacy was evident in a range multi-agency meetings including Family Early Help Assessment; Joseph Rowntree Housing Trust meetings; Safeguarding Inquiry Meetings; Child Protection Conferences and MARACs. There are also many examples of advocacy in complex professional and service settings, where Local Area Coordinators were able to question decisions, and help achieve better solutions for individuals and families.

- *Signposting to leisure activities:* There is a large amount of signposting, including helping to reduce isolation and break 'day-to-day' routines. Children were encouraged to join clubs and cultivate hobbies. For adults, in addition to the range of drop-ins and lunch clubs, activities included a writers group, a local History Group, community cinema, craft groups, toddler groups, libraries, and support groups for women

(e.g. KYRA). Local Area Coordinators often initially accompany those joining new activities so that they are not alone.

5.2.2 Community views of Local Area Coordinators

In our interviews with community stakeholders and those who had been supported, it was clear that Local Area Coordinators were held in high regard and viewed as having the ability to build supportive relationships and to make a difference to peoples' lives within the wards. There were some key reasons why this was the case.

Time: It was emphasised that LACs were willing to spend time when offering support, and in doing so acquire an understanding the specific circumstances within which complex issues had emerged and/or were escalating.

> *She's very kind, helpful. She's always got time for you. (Local Resident #2)*

Patience; compassion; empathy; kindness; tenacity: Local Area Coordination is perceived as being very much about the type of people appointed to the roles – personality traits, including being non-judgemental, really do matter:

> *[She] is so totally and absolutely non-judgemental. She accepts everybody as they are. (Local Resident #12)*

> *She's easy to talk to. Non-judgemental. She offers practical help, like with the carer stuff that she sent me, and practical help like coming along to places with me. If I wanted to know anything, I could ask her. (Local Resident #3)*

Flexibility of role: The ability of Local Area Coordinators to be flexible and to communicate without an agenda was seen as valuable. The Coordinators are not based within a service, and spanning boundaries can help work to understand the interconnected issues and challenges that people face:

> *Just that she made a big difference to our day-to-day life, the amount of support that we suddenly had. I just felt she was very, very supportive. The number of health stuff I have is very tangled and difficult, but she was just always there to listen, and she never made me feel like I was being annoying or a pain. That's a big thing with chronic illness. (Local Resident #4)*

One of the things that was missing is a lot of them are six months' support or a years' support, something like that, but some people only need a few weeks, six weeks, that type of thing that just needs a help, somebody to work with them to get over bumps in their lives, and then can get back on with their life. That type of support isn't really readily available, or wasn't. (Community Stakeholder #5)

Responsiveness and reliability: For those community residents to whom we spoke a recurring theme was the reliability of Local Area Coordinators. Some local residents expressed occasional frustration by what they saw as impenetrable and unresponsive services and systems. Local residents told us that LACs always answer their phones, get back in touch when they say they will and keep their appointments. In many instances, such reliability was fundamental to establishing a relationship of trust, and a basis upon which shared agreements could be built.

I think one thing with us is, it is a completely different way of working than traditional service provision. (Community Stakeholder #1)

Knowledge and understanding of existing community assets and previous role(s): Local Area Coordinators are seen as being a repository of knowledge and connections, and were able to utilise such resources to the advantage of the local community:

She has got a lot of empathy and she really tries to understand the situation that you're in. She will ask questions where its relevant; she will offer as much advice as she can. (Local Resident #1)

I would say, 'She's somebody who's in touch with lots of different services across our area, so that can be mental health. It can be childcare. It can be mobility. It can be work. She's just somebody who has access to this big network.' It's somebody who can help you through it and be a supportive person to help you navigate it. (Local Resident #4)

She was an information source. Her knowledge of housing as well and people to contact in housing and things was really brilliant. (Community Stakeholder #2)

Visibility: the presence of Local Area Coordinators is viewed as a major strength, both in attendance at Community Events and networking activities as well as being 'out-and-about' in their local communities:

Oh, you see her walking about all over. She must cover some miles in a day. (Local Resident #1)

For me it's because they're on the ground, they're a face I know. It's not a department where they're hidden away and it's changing all the time. The people who are employed really believe in it. There's been no change of staff which is really positive and it's that that I see them about. (Community Stakeholder #6)

