Social Sciences & Humanities Open 8 (2023) 100714

Contents lists available at ScienceDirect

Social Sciences & Humanities Open

journal homepage: www.sciencedirect.com/journal/social-sciences-and-humanities-open

Review Article

Transforming adult social care systems? A systematic review of the costs and outcomes of local area coordination in England and Wales

Harriet Thiery [a,*], Joanne Cook [a], Jon Burchell [b], Mark Wilberforce [c], Maureen Twiddy [d], Silviya Nikolova [e], Adam Martin [e], Claire Hulme [f]

[a] Hull University Business School, University of Hull, Cottingham Road, 58 Riverdale Road, HU6 7RX, United Kingdom
[b] Sheffield University Management School, University of Sheffield, Conduit Road, S10 1FL, United Kingdom
[c] Social Policy Research Unit, University of York, Church Lane Building, YO10 5ZF, United Kingdom
[d] Hull York Medical School, University of Hull, Allam Medical Building, HU6 7RU, United Kingdom
[e] School of Medicine, University of Leeds, Worsley Building, LS2 9JT, United Kingdom
[f] Exeter Medical School, University of Exeter, Heavitree Road, EX1 2LU, United Kingdom

ARTICLE INFO

Keywords:
Local Area Coordination
Social care
Prevention
Early intervention
Asset-based
Evaluation
Strengths-based

ABSTRACT

Adult Social Care (ASC) in England faces an 'existential crisis', caught between increased demand for services and continued cuts to social care and local government budgets. Increasingly, it is argued that this crisis cannot be solved without reforming our ASC systems and services, with policy shifts in the UK moving towards preventative interventions in order to reduce costs and improve the experience of service users. We currently lack detailed understanding about the effectiveness and the cost of such approaches; this systematic review addresses this gap by examining the potential costs and outcomes for one particular model of prevention, which has international reach, Local Area Coordination (LAC). A total of 14 studies – all single-site evaluations of LAC in England and Wales – were reviewed to understand the existing evidence base of the costs and outcomes of LAC programmes. A narrative synthesis approach found a range of outcomes and costs for individuals, families, communities and systems, reported across the studies. The most commonly reported outcomes were at the level of the individual including improvements in health and wellbeing, increased independence, improved relationships, connections and access to community resources, and improved personal safety, security and stability. Economic impact included cost deferral, avoidance and prevention focused on key areas, including health, housing and finance. Evaluation early in the life of the LACs meant evidence of community and system-level outcomes was more limited. Whilst this review adds to the growing body of work around the value of preventative approaches to health and social care; further research on the longer term impact is needed.

1. Introduction

Providing care for an ageing population is a global challenge, particularly affecting the OECD group of older, industrialised nations. In England, Adult Social Care (ASC) faces an 'existential crisis', caught between increased demand for services and continued cuts to social care and local government budgets (Oliver, 2022). The Health Foundations 2021 analysis revealed a social care funding gap of around £5 billion to restore social care provision to 2010 levels (Rocks et al., 2021). This has serious implications for the lives of people who need care, those who work in social care, and for the National Health Service (NHS England, 2016).

Increasingly, researchers and practitioners argue that this crisis cannot be solved without reforming our ASC systems and services. Rising thresholds for statutory support results in support being offered at 'too late a stage, addressing needs when they are acute and not before' (Bedford & Harper, 2018, p. 6). A greater focus upon prevention – actively promoting independence and wellbeing, thus preventing or delaying deterioration of health - is needed.

The UK government has also engaged with this agenda as a potential

* Corresponding author.
E-mail addresses: h.r.thiery@hull.ac.uk (H. Thiery), joanne.cook@hull.ac.uk (J. Cook), j.burchell@sheffield.ac.uk (J. Burchell), mark.wilberforce@york.ac.uk (M. Wilberforce), Maureen.twiddy@hyms.ac.uk (M. Twiddy), silviya.k.nikolova@gmail.com (S. Nikolova), a.martin1@leeds.ac.uk (A. Martin), c.t.hulme@exeter.ac.uk (C. Hulme).

https://doi.org/10.1016/j.ssaho.2023.100714
Received 9 September 2022; Received in revised form 14 July 2023; Accepted 11 October 2023
Available online 31 October 2023

solution to the ASC crisis, in addition to several other cost-saving approaches, including the pooling of NHS/social care budgets (Stokes et al., 2019) and integrating health and social care (Thorstensen-Woll & Bottery, 2021). Commitment to preventative approaches to transforming ASC systems has been outlined in policy, for example through the Care Act (2014), which requires local authorities to promote health and wellbeing, with a focus on 'prevent, reduce and delay', and more recently in the government's *Build Back Better* policy paper for health and social care (UK HM Government, 2022). Their transformative potential rests upon their ability to both relieve demands and financial strain on formal services, while simultaneously developing more effective systems of support and empowerment for citizens and communities.

Despite the growth of engagement with prevention agendas in policy and practice, there is little clarity or consensus on the meaning of prevention (Marczak et al., 2019). Despite the Care Act placing a statutory duty on local authorities to prevent needs for care and support, the guidance states that each local authority is free to constitute its own definition of prevention and range of activities to meet this duty (Department of Health, 2014). The term has been used to describe a variety of different interventions in health and social care, which complicates the process of understanding and evaluating preventative approaches. As Marczak and colleagues observe, 'the under conceptualisation of prevention and its contested nature posits serious challenges to the development of necessary evaluations and requires further study' (Marczak et al., 2019, p. 213).

While potentially creating significant benefits for social care users and the way ASC is delivered, preventative interventions require resourcing at a time when funding for statutory services is stretched. This only reinforces the need for a stronger evidence base around whether, how and why preventative models work. Single case evaluative evidence is emerging regarding their potential value (Derby City Council, 2021; Lunt & Bainbridge, 2019), however we currently lack detailed understanding of how they can improve the lives of service users and prevent the need for statutory services. In addition to the conceptual ambiguity of prevention, barriers to understanding and assessing the value of preventative models include the time lag between investment and outcomes and the difficulties in evidencing the counterfactual.

This systematic review addresses this gap by examining the potential costs and outcomes for one particular model of prevention, Local Area Coordination (LAC).

1.1. Local area coordination (LAC)

LAC was developed in Western Australia in the 1980s in response to the need to support people with disabilities, particularly in regional and rural areas, to improve their lives without having to leave their families and local communities (Bartnik & Broad, 2021). Evaluation of these LAC programmes has been broadly positive and constitutes a case for extending the service to other populations (Chadbourne, 2002).

In the UK, LAC was introduced in Scotland for individuals with learning disabilities and their families in 2001 (Lunt, Bainbridge, & Tibocha Nino, 2018; National Disability Authority, 2015), and piloted in England in 2010. Unlike previous programmes In Australia and Scotland, LACs in England and Wales are open to a wider population of those considered 'vulnerable' (Lunt et al., 2018). LAC is currently implemented in 12 local authorities across England and Wales.

The LAC model is an asset-based approach, focusing upon positive health and wellbeing rather than focusing on problems, needs and deficiencies (Foot & Hopkins, 2010). Other examples include the Three Conversations Model, Asset-Based Community Development, and a variety of person-centred interventions. In social work, a strengths-based approach is more generally described as a form of practice (Caiels et al., 2021). As with the prevention agenda, the growing emphasis on strengths-based models as an alternative to deficits-focused frameworks for provision, is insufficiently backed by empirical evidence. A recent review concluded that no good quality studies have assessed their effectiveness, with only limited research on implementation question; further work is needed to strengthen the evidence base for social care interventions, particularly in this area (Price et al., 2022). Furthermore, scholars have pointed out the problematic tendency of asset-based approaches to legitimise the retreat of the state by abstracting individual 'resilience' (people's capacity for resistance) from any analysis of social injustice or the underlying causes of inequality (Freidli, 2013; MacLeod & Emejulu, 2014). Daly and Westwood (2018) conclude that asset-based approaches are thus 'over-promised' - insufficiently theorised and lacking a robust evidence base (Daly & Westwood, 2018, p. 1087).

LAC works with targeted, often socio-economically deprived, neighbourhoods with people who are: i) new to services, ii) have existing and sometimes long-standing service histories or iii) have become disconnected from services. Two levels of engagement are offered. Level 1 includes provision of information, advice and short-term support to individual, families and community groups and organisations. Level 2 (which accounts for the majority of the local area coordinators' time) focuses on 'walking alongside' individuals, offering one-to-one support in a person-centred way so that they can improve their own lives. Through supporting people to find non-service solutions and reducing individual dependence on services, a key objective of the LAC approach is to move from crisis to prevention. Fig. 1 shows the ten principles upon which the LAC model is built. (taken from Bartnik & Broad, 2021)

The aims of this review are to establish:

(i) The potential costs and outcomes of LAC programmes at the individual, family, community and system levels
(ii) Whether costs and outcomes differ between LAC sites
(iii) How costs and outcomes are valued

The findings will have implications for policymakers and commissioners currently implementing LAC, those who are considering adopting the LAC model, and for those interested in understanding the value of preventative approaches to health and social care more broadly.