Trust: At the centre of effective working relationships is the ability to establish trust and rapport, sometimes with those who are suspicious of statutory services and formal organisations:

Yes, I trust her implicitly. I'd tell her anything and also, her help is unconditional, it's not a case of, you have to do this, this and this, whereas with them other people, it was giving me stuff to fit into boxes and over a week, that I couldn't fit into boxes. This is just support like it used to be. (Local Resident #3)

Her presence when she started talking to me calmed me down. (Local Resident #6)

Yes, she's a nice woman. We haven't got to the laughing stage yet, do you know what I mean? But we will. (Local Resident #5)

The comments of one Community Stakeholder captures all these elements well: timing, flexibility, responsiveness, knowledge and trust, and how they fit together in Local Area Coordination:

I think it's that it's the ability to spend time alongside people behind - I know I keep calling it behind the scenes but they can invest the time and they can be really flexible in their approach and I think that's the difference and I've been fortunate to be able to have modelled that in what I'm doing too. So, together, we can come up with solutions that will fit what we need to do without much constraints and I think that makes all the difference to people. They're not, even though they are, part of working within the local authority, I think it's viewed in a completely different way and it is switching people's perceptions of services. It's not that sort of take a ticket or you've got to cross this threshold or you've got to get here for us to work with you because whatever is important to you is important and if it helps you move forward in any direction, do you know what I mean, it's good. It's a positive step. (Community Stakeholder #4).

Finally, Local Area Coordinators themselves were clear about their role, how it differed from existing service and routes, and overarching values and philosophy of Local Area Coordination:

"I'm a lady from the Council, I am somebody who is very flexible in that sense that I've got time, I can listen, there isn't a set agenda … I can let them, encourage

them, to make discoveries about themselves just by talking (Local Area Coordinator).

However, there was also an awareness that some residents – both those familiar with services and systems and those new to such delivery and processes – could misunderstand and have heightened expectations of the role:

Sometimes you do wonder if they get what your role is … they can't have me 24 hours a day to sort their lives out, so the majority of the time they do see me as someone who will help them with things that they want help with. (Local Area Coordinator)

I think some families can become confused as to what the role is, you find you have to try and re-emphasise you are not a social worker, not a support worker, I am here to walk alongside you, and it's all very much led by you. (Local Area Coordinator)

5.2.3 Evidence of supporting those who do not meet current eligibility and addressing isolation

There are many examples – within the case report and our own interview data – of Local Area Coordinators supporting those who do not meet current eligibility for services and addressing the isolation that so many people experience.

There is a lot of lonely people. I was one of them. People don't realise that… Well, yes, I often think that if [LAC] hadn't materialised, I just don't know where I'd be. I think I'd be very, very poorly. (Local Resident #11)

The Open Shop 'drop in' New Earswick for example now has regulars with some days up to a dozen people attending. Many have mental health issues (e.g. depression). The 'drop-in' allows people with similar interests to meet and friendships to emerge organically. It is also beginning to build and reinforce social capital:

I don't call it a drop-in, I just say a meet up with friends … I wanted them to perform, without them knowing it, like a bit of support group for one another, so peer support" (Local Area Coordinator)

It gets really busy, and I just go and make tea and coffee, and just leave them to it (Local Area Coordinator)

A view of a Community Stakeholder was that a number of residents were isolated but not accessing services and that Local Area Coordination was really helping to tackle this:

[LAC] has worked with quite isolated individuals who need to access community activity. She's brought them to different things that are running. (Community Stakeholder #1)

These activities are evident across the three wards:

She put me in touch with the Red Cross, so they were invaluable for taking me to and from the hospital and to physio appointments and things like that. Again, that was something that [she] organised and put me in touch with the right people. (Local Resident #2)

Yes, so [LAC] called the Occupational Therapist for me. I think it was the kind of thing where I could do it, but it's not all that accessible for me. I struggle on the phone and stuff, and [LAC] was very happy to do that. She said the entire time, 'Why don't we have a look at this? I can do it if you want or you can do it.' (Local Resident #4)

5.2.4 Evidence of developing non-service solutions that are preventative

Our discussions with Local Area Coordinators, community stakeholders, and reading case reports provided a number of examples where non-service solutions emerged from activities. One interesting reflection from a Community Stakeholder suggested:

Certainly my experience of the Coordinators is that they're able to catch the people as they're falling, before they've hit the bottom, whereas a lot of other support agencies the people have hit the bottom and been there for a while before support is available, because there isn't the support there. (Community Stakeholder #5)

As example of this, is when YorPeer Support became a community solution where Community Psychiatric Nursing had been withdrawn. Consequently, the individual attended the YorPeer Support group and was later back to the gym and eating healthily, and attending YorPeer with a friend, who in turn values support offered. In a second example, an elderly widow who had experienced a

stroke and isolation had relatives that were some distance away. The support of the Local Area Coordinator led to the involvement of York Neighbours/ GoodGym. As a result, this individual was now enjoying the garden and inviting others over for coffee, developing friendships and networks. A third example, that of falls prevention, concerned an older person receiving personal mobility aids and carer support, which helped to strengthen independent living and informal care arrangements. A fourth example is that of an isolated older person who received support, and was then able to affirm they were happy in their property – when previously they had been very unsettled. Now they had a plan for exercising, volunteering and socialising – core elements of what they saw as their own 'good life'.

As well as individuals who received Level 2 support, there are a number of individuals who had been in contact with Local Area Coordinator – for a Level 1 support or for particular issues that were now resolved. However, they all talked about being aware of the Local Coordinators role, activities and support *should they ever need it*:

> *When I last saw her [the LAC said] that they've got little groups going and things like that, and were we interested? So we know that we can go there if we're down and want somebody else to mix with. (Local Resident #9).*

5.2.5   Skills and volunteering

Within our data (interviews and case reports) we found examples of individuals developing skills and volunteering within their communities as a result of Local Area Coordination support. These included a young person *moving towards* volunteering at the Nature Reserve, and examples of volunteering at the Lunch Club and Food Bank.

One older person highlighted how volunteering was helping to counter feelings of loneliness, and how she valued making contributions within the community and was enjoying this opportunity, but indeed wanted to do more:

> *I like being with the people, to help the people. Yes. To help anybody, I enjoyed it. I really enjoyed that more than what I do around here, because I don't feel as though I'm doing much. I'm not saying that I don't enjoy it, don't get me wrong. I do, but when you do something like looking after somebody else, you feel as though you're doing something, not just giving them a dinner. (Local Resident #8)*

5.2.6   Build a positive vision and plan for future

Walking alongside people to develop plans for the future underpins Local Area Coordination activities. This includes not only those who may be isolated, lonely and perhaps not in contact with services, but also those who have complex and longstanding issues where finding someone they can work with presents opportunity for successful re-engagement and improvement in wellbeing.

People with very complex needs often live in the present and immediate future, finding it difficult to make longer-term plans. For those living with low income and/or poor health, discussions around the 'good life' tend towards things like safe/secure/stable housing and income support. Whilst initial engagement can often involve support with benefits or associated claims, the LAC and user can then potentially move on to discuss other opportunities (e.g. volunteering).

> *When you are having the good life conversation, it can come down to very basic things, just having basic needs met. So there are people who are facing homelessness, or living in extreme poverty, they are struggling with their welfare benefits, with UC, that's become a big thing. And just struggling to pay their bills and live day to day… But saying that, some people have very distinctive aspirations, they know where they want to be but they are frustrated because they are stuck in day-to-day existence (Local Area Coordinator)*

We heard a number of instances where individuals had expressed utmost despondency – whether the result of a mental health condition (for example, ADHD, hoarding, anxiety) or living with a disability/long-term health condition or anti-social neighbours – where engagement with a Local Area Coordinator had given the individual (and families) hope for a better future:

> *Because I didn't want them in the first place because I'm a very independent person, and I don't like outside people coming in and knowing my business and that, but I got to the point where I was at rock bottom and I was just so ill. I'd be in bed for days, like in pain and just going in hospital and all that and it just - but it is, it's stress that makes you like that, and it's totally crazy, how I think now what I used to be like. (Local Resident #6)*

> *I think if you're mentally ill and somebody's given to you, it's like, well, I'd rather interview one that's more suitable, you know? Then they bring other people round and they don't even let me know. So I'm exposed, I feel like I've got no skin on anyway. (Local Resident #5)*

5.2.7   Be heard

Local Area Coordinators ensure citizens are heard within service settings, including advocacy and co-advocacy. This included the opportunity to reach out to a wider support system, as well as having greater voice within complex welfare and criminal justice systems of social security, housing, and court.