2. Methods

A systematic review of papers using qualitative, quantitative and mixed methods was undertaken.

2.1. Search strategy

Studies were selected following the recommendations of the Cochrane and SCIE guidance and systematic review methodology suitable for social care (Higgins et al., 2019; Macdonald, 2003). All searches were undertaken using the terms either 'local area coordination' or 'local area co ordination'. The following databases were searched: MEDLINE, HMIC, Social Policy and Practice, ASSIA, IBSS, Sociological Abstracts, and Social Care Institute for Excellence (SCIE). The results of the searches were de-duplicated. All titles and abstracts were screened for inclusion by two reviewers independently and disagreements resolved by discussion. Full papers were screened by two reviewers independently, with disagreements resolved by discussion. Whilst there was an option to consult a third reviewer this was not needed. As a supplementary search method, the reference lists of the included studies were checked for any studies that might have been missed by the database searches.

2.2. Inclusion and exclusion criteria

Studies which met the following criteria were eligible for inclusion in the review:

The principles explored	What they mean in practice
Citizenship	All people in our communities have the same rights, responsibilities and opportunities to participate in and contribute to the life of the community, respecting and supporting their identity, beliefs, values and practices.
Relationships	Families, friends and personal networks are the foundations of a rich and valued life in the community.
Natural Authority	People and their families are experts in their own lives, have knowledge about themselves and are best placed to make their own decisions.
Lifelong Learning	All people have a life-long capacity for learning, development and contribution.
Information	Access to accurate, timely and relevant information supports informed decision-making, choice and control.
Choice and Control	Individuals, often with support of their families and personal networks, are best placed to lead in making their own decisions and plan, choose and control supports, services and resources.
Community	Communities are further enriched by the inclusion and participation of all people and these communities are the most important way of building friendship, support and a meaningful life.
Contribution	We value and encourage the strengths, knowledge, skills and contribution that all individuals, families and communities bring.
Working Together	Effective partnerships with individuals and families, communities and services are vital in strengthening the rights and opportunities for people and their families to achieve their vision for a good life, inclusion and contribution.
Complementary Nature of Services	Services should support and complement the role of individuals, families and communities in supporting people to achieve their aspirations for a good life.

Fig. 1. The 10 local area coordination principles.

- Population: Any LAC stakeholders (LAC commissioners, LAC providers, service users and their families)
- Intervention: LAC programmes in England and Wales
- Comparators: If studies included comparator groups, e.g. 'usual care' or other preventative adult social care services
- Outcomes: There is no primary outcome. The studies are likely to have various outcomes (including costs) which will accrue at the level of the individual, family, community and system and may be measured or Identified using quantitative or qualitative methods. All were captured.

The review included any type of evaluation of LAC using qualitative, quantitative or mixed methods. Editorials, opinion pieces, commentaries, discussion or reviews and position papers were excluded. Studies of LACs in countries other than England or Wales were excluded given differences in service provision and population; for example, LACs in Australia are set in a different health and social care system, whilst LACs in Scotland are focussed on individuals with learning disabilities and their families. Studies which did not include any costs or outcomes were excluded.

For data extraction, a bespoke data extraction form was developed. Critical appraisal was undertaken using the appropriate CASP quality appraisal tool dependent on study design. Reviewers used both CASP qualitative studies checklist and CASP Economic Evaluation Checklist. A sample of 20% of papers retained for inclusion in the final review was assessed by two reviewers. Differences in quality appraisal was resolved by discussion between those reviewers. A narrative synthesis was used for the reporting framework for the review findings (Popay et al., 2006). The outcomes were identified from the papers and were then grouped into categories which were not pre-defined. This was done by two researchers and then reviewed by the other authors. The reporting of methods and results is compliant with the Preferred Reporting Items for Systematic Review (PRISMA) guidance (Higgins et al., 2019).

3. Results

3.1. Paper selection process

The searches were undertaken in August 2021. One hundred and thirty-two papers were identified. After duplicates were removed (see Fig. 2), 106 abstracts and titles were screened. Initial agreement between the two reviewers was 94% (100 papers) and the remaining six were all included for retrieval after discussion. Following screening a further 70 papers were excluded. Thirty-six papers were retrieved, and 19 were subsequently excluded. Two of the 17 remaining papers were academic articles drawing on data from evaluations already included and one was a report comparing the findings of two evaluations already included. Data from these three papers were not extracted but their details are shown in Table 1. An additional paper was found during the supplementary search of the reference list of the included studies (Mollidor et al., 2020) but this evaluation focused specifically on young people leaving care and was thus excluded.

3.2. Quality rating

The quality (using CASP) of the included studies showed mixed results. Whilst the aim of the studies were clear, the methodology appropriate to answer the research questions, and a clear statement of findings were given for all, there was a lack of detail around many facets of the reporting. This included lack of detail on recruitment strategies,

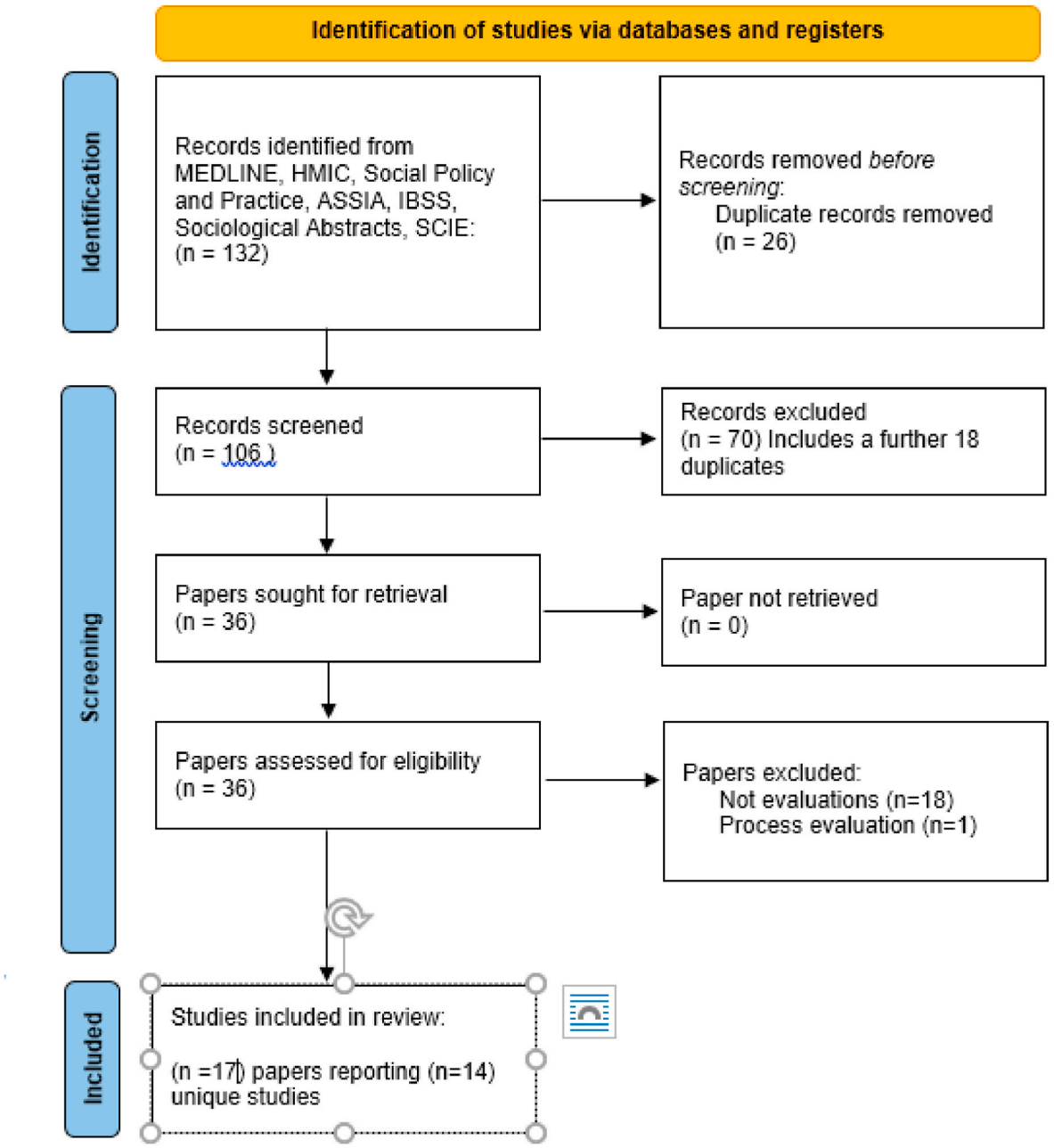

Fig. 2. Prisma.

consideration of the relationship between the researcher and participants, whether consideration had been given to ethical issues, and lack of rigour in data analysis. Whilst some papers provided thorough justification of the research design and recruitment strategies (e.g. Derby City Council, 2021), others gave very little detail (e.g. Darnton et al., 2018). This variety in reporting is likely, in part, due to the nature of the reports as commissioned evaluations rather than peer-reviewed studies.

Additionally, the focus of the studies was in some cases clearly influenced by the strategic objectives of the local authority at the time of commissioning the evaluation. For example, in Middlesbrough the evaluation team reported that austerity pressures led to a shift in evaluation focus during the period of evaluation with less attention on project set up than originally planned (Peter Fletcher Associates Ltd, 2011).

3.3. Study characteristics

Details of the included studies are shown in Table 1. The studies, spanning ten local authorities (nine in England, one in Wales), were published between 2011 and 2021. Only one study included a comparator, an evaluation comparing LAC and a similar programme, Local Community Coordination (Swansea University, 2016). The aims differed across studies with focus across outcomes, costs and implementation in order to inform future delivery and development and understand the nature and context of the LAC. All evaluations included qualitative methods (either alone or alongside quantitative methods). Data was collected by way of interviews, focus group discussions, observations, surveys and analysis of routinely gathered LAC data. As might be anticipated for the qualitative data, sample sizes tended to be relatively small, typically 20 participants or less. In some studies, the sample size was not reported (see Table 1); for example, Gamsu and Rippon (2019) conducted semi-structured interviews with LAC staff but

Table 1
Study characteristics.

Study authors & year	LAC site	Timeframe	Aim	Evaluation type	Primary Data Sample Information	Costs included
Lunt and Bainbridge (2019) (also reported in Bainbridge and Lunt (2021)	York	Short-term	To capture early outcomes at the level of individuals, families, community and system (including project objectives and cost effectiveness).	Summative evaluation (including analysis of routinely collected data, interviews, attending leadership meetings) Preliminary work on gathering variables for economic analysis	Interviews: LAC workers n = 30 Individuals supported by LAC n = 17 Community stakeholders n = 8 Observation Leadership meetings n = 10	Yes
Oatley (2016)	Isle of Wight	Short-term	To critically evaluate the implementation of Local Area Coordination on the Isle of Wight over the past six months.	Formative realist evaluation (interviews, questionnaires, LAC documentation, case studies)	Not disclosed.	No
Darnton et al. (2018)	Isle of Wight	Short-term	What is the nature, extent and impact of Local Area Coordination as part of the My Life a Full Life new care model?	Formative evaluation (including interviews, case studies, surveys and R outcome measures)	Interviews: LAC workers n = 8 Individuals supported by LAC n = 7 Survey of professionals n = 23	No
Mason et al. (2019) (Also reported in MasonOatley et al. (2021))	Isle of Wight	Medium-term	To establish how and why the programme worked for people and communities across three demographical areas	Formative realist evaluation (including interviews, agent based modelling and Q-methodology)	Q method participants (individuals supported by LAC) n = 20 Interviews: key stakeholders (sample size not disclosed)	No
Gamsu and Rippon (2019)	Haringey	Short-term	To understand the impact and initial benefits of LAC. To explore the range of activity, the relational context, and personal benefits for people accessing LAC	Formative implementation analysis (including interviews, case studies, cost analysis)	Interviews: LAC workers (sample size not disclosed) Case study scenario with stakeholders n = 7	Yes
Kingfishers Ltd. (2015) (Also reported in Kingfishers Ltd. (2016))	Thurrock	Short-term	To demonstrate the value and cost benefit of LAC to secure additional funding; To evidence how LAC impacts/ supports the Care Act, 2014, particularly how it delays and prevents need for more intensive care and support services due to early interventions. Identify added value LAC can deliver, making positive contribution to local community. To highlight the shift in cultural change that LAC has instigated internally within departments across council and externally with partners	Social Return on Investment (using monitoring data, stories, interviews, focus groups)	Interviews: Individuals supported by LAC n = 17 SROI: LAC workers n = 9 Stakeholders (sample size not disclosed)	Yes
Marsh (2016) (Also reported in Kingfishers Ltd. (2016))	Derby	Medium-term	To measure the impact of LAC across DCC with the following aims: To demonstrate the value and cost benefit of LAC to support continued investment, demonstrating intrinsic link between the service and achieving better health and wellbeing outcomes, together with embedding wider shift to personalised services; To support the business case for expansion of LAC to 17 wards (from 10); To highlight how LAC works alongside community to identify strengths and gaps in meeting community need and support the creation of new groups and activities to the benefit of local residents; to drive continuous improvement within the service and inform wider evaluation of LAC	Social Return on Investment (using interviews, focus groups, surveys)	Interviews & focus groups: Individuals supported by LAC n = 20 LAC workers n = 9 Stakeholders (sample size not disclosed) Survey: L1 individuals n = 13	Yes
Sitch and Biddle, (2014)	Thurrock	Short-term	To give evidence on how working in a different way gives different outcomes and how having individuals based in the community with a different brief works.	Summative evaluation (including stories, economic analysis)	Not disclosed.	Yes
Derby City Council, 2021	Derby	Medium-term	Understand impact of LAC at multiple levels: for people & their families, communities, and local services. To build on previous local and national evaluations to look at changes at the	Summative evaluation (including routine LAC data, interview, focus groups, economic analysis)	Interviews and focus groups: LAC staff (sample size not disclosed) Senior staff at council	Yes

(*continued on next page*)

Table 1 (*continued*)

Study authors & year	LAC site	Timeframe	Aim	Evaluation type	Primary Data Sample Information	Costs included
			system level, assessing impact of LAC against the outcomes expected within the local Theory of Change		(sample size not disclosed)	
Gamsu and Rippon, (2018)	Waltham Forest	Short-term	Ensure that the LAC scheme was consistent with other schemes developed elsewhere in the UK; Better understand who the LACs are supporting and how to record information on performance; consider how the performance of the Lac can be better understood in the future; offer recommendations to inform future evaluation and to assist future financial evaluation of the project	Formative evaluation using stories, survey, interviews (group and face to face)	Interviews: External experts n = 4 Stakeholders (including LAC workers) n = 8 Individuals supported by LAC n = 4	Yes
Swansea University, 2016	Swansea	Short-term	Provide an assessment of: project design and implementation; and outcomes at the level of individuals, families, community and system. Benchmarking processes and achievements (LAC). Recommendations of future development and expansion	Formative evaluation (including stories, network mapping, economic analysis)	Not disclosed.	Yes
Reinhardt and Chatsiou, (2018)	Suffolk	Short-term	To provide a brief background to the project, its key aims and objectives; Updated information on how the programme has been performing against the key indicators (project aims). This will enable stakeholders to: Review objective information on programme's successes and challenges; Reflect on work accomplished; An overview of lessons learnt and initial recommendations based on current measures and activities – to aid with decision making for the programme's next steps.	Formative evaluation using stories, survey, interviews (group and face to face) and operational data	Testimonials: Stakeholders (including LAC workers and individuals supported by LAC) n = 19 Survey: Stakeholders n = 97	Yes
MEL Research, 2016	Leicestershire	Short-term	To evaluate delivery, effectiveness, and impact in order to inform future development and potential rollout.	Formative & summative evaluations (including interviews, case studies, return on investment)	Interviews: LAC workers (including management) n = 9 Stakeholders n = 13 Individuals supported by LAC n = 23	Yes
Peter Fletcher Associates Ltd, 2011	Middlesbrough	Short-term	Initially, focus was on: project design and implementation; results for individuals, families, community and system; forecasted efficiency savings after full implementation in 3 specified neighbourhoods; benchmarking processes and achievements with other LACs; and recommendations for development and expansion.	Formative evaluation (including case studies, interviews, focus groups, routinely collected LAC data). Planned social return on investment not undertaken	Not disclosed.	Yes

the number of interviews was not reported. Observation of LAC leadership meetings was used by several studies (a group of cross-sectoral stakeholders); observation methodologies were not disclosed. Where quantitative data was reported this tended to have larger sample sizes. For example, Darnton et al. (2018) reported R-Outcome measures (a set of validated, short, generic patient-reported outcome measures used to valuate innovations and new services) including 85 participants. Data was captured at the point someone was introduced to the LAC services and then again approximately 8–10 weeks after the introduction. Case studies or stories of individuals moving though the LAC were included in nine of the 14 studies (Lunt & Bainbridge, 2019; Oatley, 2016; Darnton et al., 2018; Gamsu & Rippon, 2019; Sitch & Biddle, 2014; Gamsu & Rippon, 2018; Swansea University, 2016; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011).