For some individuals that we spoke to the stakes had been very high. Individuals and families had experienced significant trauma and were extremely vulnerable:

> *She was there 100 per cent. She was like my rock. That's how I can put it. She was like my rock. If it weren't for her, like I say, I would have committed suicide because [partner] had gone, I were going to lose my home, and then all these benefits had changed. (Local Resident #7)*

We spoke with a woman who had been struggling with adverse housing conditions, and feeling that she was not getting very far in addressing this with the Housing Association. Her husband had chronic health conditions and the strain on the couple was severe. Being listened to within the service setting and achieving a satisfactory housing repair meant the couple could move on with their lives:

> *So of course, [she] came in, and she was brilliant. She just sat and listened to what I had to say. Then she got onto various people for me and got onto the [Housing Association]. Then, of course, they saw what a mess we were living in. She came in and - is it a confidant, they called it? (Local Resident #9)*

There were many examples of supporting individuals with UC claims and PIP claims, as well as Attendance Allowance. As the Local Area Coordinators themselves acknowledge:

> *So that's a big part of what people ask up, and we can refer or introduce people to the experts in money. We are learning a lot about money and benefits (Local Area Coordinator)*

Individuals were supported in varied and complex settings, including multi-agency meetings, as well as meetings with services (e.g. Citizens Advice; mental health appointments; benefits advisors):

> *They just find the idea of talking to a stranger, particularly if its mental health issues, they find that really daunting. It makes them very anxious so they just leave and don't pursue it. (Local Area Coordinator)*

She said she would come to the court with me when it came, when it came about, yes. (Local Resident #3)

About mental health support, yes. Another thing she suggested was that I request a referral to mental health services which I don't know why I didn't have anyway. I was seeing my GP every couple of weeks at that point. (Local Resident #4)

I'd say she's really friendly, she knows what she's talking about, and she knows how to get things done…. She doesn't mess about. She gets somewhere and she does everything. She helps you to go to the right places and do things, yes. (Local Resident #7)

In some instances being heard came at the point when individuals felt unsupported and invisible within current services:

I got to that point where I wanted any help I could get. (Local Resident #9)

Another individual perceived that many other services were not fully engaging with her and constructing her as difficult and non-compliant. Contact with a Local Area Coordinator continued to ensure her complex service needs were acknowledged and continued to be addressed within the wider system.

We also identified examples of individuals and families experiencing circumstances that were traumatic, longstanding and multi-layered. Here, being heard entailed a more sustained period of support and service advocacy to ensure satisfactory resolution:

She's meant to signpost people in the right direction ….however, I think the situation in my case was that it was something she had to follow up till the end. It wasn't something she was going to allow to fall through. (Local Resident #1)

In one instance, parents received Local Area Coordinator support for challenges experienced both at home and within extended family. There was involvement of local statutory and non-statutory services: Children's Social Care, CEOP, Police, Foster care, Housing team, Homelessness services (two sites), Domestic Violence services, Criminal justice system, and Counselling.

5.3 Cost deferral
Preventative scenarios, non-service solutions and future critical incidents avoided

Beginning to measure the unmeasurable

Local Area Coordinators undertake a range of activities, all underpinned by the core philosophy of strengths-based work. A key facet of the role is the individualised support, and Levels 1 and 2 activity have a broad range of implications for individuals, families and communities. To *begin* to think about these activities, and their potential costs and measurable outcomes, the caseload of one Local Area Coordinator was examined to ascertain the number of individuals who had received support and signposting. Whilst such an approach has a clear downside – it will never capture fully the complexity of Local Area Coordinator work – the numbers give useful insights of gains achieved so far, and a potential template for capturing complex activity and outcomes.