Eleven of the 14 studies explicitly included actual or potential cost implications (Lunt & Bainbridge, 2019; Gamsu & Rippon, 2019; Kingfishers Ltd, 2015; Marsh, 2016; Sitch & Biddle, 2014; Derby City Council, 2021; Gamsu & Rippon, 2018; Swansea University, 2016; Reinhardt & Chatsiou, 2018; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011). The methods used to place a value on the cost and cost implications of LAC varied immensely with some studies undertaking complex Social Return on Investment (SROI) analyses (Marsh, 2016; Kingfishers Ltd., 2015; MEL Research, 2016) whilst others gave example individual costs and then, in some cases, scaled these up (Lunt & Bainbridge, 2019; Reinhardt & Chatsiou, 2018; Gamsu & Rippon, 2019; Sitch & Biddle, 2014; Peter Fletcher Associates Ltd, 2011).

3.4. Time horizon

Eleven evaluations were carried out in the early stages of LAC development, with research activities beginning within two years of the programme's implementation (Darnton et al., 2018; Gamsu & Rippon, 2019; Gamsu & Rippon, 2018; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016). The short-term evaluations tended to be formative in light of the maturity of the LAC programme that they evaluated. Whilst some studies suggest projected outcomes (e.g. Oatley,

2016) based on a synthesis of the existing evidence, the studies do not differentiate outcomes and costs by timeframe we are therefore unable to make comparison based on time.

3.5. Individual-level outcomes

All 14 studies reported impacts of the LAC programme on individuals who had received Level 2 support, i.e. they had been 'walked alongside' by a local area coordinator. The evidence was drawn from a variety of sources, including: interviews with local area coordinators and management teams ($n = 11$: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); interviews or focus groups with people who have received Level 2 support ($n = 10$ Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011; Oatley, 2016); interviews, focus groups or testimonials from local stakeholders including public and voluntary and community sector service staff ($n = 11$ Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); surveys or focus groups with people who have received level 1 support ($n = 3$ Darnton et al., 2018; Kingfishers Ltd., 2015; Marsh, 2016); analysis of case study/story data ($n = 12$ Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018, 2019; Kingfishers Ltd., 2015; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt and Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016) analysis of Outcome Stars (evidence-based tools for measuring change when working with people, introduced to the individual during the early conversation stage, and then again at the end of the intervention) and R-Outcome measures ($n = 3$ Darnton et al., 2018; Gamsu & Rippon, 2019; MEL Research, 2016) and analysis of routinely gathered data ($n = 14$, Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018, 2019; Kingfishers Ltd, 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016).

Outcomes were themed in five groups, presented in Table 2. Categories are not mutually exclusive; some outcomes in one group may lead to the realisation of outcomes in a different group. For example, in Middlesbrough one participant explained that through making new connections and volunteering in his community, he felt more confident and relaxed (Peter Fletcher Associates Ltd, 2011).

3.5.1. Health and wellbeing

All fourteen studies reported that the activities of local area co-ordinators contribute to improved health and wellbeing for individuals who have received Level 2 support. Ten studies identified health-related benefits, ranging from crisis avoidance to more healthy lifestyle choices (Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Kingfishers Ltd., 2015; Marsh, 2016; MEL Research, 2016 Swansea University, 2016). For example, Darnton et al. (2018) identified reduced depression and the avoidance of suicide as a result of the programme in the Isle of White; and Sitch and Biddle (2014) reported that in Thurrock, LAC support had led participants to make better health decisions, such as quitting smoking and starting to exercise.

Wellbeing outcomes for individuals were reported in all studies ($n = 14$). Eight studies reported that Level 2 support led to improved confidence for the individual (Darnton et al., 2018; Derby City Council, 2021; Kingfishers Ltd, 2015; Marsh, 2016; Mason et al., 2019; Peter Fletcher Associates Ltd, 2011; Oatley, 2016; Swansea University, 2016). A reduction in anxiety and worry was identified by researchers at Swansea University, 2016. In Leicestershire and Haringey, individuals reported having an overall improved quality of life after participation in the LAC programme (Gamsu & Rippon, 2019; MEL Research, 2016).

3.5.2. Increased independence

All studies ($n = 14$) identified increased independence among some individuals who have received Level 2 support. Most studies ($n = 10$) demonstrated outcomes that relate to people's improved capacity to make decisions (Darnton et al., 2018; Derby City Council, 2021; Kingfishers Ltd., 2015; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Sitch & Biddle, 2014; Swansea University, 2016). For example, on the Isle of Wight, Oatley (2016) reported that people felt able to take control and make positive changes in their lives and to advocate for themselves. An important outcome in most of the studies ($n = 12$) was people's ability to better navigate services (Darnton et al., 2018; Derby City Council. 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher

Table 2
Individual Outcome categories.

Study authors & year	Improved Health and Wellbeing	Increased independence	Increased relationships, connections and access to community resources	Improved personal safety, security and stability	Promoting citizenship
Lunt and Bainbridge (2019)	✓	✓	✓	✓	
Oatley (2016)	✓	✓	✓	✓	✓
Darnton et al. (2018)	✓	✓	✓	✓	
Mason et al. (2019)	✓	✓	✓		
Gamsu and Rippon (2019)	✓	✓	✓	✓	
Kingfishers Ltd. (2015)	✓	✓	✓	✓	✓
Marsh (2016)	✓	✓	✓	✓	✓
Sitch and Biddle, (2014)	✓	✓	✓	✓	
Derby City Council, (2021)	✓	✓	✓	✓	✓
Gamsu and Rippon, (2018)	✓	✓	✓	✓	✓
Swansea University, 2016	✓	✓	✓	✓	✓
Reinhardt and Chatsiou, (2018)	✓	✓	✓	✓	✓
MEL Research, (2016)	✓	✓	✓	✓	✓
Peter Fletcher Associates Ltd, 2011	✓	✓	✓	✓	

Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016). For example, on the Isle of Wight, people were able to access support from formal services, e.g. attending appointments, completing forms and accessing foodbank vouchers (Darnton et al., 2018). Nine studies reported outcomes relating to future planning and vision (Darnton et al., 2018; Derby City Council, 2021; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014). In York, Lunt and Bainbridge (2019) reported that individuals were able to build a positive vision and plan for the future as a result of LAC support.

One study reported an unintended negative outcome in this category. Marsh (2016) identified that in Derby some individuals develop such a close relationship with their local area coordinator that they become dependent on their support. However, the same study reported that individuals were able to make better informed decisions and manage in a crisis, leading to an increased sense of feeling more in control of their lives.

3.5.3. Increased relationships, connections and community resources

A key objective of the LAC approach is for people to develop supportive natural relationships and family resilience. All 14 studies identified outcomes relating to increased relationships, connections and community resources.

Five evaluations identified outcomes related to family relationships (Darnton et al., 2018; Kingfishers Ltd., 2015; Marsh, 2016; Sitch & Biddle, 2014; Swansea University, 2016). For example, the Isle of Wight evaluation reported that parents were better able to support their children's education as a result of LAC support. In Thurrock, through improved mental health, people developed better relationships with their families which in turn had positive impacts on family members (Kingfishers Ltd., 2015).

All studies report that individuals felt more connected and less isolated as a result of their local area coordinator's support. Sitch and Biddle (2014) reported that individuals engaged more with their friends and were making connections locally. In Swansea, individuals were making friends with people with common experiences, and felt a reduced feeling of social isolation (Swansea University, 2016). In Derby, individuals reported feeling part of their community and happier in the place that they live (Derby City Council, 2021). On the Isle of Wight, Mason et al. (2019) reported that people had made new connections and friendships which had 'brought enjoyment to their life', thus contributing to improved wellbeing.

3.5.4. Improved personal safety, security and stability

Precarious financial situations and unsafe home environments (e.g. as a result of hoarding) are common presenting issues for people who are introduced to a local area coordinator. All studies ($n = 14$) reported that individuals receiving LAC support identified improvements in this area of their life.

Most studies ($n = 12$) reported positive outcomes in people's personal finances and/or employment situation (Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016). Five studies reported that LAC supported individuals to find employment (Darnton et al., 2018; MEL Research, 2016; Oatley, 2016; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014). In Thurrock, the LAC supported individuals to improve their income to live more comfortably and/or pay off their debts (Sitch & Biddle, 2014). In Derby people were better able to navigate the benefit system as a result of LAC support (Derby City Council, 2021); this was echoed in Middlesbrough, which presented details of increased benefit entitlement (Peter Fletcher Associates Ltd, 2011). In Thurrock, one negative outcome was reported in this category; two individuals reported feeling rejected in the job market as they were turned down for jobs that they had been supported to apply for (Kingfishers Ltd, 2015). However, it was not clear how many had successfully applied the jobs.

Most studies ($n = 12$) identified outcomes relating to personal and home safety (Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016). Five studies identified that LAC involvement helped individuals to create a safer home environment, thus reducing the risk of fire or other crisis events in the home (Gamsu & Rippon, 2018; Kingfishers Ltd., 2015; MEL Research, 2016; Reinhardt & Chatsiou, 2018; Swansea University, 2016). Researchers also reported that LAC helped to create more a more stable relationships with landlords (Gamsu & Rippon, 2018) thus reducing the risk of eviction (Kingfishers Ltd., 2015; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011; Sitch & Biddle, 2014).

3.5.5. Promoting citizenship

Citizenship is both a key value and outcome of the LAC approach. Six studies reported that Level 2 support led people to begin or resume volunteering, thus becoming active contributors to the community or neighbourhood where they live (Gamsu & Rippon, 2018; MEL Research., 2016; Oatley, 2016; Reinhardt & Chatsiou, 2018; Swansea University, 2016; Kingfishers Ltd, 2015). Researchers in Derby reported that people were able to 'contribute' and 'give back' to their community, without explicitly discussing volunteering (Derby City Council, 2021; Marsh, 2016).

However the concept of citizenship, alluded to In the LAC principles (see Fig. 1) suggests that improved citizenship is also reflected across other categories. For example, claiming benefits more effectively, finding work, having agency over one's life are also forms of exercising citizenship rights and contributions.

3.6. Community-level outcomes

Evaluation teams interviewed and engaged with a variety of stakeholders to understand the impact of LAC at the community level. This evidence is drawn from a variety of sources, including: interviews with local area coordinators and management teams ($n = 11$: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); interviews or focus groups with people who have received Level 2 support ($n = 10$: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011; Oatley, 2016); interviews, focus groups or testimonials from local stakeholders including public and VCS service staff ($n = 11$: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); surveys or focus groups with people who have received Level 1 support ($n = 3$: Darnton al., 2018; Kingfishers Ltd., 2015; Marsh, 2016); analysis of case study/story data ($n = 12$: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016) analysis of routinely gathered data ($n = 14$, Darnton et al, 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; 2019; Kingfishers Ltd, 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016) case conference workshop with community and system-level

stakeholders (Gamsu & Rippon, 2019) and network mapping (Swansea University, 2016). We categorised community outcomes into four groups presented in Table 3

3.6.1. Increased social capital

In supporting individuals to realise their own strengths and become active citizens, the LAC approach seeks to build local capacity by supporting people to contribute to their neighbourhood or community. Most studies ($n = 12$) identified outcomes relating to increased community participation, such as volunteering and the establishment of new community groups, activities or projects. No studies were able to demonstrate a quantitative increase in volunteering as a result of LAC with baseline volunteering data, but instead pointed towards new projects, new initiatives and new volunteers. In Derby, through providing information on local volunteering opportunities and connecting people with organisations looking for volunteers, local area coordinators supported volunteering (Marsh, 2016). In Haringey, LAC had supported the development of new community-led groups, which became a resource for people to access support, such as wellbeing groups and food projects (Gamsu & Rippon, 2019).

Through increasing volunteering, bolstering existing community resources or supporting the development of new resources, LAC thus contributes to the social capital of communities, conceptualised by Mason et al, 2019, (p. 5) as 'social capital bonding', contributing towards 'building more resourceful and inclusive communities' (Oatley, 2016, p. 23).

3.6.2. Collective knowledge and connectedness of communities

Most studies ($n = 12$) reported that the presence of LAC had contributed to a greater collective knowledge of community resources, and more connections and relationships between those resources. Local area coordinators build and maintain extensive knowledge of, and connections with, the local community. This enables them to support individuals to find non-service, community solutions to the challenges that they face. Through working with local people, group, organisations, businesses and services, they are able to create greater awareness of existing resources, as well as more connections between them. For example, in Thurrock, local neighbourhood groups felt supported through the increased promotion of their activities to local people (Kingfishers Ltd., 2015). In Waltham Forest, local groups were more visible and able to access people who might need support, as a result of LAC activity (Gamsu & Rippon, 2018).

Increased connections between existing community initiatives has been observed in some sites. For example, in Leicestershire researchers reported that LAC presence had led to effective referrals and linkages between networks and groups (MEL Research, 2016). Greater connectivity within communities has led to communities sharing resources (e.g. transport and gardening), as research in Thurrock highlighted (Sitch & Biddle, 2014).

3.6.3. Collective wellbeing

Six studies reported outcomes relating to the collective wellbeing of communities (Darnton et al., 2018; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018). For example, in Derby, Marsh (2016) reported that community members had an 'increased sense of peace of mind'. In Leicestershire, evaluators noted an improvement in people feeling part of the community (MEL Research, 2016), and on the Isle of Wight, an overall improvement in the wellbeing of residents was noted (Darnton et al., 2018). The small number of studies reporting outcomes in this category is more likely a result of evaluation focus, rather than any meaningful difference across sites, e.g. these studies included community members (not just people who had received Level 2 support) in their data sample.

3.6.4. Sustainable networks of support

Another outcome category at the community level is the creation of sustainable support networks within communities, identified by five studies (Derby City Council, 2021; Mason et al., 2019; Oatley, 2016; Sitch & Biddle, 2014; Swansea University, 2016). This relates to the impact that local area coordinators have in building relationships in communities that give individuals a 'natural' (found within the community, rather than from a service) source of support. For example, Sitch and Biddle (2014) reported that individuals who had received Level 2 support went on to support other individuals. In this way, LAC supports connections and mutual support within communities, building community resilience. As evaluators at Swansea University, 2016, (p. 21) noted:

Linkages created between resources and supported individuals which are sustained without Coordinator involvement demonstrate capacity building and contribute to community resilience.

In their evaluation, the researchers carried out a relationship exercise to capture the scale and complexity of the relationships developed by LAC. The approach identifies assets and individuals, charting the relationships established between them (as is recorded by the coordinators in field notes and case studies). A simple characterisation and hierarchy of relationships was used to chart their development. They reported that the linkages formed through LAC activity show the deep contribution of LAC to community resilience (Swansea University, 2016).

Table 3
Community outcomes.

Study authors & year	Increased social capital (through community participation)	Collective knowledge and connectedness of community	Sustainable networks of support	Collective wellbeing
Lunt and Bainbridge (2019)	✓	✓		
Oatley (2016)	✓		✓	✓
Darnton et al. (2018)		✓		✓
Mason et al. (2019)	✓	✓	✓	
Gamsu and Rippon (2019)	✓	✓		
Kingfishers Ltd. (2015)	✓	✓		
Marsh (2016)	✓	✓		✓
Sitch and Biddle, (2014)	✓	✓	✓	
Derby City Council, (2021)	✓	✓	✓	
Gamsu and Rippon (2018)	✓	✓		
Swansea University, 2016			✓	
Reinhardt and Chatsiou (2018)	✓	✓		✓
MEL Research, (2016)	✓	✓		✓
Peter Fletcher Associates Ltd, 2011		✓		✓

3.7. System outcomess

At a systems level, a key objective of the LAC approach is to move from crisis to prevention by reducing individual dependence on services and supporting people to find non-service solutions. Most studies (n = 13) reported outcomes at the system level (see Table 4). This evidence is drawn from a variety of sources, including: interviews with local area coordinators and management teams (n = 11: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); interviews, focus groups or testimonials from local stakeholders including public and VCS service staff (n = 11: Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018); analysis of routinely gathered data (n = 14: Darnton et al., 2018; Derby City Council. 2021; Gamsu & Rippon, 2018; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016) and case conference workshop with community and system-level stakeholders (Gamsu & Rippon, 2019). The systems outcomes categories are presented in Table 4.

3.7.1. Delayed or avoided service use

Through assisting people to build their support networks and improve their health and wellbeing, LAC seeks to reduce the demand for statutory services. Over half of the studies (n = 9) reported that LAC support led to either delayed or avoided use of services (Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2019, 2018; Kingfishers Ltd., 2015; Marsh, 2016; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011; Sitch & Biddle, 2014).

Of these nine studies, all reported that the preventative approach of LAC has supported the avoidance of crisis intervention. For example, through supporting people to improve their health and wellbeing, LAC has helped prevent lower-level mental health needs from escalating to the need for mental health services (Kingfishers Ltd., 2015). Evidence of LAC contributing to fewer admissions to Mental Health Units and overall reduced strain on mental health crisis services was highlighted by several evaluations (Gamsu & Rippon, 2018, 2019; Kingfishers Ltd., 2015; Marsh, 2016). Equally, by supporting people to improve their home and personal safety, LAC has been reported to have prevented unplanned admissions to the hospital, and police and fire service callouts (Marsh, 2016; Kingfishers Ltd., 2015; Darnton et al., 2018). In Waltham Forest and Derby, researchers reported that by supporting people to maintain independence in their own home and community, LAC helped to prevent early admission to residential care (Derby City Council, 2021; Gamsu & Rippon, 2019).