56   Received or signposted to benefits advice (PiP, UC, HB, Council Tax, ESA and Child Benefit)

46   Sought additional mental and physical health advice (not including addiction)

32   Given housing advice/support and so prevented from being homeless

10   Number of people who now volunteer regularly

10   Supported in court/ through legal proceedings, including support given to report incidents to the Police

3   Number moved into paid work

34

Given this represents the activity of one Local Area Coordinator, and even here does not fully capture their activity, the overall contribution across three wards will be far greater. Wards differ and there is opportunity to capture broader 'measurable' activities to reflect the complexity of the LAC role, and the work that they do.

Similar data could capture:
- Number supported to move into training and education
- Number seeking support for addiction, where none in place previously
- Number of parents supported whose child temporarily or permanently excluded from school
- Number signposted to Domestic Violence Services
- Number of Multi Agency Conferences/Meetings attended
- Number of people helped to access carer support or a carers assessment
- Number of people who the LAC supported to attend appointments (e.g. health/housing)
- Number supported to move to more suitable/safer accommodation
- Number supported to access the Falls Prevention Service
- Number supported to access the Community Alarm Service
- Number supported to access food banks
- Number supported to access Community Hubs

Moving forward, data collected could support subsequent analysis of cost saving and deferrals, for individuals, families and within geographical localities.

There are clear financial implications of providing housing advice, support to access primary care, networking, and benefits advice:
- The cost of a single person sleeping rough in the UK for 12 months is estimated at £20,128 (Crisis)

- Each missed GP appointment costs the taxpayer £36 (NHS).

- A major fall that results in a hospital admission costs an average of £5,000 (Chartered Society of Physiotherapy).

- Loneliness costs £6,000 per person in health costs and pressure on local services (London School of Economics and Political Science).

- 1.4 million pensioners are failing to claim their entitlements at an average of £2000 per year for this group (DWP).

5.4   Community change

The earlier data pointed towards a number of changes, and benefits that go beyond individual ones, providing a platform for the development of community resources and community capital. For example, a drop-in activity that subsequently develops into a self-organising befriending group. Similarly, there are examples of those entering volunteering and training opportunities making wider community contributions. Community change does take longer to embed, and it is important to look for such activities when assembling evidence for Local Area Coordination. Here we explore a detail detailed example of how activities can become mutually reinforcing, relating to an initiative focused on young people in one ward.

A gaming example

A young person who works for a local community church wanted to launch a 'gaming' session for local young people. He was signposted to the Local Area Coordinator who was aware of unspent monies designated for youth provision in her local area. The Local Area Coordinator recommends applying for ward funding, and makes an introduction to the local Community Involvement Officer who assists with the funding application. Funding is secured and the local community church agrees to rent out a room one evening per month for the 'gaming' session. The session is attended by young people who have links with the local community church, but soon attendance broadens. The activity becomes weekly. The Local Area Coordinator encourages the organiser to meet with the head teacher of the local secondary school to raise awareness of the 'gaming' night and to further encourage attendance of those aged 10-16.
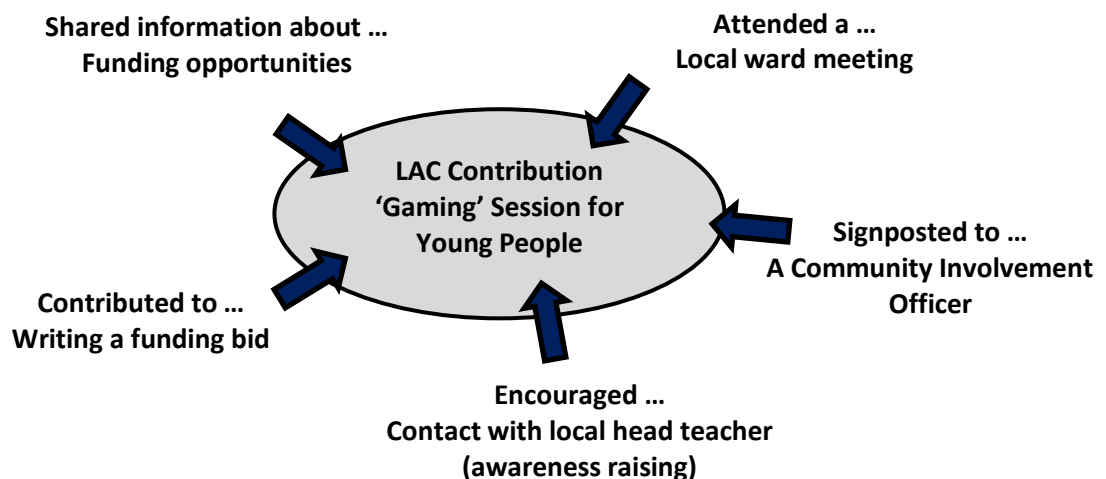
5.5   System change

The aim of Local Area Coordination is to effect change at all levels: individual, community and system. In aspiring to wider system change it will take longer to see fully a move from crisis to prevention focus, with local solutions contributing to building social capital. It will involve structural and cultural shifts in a number of community and service settings. However, as this report attests there are some early shoots of progress. These include building connections with existing initiatives – e.g. Social Prescribing, community capacity building (e.g. Community Facilitators). Here relationships are good and the focus is on adding value to the range of initiatives. Continuing to assess these developments, alongside wider value shifts and service reconfigurations will be an important next step in the development of Local Area Coordination.

6.   Summary reflections and areas for improvement

Local Area Coordinators work true to aims and approach:
There is clear evidence that Local Area Coordination is operating as intended. Local Area Coordination is flexible and less constrained by previous traditions of services delivery. It delivers Level 1 and Level 2 support to individuals and families in a wide range of circumstances. Support is given to those who are not known to services, and those with previous service contact but for whom such contact is working less than optimally.

People welcome long-term focus of Local Area Coordinator work
Both community residents and stakeholders spoke highly of the long-term focus of the Local Area Coordinators. There was emphasis on trust, tackling challenges, making progress and working towards good life aspirations. The ability of Local Area Coordinators to build strong relationships was valued.

Real change
From our fieldwork data and the reported cases, there were numerous examples of real change achieved as a direct consequence of Local Area Coordinator support. This included preventative interventions, but also cases where support helped families navigate highly complex and challenging circumstances.

But no silver bullet
There are examples of circumstances where Local Area Coordination was less effective and the willingness of individuals and families to engage was less apparent. There are also clients and organisations where there is greater opportunity for engagement (including those in sheltered accommodation, isolated older people, GP settings, and some school inclusion teams).

Challenge of introducing new ways of working
There is still work to do to ensure wider professional groups understand the Local Area Coordinator role and its remit (e.g. that it operates across all service groups), and to respond to any misgivings voiced given that Local Area Coordinators challenge traditional ways of working. Defining their distinctive contribution will be an ongoing task for Local Area Coordination (e.g. vis-à-vis Local Area Teams and the carers team within CYC; Social services and Children's Services). Managing any specific tensions that emerge at ward level will also be key.

Caseload and administrative burdens

As caseloads consolidate there will need to be increased attention to caseload composition, and to ensure expectation management of those already introduced and those wishing to receive an introduction to the service. Indeed, the growth and management of caseloads was the major concern expressed by Community Stakeholders, who were keen to ensure that momentum and gains to date:

> *Then, once your caseload is massive like that, and you can't do what you set out to do in a really, what's the word? Let me think what the word is, holistic way, I guess. If you can't do a really good holistic piece of work, then you end up signposting. Then, I'm worried about people being signposted in circles a little bit. (Community Stakeholder #5).*

Transitioning out of people's lives and reducing undue reliance will require ongoing monitoring. Finding the right balance of support and engagement is at the core of LAC practice.

Continuously capturing complexity

The complexity of particular cases and capturing emerging outcomes is a priority, and requires appropriate administration time and resources for Local Area Coordinators. We are aware that the modest Evaluation study reported here impose additional administrative and time burdens on Local Area Coordinators.