Lastly, through assisting individuals and families to become more financially stable, LAC has also been reported to have reduced housing evictions (Derby, 2021; Gamsu & Rippon, 2018, 2019; Kingfishers Ltd., 2015; MEL Research, 2016), thus reducing the strain on housing services.

Table 4
System outcomes.

Study authors & year	Delayed or avoided use of services	Changes in service use	Systems change	Improved service access
Lunt and Bainbridge (2019)				
Oatley (2016)		✓	✓	✓
Darnton et al. (2018)	✓	✓	✓	
Mason et al. (2019)				
Gamsu and Rippon (2019)	✓	✓	✓	
Kingfishers Ltd. (2015)	✓	✓	✓	✓
Marsh (2016)	✓	✓		
Sitch and Biddle (2014)	✓	✓		
Derby City Council, (2021)	✓	✓		
Gamsu and Rippon (2018)	✓	✓		
Swansea University, 2016		✓		
Reinhardt and Chatsiou (2018)		✓		
MEL Research, (2016)	✓	✓	✓	✓
Peter Fletcher Associates Ltd, 2011	✓	✓	✓	✓

3.7.2. Changes to service use

We identified changes in service use (n = 12) as a closely related but distinct outcome category (Darnton et al., 2018; Derby City Council, 2021; Gamsu & Rippon, 2019; Gamsu & Rippon, 2018; Kingfishers Ltd., 2015; Marsh, 2016; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Sitch & Biddle, 2014; Swansea University, 2016). Outcomes identified within this category are not necessarily about LAC reducing service usage, but supporting more appropriate and effective service use at an earlier stage. As Gamsu and Rippon (2018, p. 26) state:

It is important to note that the involvement of a LAC may in the short to medium term increase the utilisation of statutory services. This is because someone may now feel able to access rehabilitation services.

In Waltham Forest, they reported that by supporting individuals to access lower level support appropriately, LAC has enabled people to sustain their lives without recourse to crisis intervention (Gamsu & Rippon, 2018). Several studies identified that LAC had led to fewer visits to the GP (or other health services) (Sitch & Biddle, 2014; Marsh, 2016; Reinhardt & Chatsiou, 2018; Swansea University, 2016; Kingfishers Ltd., 2015).

3.7.3. Positive systems change

In addition to relieving the pressure on statutory services, LAC also seeks to influence service transformation, reforming the system to become more person-centred, asset-based and preventative (Bartnik & Broad, 2021). A minority of studies (n = 6) identified progress in this outcome category.

Within this, outcomes relate to improved integration of services and collaboration among services. On the Isle of Wight, evaluators reported that collaborative working had increased because of the LAC programme (Oatley, 2016). They identified 'emerging partnerships' with local organisations, associations and services (including fire and police, housing, children services and voluntary and community sector organisations). In Thurrock, services had begun joint working around particular issues to offer more holistic solutions. For example, Fire and Police services were collaborating to create a pathway to support people in a multi-disciplinary way (Sitch & Biddle, 2014). In Middlesbrough, the LAC programme had promoted more effective partnership working, thus maximising the input that a range of agencies were making (Peter Fletcher Associates Ltd, 2011).

In some areas, LAC was reported to influence the culture of other services to become more community and resident focused. For example, in Haringey the person-centred work ethic of the local area coordinators

was reported to have inspired other council teams to adapt their way of working with residents. A multi-disciplinary NHS team had adopted the 'what's your vision of a good life' question when working with patients (Gamsu & Rippon, 2019). In Thurrock, some services and organisations were moving towards a greater focus on strength and community-based practice, prevention and capacity building, including training staff (e.g. Mental Health teams and Housing teams) (Sitch & Biddle, 2014). Public Health practitioners reported that LAC was informing their service reviews to include more consideration for community solutions (Kingfishers Ltd., 2015).

3.7.4. Access

A small number of studies ($n = 4$) identified outcomes relating to the way that people access services. Studies reported that the LAC presence enabled services to engage with 'hard to reach' groups (MEL Research, 2016), 'people that services find difficult to deal with' (Peter Fletcher Associates Ltd, 2011) and 'vulnerable groups' (Kingfishers Ltd., 2015).

3.8. Costs and understanding how costs and outcomes have been valued

Eleven of the 14 studies include explicit identification of costs (Lunt & Bainbridge, 2019; Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Marsh, 2016; Sitch & Biddle, 2014; Derby City Council, 2021; Gamsu & Rippon, 2018; Swansea University, 2016; Reinhardt & Chatsiou, 2018; MEL Research, 2016; Peter Fletcher Associates Ltd, 2011). These included increased, reduced, deferred and prevented costs (as highlighted in the previous sections) and related to health care (NHS England, 2016), housing, government benefit payments, judicial/police, fire service, 3rd sector organisations, employment, local authority (including social care) and education. The identification and evaluation or analysis of these costs and their valuation varied enormously which meant assessing whether costs differ between LACs was not feasible. Whilst costs include those relating to the individual, their family, community and system the majority of those proposed related to the system. It was primarily the SROI analyses that attributed costs or placed a financial proxy on outcomes to the individual and their family. As such we present the studies grouped by evaluation type rather than where the costs lie; we begin with rudimentary cost analysis finishing with the more complex modelling.

3.8.1. Indicative costs

Lunt and Bainbridge (2019) present findings indicative of potential cost savings or deferrals. They give a small number of examples where cost savings may be made. This is undertaken by listing LAC activities (August 2017–November 2018) then, using the case load of one local area coordinator in York, they examine the support and signposting given. They use this as a springboard to suggest measurable activities which could support analysis of cost savings. Individual values are placed on the financial implications of provision of housing advice, support to access primary care, networking and benefits advice taken from third party sources. For example, each missed GP appointment costs the taxpayer £36.

Similarly, Reinhardt and Chatsiou (2018) evaluated a LAC pilot in Suffolk running between December 2015 and May 2018. They consider whether LAC can help reduce demand on other services. Using LAC operational data relating to 608 individuals they find a reduction in GP visits (20 fewer per week). A unit cost is attached to these visits based on the Manchester New Economy model – an approach to articulating the fiscal, economic and social value of interventions, including a unit cost database - and this is scaled up to one year. The authors also report an increase in home safety for 58 individuals. A cost saving is attached based on reduction in. Within the paper it is difficult to get a feel of how robust the data are. The assumptions made to estimate the cost savings are 'broad brush'. As such this should be viewed as indicative of potential cost savings that would require further research.

Three papers used case studies (Peter Fletcher Associates Ltd, 2011; Gamsu & Rippon, 2019; Sitch & Biddle, 2014). Peter Fletcher Associates Ltd, 2011 considers the first 8 months of the LAC in Middlesbrough (an early pilot). The study reports there is enough evidence to conclude that LAC is cost effective as LAC can show prevention through early intervention, changing the balance of care by using informal supports, using community resources, bringing in extra resources to support families and communities and making better use of existing resources. However, no formal economic analysis is undertaken to support the claim of cost effectiveness. The cost per 'case' is presented but it is not clear how this is calculated or what it includes. It does not include costs associated with the areas highlighted above. Valuation is based on hourly costs provided from Middlesbrough Council. The authors acknowledge that the approach was not robust; lack of data or suitable model meant they were unable to assess efficiency savings. A counterfactual analysis was also considered based on case studies; this was not undertaken because of uncertainties about what those outcomes would have been or information on their likely cost was not available.

3.8.2. Counterfactual approaches

Gamsu and Rippon (2019) used a counterfactual approach to undertake a cost analysis. A case conference scenario was run with local authority and NHS professionals to consider the impact on statutory services had the LAC not been involved. A workshop with a group of service managers were asked 'If the LAC had not been available what do you think would have happened to this person and what impact might this have on health and social care services?' Seven case studies were considered. Services delayed or prevented include: hostel, A&E, rehousing assessment, adaptations, equipment and adaptations assessment, adult safeguarding assessment, primary care, residential care, mental health assessment, mental health community support, Improving Access to Psychological Therapies programme (IAPT), housing assessment, carer assessment, home care, mental health/dementia pathway, carers support, Voluntary and Community Sector (VCS) referral. There is no attempt to estimate overall costs, instead, a small number of illustrative unit costs are given taken from the Personal Social Services Research Unit (PSSRU) Unit Costs of Health & Social Care 2018. For example, GP costs per consultancy £37.40.

Sitch and Biddle (2014) present a series of stories relating to individuals and their families being supported by the Thurrock LAC. After each story the counterfactual is assumed by looking at what would likely have occurred if the LAC had not been involved, in order to demonstrate potential savings. Unit costs are derived primarily from a database developed by the New Economy Manchester containing costs around: crime, education and skills, employment, fire, health, housing and social services. No details are given of the price year of the unit costs. A summary is provided of the potential savings from the LAC. In most cases these are scaled up. The assumptions are optimistic; for example, potential cost savings for individuals with depression assume all those Individuals experience an improvement in their symptoms.

3.8.3. Derby theory of change model

Derby City Council evaluation (2021) explores cost savings under the lens of The Derby Theory of Change (DToC). This states that Derby should start to see reductions in a number of areas including nursing and residential placements, social care packages and interventions, evictions and associated costs, un-necessary crisis health interventions, unnecessary primary care appointments, delayed transfers of care, demand on secondary mental health services and the number of people at risk. The latter is not included due to the small numbers of families being supported by LAC. Unit costs are assigned to some of the estimates but it is not clear of the source or price year. Based on the individuals being supported within their service they estimate cost savings in each area. These are estimates based on individuals referred to the LAC and then scaled up. Overall the estimated cost savings are substantial for residential care and based on patterns in LAC data. However, the other areas are less clear. For example, cost savings were not estimated for A&E

attendance, in-patient admissions and out-patient appointments. Reduced demand on secondary mental health services was not estimated, given limitations within the data. The authors acknowledge that referral to LAC can increase service use and it is likely that not all the estimated cost savings would be realised.

3.8.4. Return on investment

Two studies use a financial impact or return on investment model (ROI). Swansea University, 2016 report a financial evaluation in which they consider the marginal improvement delivered by LAC and 'the combined value this represents against the case portfolio'. (p21)

The analysis begins with anonymised case portfolios from seven LAC co-ordinators which are mapped against standard LAC case categories (e.g. isolation, older age, physical health, mental health). The next step is development of generic scenarios to group interactions by nature and intensity of services involved and potential outcomes. For example, housing which is associated with costs of repossession and relocation; or the category of health professionals which is associated with costs of GP visits, A&E visits and mental health services. Unit costs are assigned although it is not clear where they are sourced or the price year. Generic cases are present showing anticipated costs and the value of improvements based on optimistic, base and pessimistic scenarios. These are then mapped to the LAC portfolio ($n = 267$). Included in the model is acknowledgement that not all issues will be fully resolved so improvement is related to 20–30% of interventions. The model shows a financial benefit of between £787,851 and £1,231,228 across mid-range scenarios against a LAC cost of £400,000. Even greater value is seen when the model assumes greater caseloads as sites mature. Cost benefit ratios are also presented.

Gamsu and Rippon (2019) re-run the Swansea model (Swansea University, 2016) to calculate ROI. The authors did not have sight of the Swansea calculations so have made a number of assumptions (in addition to the assumptions made in the original analysis) and unlike the original they have only included individuals who used Level 2 support. Given these limitations they stress that the figures are illustrative. They estimate, based on 106 people in 2018, the ROI in Haringey is between £500 K - £1.25 M pa. However, this assumes all support is successful; a sensitivity analysis illustrates cost savings if only 20% and 30% of outcomes achieved of between £100,000 -£250,000 pa.

3.8.5. Social Return on Investment

Three final three studies all use SROI analysis. Marsh (2016) present a SROI for Derby City Council LAC. This is a substantial piece of work that is well documented and uses the SROI framework (SROI Network, 2012). Level 1 and 2 activities are included and the period of activities assessed is April 2016 to March 2019. A wide range of stakeholders were engaged to develop the model using a range of interviews, focus groups and survey methods. Outcomes were mapped and presented as a schematic covering theory of change (ToC) for individuals and other stakeholders. Monitoring data was used for quantities and where there were no available estimates, these were forecast based on interviews and stories. Outcomes were assigned financial proxies. For example, for the individual, increased sense of feeling part of the community uses a financial proxy was taken from a Quality of Life Index for Community Life Value (Quality of Life Index Indicator for Community Life Value, 2016 (Active Citizenship)). For others the cost of an appropriate service was used. For example, for increased sense of financial stability and security the proxy was the cost of homelessness advice and support that leads to successful prevention.

Duration for the model was 3 years. Unit costs were taken from a variety of sources. Attribution for outcomes was assumed to be 20% at Level 2 and 30% for Level 1. A discount rate of 3.5% was applied. The SROI was £3.68 – for every £1 invested £3.68 is generated in social value. Sensitivity analysis was undertaken. The limitations of the model acknowledged by the author included outcomes not recorded in monitoring data and thus reliance on interview and case studies; the assumptions are based on recorded data but may be biased given not all individuals' data is represented; there was a lack of engagement with family members; and Level 1 included community groups accessing advice as well as individuals.

Similarly Kingfishers Ltd (2015) undertake a SROI analysis for the Thurrock LAC, again using the SROI framework (SROI Network, 2012). The period of activities assessed was April 2016–March 2019. Data sources included monitoring data, stories, interviews and focus groups. Key outcomes are split into Level 1 individuals and Level 2 individuals and a financial proxy assigned to each. The estimate of number of individuals supported by the Thurrock LAC is based on existing LAC data. Together the authors estimate that LAC in Thurrock will create over £4.8 m in social value (£4 for every £1 spent). Key outcomes include, for example, individual's connecting with local people reducing their social isolation; and individual's attending local community groups with increased sense of feeling part of the community. Their financial proxies are a proportion of household expenditure and quality of life indicator for community life value respectively. The analysis follows the methodological framework and reports succinctly although more detail might have been given of the calculations made and the price year used. They list limitations with the analysis including assumptions made, limited engagement with some stakeholders, some of the outcomes included were expected rather than currently experienced, and some are based on a small sample of stories in the absence of monitoring data.

The final paper that presents SROI is MEL Research (2016). The authors undertake a SROI using the approach previously undertaken for Derby and Thurrock LACs (Marsh, 2016; Kingfishers Ltd, 2015) and adapt it to fit Leicestershire LAC. Activity was taken at four data points between December 2015 and September 2016. Further data was drawn from Outcome Stars and from specific questions for co-ordinators. Resource input is based on the 15 months of LAC operation, no assumptions are made in respect of growth over time. The analysis models three years (replicating the Derby and Thurrock SROIs) showing a return of £1,857,391 from an input of £453,375; £4.10 for every £1 spent. The caveats and limitations reported are around meaningfulness of some SROI measures and availability of estimates and data. It's difficult to assess the figures; although the approach is well documented more detail on the estimates used/produced would be helpful. Also the price year wasn't clear.

4. Discussion

LAC aims to support individuals to live rich and fulfilling lives, to build supportive natural relationships which support individual and family resilience, and to become active and contributing citizens. Local area coordinators are charged with supporting the creation of more welcoming, inclusive, supportive, and better resourced communities. At the system-level, LAC works towards transformed service systems with more effective use of resources, where services have a stronger partnership with and connection to local people, and services complement and support, rather than replace, informal and community solutions (Bartnik & Broad, 2021).). However, we find, like Lunt, Bainbridge, and Tibocha Nino (2018) a focus on individuals and families in these early evaluations 'rather than communities or broader systems transformation' (p. 19).

Indeed, the review findings indicate a growing evidence base for positive outcomes at the level of individuals and families. All studies reported positive outcomes in: health and wellbeing; independence; relationships, connections and access to community resources; and improved personal safety, security and stability. In respect of citizenship, there was evidence of, for example, people to begin or resume volunteering. However, taking a wider interpretation of citizenship of all people in our communities having 'the same rights, responsibilities and opportunities to participate in and contribute to the life of the community, respecting and supporting their identity, beliefs, values and practices' (Bartnik & Broad, 2021) suggests that improved citizenship is

also reflected across other categories presented. For example, claiming benefits more effectively, finding work, having agency over one's life.

A key challenge that evaluators faced was in capturing the progress of individuals who have received Level 2 support. Several studies highlighted the limitations in the primary and secondary data available. For example, MEL Research (2016) found 'inconsistency' in the quality of notes and level of information included in the Outcomes Stars, and the researchers struggled to find fully completed Stars, collected both 'before' and 'after' for people supported by LAC. Kingfishers Ltd. (2015) also highlighted the difficulties in establishing the appropriate point to capture outcomes, given that there is no definitive end to LAC support. Several studies highlighted flaws in the outcomes monitoring spreadsheet and/or offered suggestions for improved monitoring and evaluation going forward (Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason et al., 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates Ltd, 2011; Reinhardt & Chatsiou, 2018; Swansea University, 2016)

Another key challenge lies in understanding the strength of the evidence base. The variation in transparency around sample sizes for interviews and focus groups make it difficult to ascertain salience. Assessing the significance of particular outcomes contained within the groupings presented is also difficult because the studies are not always explicit about the source of data or the frequency of the outcome. A handful of the studies, such as those that use the SROI methodology (Marsh, 2016; Kingfishers Ltd., 2015), state both the relevance (to the aims of the service and the importance at the local and national level) and the significance of outcomes. However, this occurs in only a small number of studies thus precludes comparison of how common or important outcomes are within or across sites. To strengthen the evidence base, future evaluations should be more transparent about sample selection and size and consider saliency analysis.