Community context

Tightened funding for voluntary/community initiatives negatively impacts the ability to signpost successfully when operating in a challenging landscape, and can encourage protectionism amongst community providers. Widening the range of opportunities within the community is necessary and attention to building community capacity beyond what may currently be in place – not everyone wants to go to a coffee morning at the church or centre – and that may take time. As one Local Area Coordinator acknowledged: *"Sometimes it takes a while … a lot of groups do tend to be for older people, so that's quite tricky finding one that's for young people that have males in them".*

GDPR, written consent and ICT provision

Ensuring GDPR compliance without the production of extensive paperwork is an on-going issue, as is ensuring that Local Area Coordinators have guaranteed access to computing facilities. Providing Local Area Coordinators with laptops rather than iPads may be sensible as this will permit them to complete more complex administrative tasks and web-based research at a time that is convenient for them (e.g. between appointments).

Capturing knowledge across the team
How best to capture and share the knowledge of Local Area Coordinators (both background and training attended) is increasingly important as the number of positions expands to seven. Ensuring Local Area Coordinators are able to meet will help share best practice, combat isolated working, and help refine the York model.

Community impacts
Our study has reported clear evidence of Local Area Coordinator activity making a difference at the level of individual and family. We have reported more limited Community level evidence thus far, including how activities build social capital. The range of community activities supported are good examples of community changes. However, a focus on Community Group activities (e.g. within monthly reports) may be useful.

System impacts
A greater emphasis on capacity building and the consolidation of partnerships and relationship with other services, communities and third sector organisations will take time to emerge in a way that allows activities to be captured. Developing greater resilience and reducing dependency on service solutions is more straightforward to report at the individual level. However, the potential for system level change does exist given expressed optimism, and could be captured longitudinally:

> *I think she's a real agent for change. (Community Stakeholder #7).*

> *I haven't heard anybody say, 'I can't see what we're doing that for,' or, 'I don't think there's a need for it'. I think most people that I work alongside have used [her], so they can see the value of it. (Community Stakeholder #3).*

> *I think it's a brilliant service that it would be dreadful if we lost. (Community Stakeholder #5).*

Ongoing need for stories, routine monitoring and data collection
Ongoing monitoring and research will be important to capture the activities of Local Area Coordinators. This includes:
- In discussion with Local Area Coordinators further analysis of caseload activity, potential measurable activities, and then modelling preventative and deferred cost scenarios;
- Understanding the wider system changes, including more detailed collection of evidence from those within wider settings (statutory, health, as well as community);

- Increased attention to community impacts and case reports could display the growth of community activities and building of social capital.

Commitment to the values and ways of working
As the approach embeds itself across the City of York it will be imperative to hold true to the distinctiveness, values and role of Local Area Coordination. Local Area Coordinators must continuously balance their activities resulting from complex introduction and those with immediate needs for support, with those for whom support and walking alongside – whilst less intensive and urgent – could also be life changing.

Continuing to listen to community experience and expertise about a 'good life'
The evidence presented here – from case reports and interviews – is rich and detailed. It allows those supported by Local Area Coordination to talk about how it has effected changes in their circumstances and lives. Inevitably, what we present is a snapshot of the early contribution of Local Area Coordination across three wards. Following-up with individuals and families over time would provide a moving picture of development. It would allow us to see more dynamically how individuals and families continue to undertake rewarding activities, build relationships, contribute to communities, and improve health and wellbeing.

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Appendix 1: Local Area Coordination Evaluation and SROI Reports

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Appendix 2: Caseload Composition (Approximations)

Ward 1	<u>Age</u> 80% - 50-85 years 20% - younger people, families and single mums 6 families (2 couples, 4 families with children. <u>Gender</u> 66.6% - male 33.3% female <u>Ethnicity</u> 100% white British <u>Issues</u> 1 - learning difficulty (autism) 90% have mental health issues
Ward 2	<u>Age</u> Families with working age adults = 70% of caseload High proportion of single parent families (typically mothers) Over 60's = 5% Under 18's (part of family caseload) = 25-30% <u>Gender</u> 65% - female 35% - male. <u>Ethnicity</u> Predominantly white British <u>Issues</u> Mental health (some with PTSD and severe anxiety, bi-polar) Long term health conditions Poverty and financial pressure
Ward 3	<u>Age</u> 60+ = 60% No under 18's. <u>Gender</u> 75% - female 23% - male <u>Ethnicity</u> Predominantly White British <u>Issues</u> 50% - mental health issues 35% - physical disabilities.