The review found that coverage of community and system-level outcomes was weaker in most studies. Studies have sought to understand whether and how LAC has impacted upon dynamic and messy community ecosystems, as well as complex and fragmented service systems. However, as Bainbridge and Lunt (2021) point out, outcomes relating to place, partnership and voices are far less amenable to measurement and short-term evaluation design. Indeed, the challenges of measurable outcomes is one that has been highlighted previously (Lunt et al., 2018 not a problem unique to LAC but endemic of the challenges of evidencing the impact of place-based and asset-based approaches more broadly (Taylor et al., 2017).

At the level of community, the review findings suggest that LAC supports progress towards outcomes relating to social capital, community connectedness and knowledge, sustainable support networks and collective wellbeing. Research with local stakeholders has generated evidence for increased social capital and connectedness as a result of LAC, but understanding the local support networks that LAC builds and overall collective wellbeing of communities, are less straightforward to measure. Swansea University's evaluation team developed a useful tool for mapping networks of relationships (2016), but Gamsu and Rippon (2018) caution that attempting to create a framework to understand the complex web of relationships risks devaluing the process, 'turning it into a directory or a set of transactions.'

The review finds that there is emerging evidence for system-level outcomes, but this evidence is patchy. It is at the system-level that we identify differences across sites in reported outcomes. However, where these outcomes have not been captured does not necessarily mean that progress has not occurred. The areas that reported the most outcomes at the level of the system, were those studies that carried out financial evaluations. In seeking to value the outcomes of LAC, these studies inevitably had greater focus on understanding system-level changes, e.g. impact on service usage, in order to calculate potential savings as a result of having a local area coordinator in place. The variation across studies is thus likely a result of evaluators' choosing to focus upon capturing system-level outcomes, rather than any real difference in outcomes across sites. Whilst most studies found evidence of changes to service use, the broader system transformation that LAC seeks to influence, whereby services are more collaborative, person-centred and less prone to 'fixing' rather than support people to build their own resilience, is much weaker. These changes are difficult to achieve due to the size and scale of the problem and the inherent limitations of the austerity context in which LAC has been implemented in the UK. Furthermore, the positioning of LAC within the service system, whereby LAC workers tend to work alongside or are themselves the access point of assessment and care coordination services, limits the extent to which the whole system can be transformed.

The identification of costs presented a relatively uniform picture of where costs might lie but these were primarily, as highlighted above, at a systems level, represented by changes to use of health care, housing and housing services (including homelessness services), government benefit payments, judicial/police service, fire service, voluntary and community sector organisations, employment, local authority (including social care) and education. In respect of the individual, outcomes were only given a financial value in the SROI analyses. These models presented fairly uniform results; showing a social return of around £4 for every £1 spent. All noted limitations, including availability of data which lead to some model inputs being based on case studies or interviews with stakeholders. Surveys of Level 1 individuals (e.g. Kingfishers Ltd, 2015) did not garner significant responses; Level 1 individuals develop short-term relationships with their local area coordinators and are thus harder to engage. However, the results compare favourably with previous SROIs, for example a SROI of self-care social prescribing In Kensington and Chelsea reported a social return of £2.80 for every £1 spent (Envoy Partnership, 2018). However use of SROI methodology to value the impact of health and social care programmes has been relatively limited, with academics especially being slow to adopt the methodology (Hutchinson et al., 2019) This might, in part, be due to the methodological weakness including imprecise measures of costs and benefits and potential sources of bias in defining what costs and outcomes are and are not important and measured (Yates & Mara, 2017). Lunt and colleagues (2021) describe a tension between 'health/well-being outcomes and the civic/participatory mission' (p18) whereby SROI is often located in cost savings for the NHS and Adult Social Care.

It is important to note that none of the papers identifying costs, cost changes or including any type of economic evaluation included comparison of the costs or outcomes with other programmes or services which makes it challenging to unpick the value added in commissioning this service over others.

The review was not able to distinguish between studies with different time horizons, due to the short-term nature of most of the studies. However, the review findings suggest that certain outcomes (e.g. community impacts and systems change) take more time to occur and evidence than others (e.g. improvements in individuals' wellbeing). As Reinhardt and Chatsiou (2018) conclude in their short-term evaluation of LAC in Suffolk, 'to draw concrete conclusions about the full impact of the programme's interventions to the community, a similar evaluation would need to be conducted well beyond the time frame allowed'. Equally, system transformation can only be captured in the long-term, as systems change takes time. Indeed Oatley (2016) projected 12–24-month outcomes which included a series of systems-change related outcomes, based upon the outcomes reported at the time of the research. Understanding such changes demands time and longitudinal research (Bainbridge & Lunt, 2021).

5. Conclusion

There is a growing evidence base for outcomes associated with LAC at the level of individuals and families, communities, and systems. We find that the bulk of the evidence relates to outcomes for people who have received Level 2 support, with more limited but emerging evidence

of community and system-level outcomes. In the economic studies, the identification of cost deferral, avoidance and prevention focused on key areas, including health, housing and finance. A wider range of outcomes were considered by some of the more complex analyses. The evidence base for system-level outcomes is limited given the timeframe of the studies relative to the time required to influence large and complex service systems. Equally, the incompleteness of routinely collected data is a recurring theme across the studies and highlights the need for more consistent and continuous reporting, without overwhelming LAC staff with administrative duties or compromising the relationship between local area coordinators and individuals (MEL Research, 2016). Overall, evaluators should be cautious in their conclusions given the challenges In the methods reported. If not, they risk bolstering existing critiques of LAC (and preventative approaches more broadly) for 'over-promising' (Daly & Westwood, 2018). Greater transparency, robust methodology and longer-term evaluation timeframes are critical to addressing the evidence gap.

CRediT authorship contribution statement

Harriet Thiery: Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing, Project administration. **Joanne Cook:** Conceptualization, Methodology, Writing – review & editing, Funding acquisition. **Jon Burchell:** Conceptualization, Methodology, Writing – review & editing, Funding acquisition. **Mark Wilberforce:** Conceptualization, Methodology, Writing – review & editing, Funding acquisition. **Maureen Twiddy:** Conceptualization, Methodology, Writing – review & editing, Funding acquisition. **Silviya Nikolova:** Conceptualization, Methodology, Writing – review & editing, Funding acquisition. **Adam Martin:** Writing – review & editing. **Claire Hulme:** Conceptualization, Methodology, Formal analysis, Writing original draft, Writing – review & editing, Project administration, Funding acquisition.

Declaration of competing interest

All authors have participated in (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for important intellectual content; and (c) approval of the final version.

This manuscript has not been submitted to, nor is under review at, another journal or other publishing venue.

The authors have no affiliation with any organization with a direct or indirect financial interest in the subject matter discussed in the manuscript.

The following authors have affiliations with organisations with direct or indirect financial interest in the subject matter discussed in the manuscript:

Acknowledgements

We thank Simon Briscoe for developing and running the database searches. We are grateful to the National Institute for Health and Care Research for funding this research.

References

Bainbridge, L., & Lunt, N. (2021). Place, strengths and assets: A case study of HowLocal area coordination is supporting individuals and families under conditions of austerity. *British Journal of Social Work, 51*, 1354–1373.

Bartnik, E., & Broad, R. (2021). *Power and connection: The international development of local area coordination*. Centre for Welfare Reform.

Bedford, S., & Harper, A. (2018). Sustainable social care. *What Role for Community Business?*. New Economics Foundation https://neweconomics.org/uploads/files/Sustainable-social-care.pdf.

Caiels, J., Milne, A., & Beadle-Brown, J. (2021). Strengths-based approaches in social care: Reviewing the evidence. *Journal of Long-Term Care*, 401–422. https://doi.org/10.31389/jltc.102

Care Act. (2014). http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted.

Chadbourne, R. (2002). *A review of research on local area coordination in western Australia*. http://inclusiveneighbourhoods.co.uk/wp-content/uploads/2020/11/2002-Chadbourne-review-of-previous-evaluations.pdf.

Daly, M., & Westwood, S. (2018). Asset-based approaches , older people, social care: An analysis and critique. *Ageing and Society, 28*, 1087–1099.

Darnton, P., Sladen, J., Liles, A., Sibley, A., Anstee, S., Brooks, C., & Benson, T. (2018). *Independent evaluation of local area coordination on the Isle of Wight*. Wessex Academic Health Science Network.

Department of Health. (2014). *Care and support statutory guidance issued under the care Act*, 2014. London: Department of Health.

Derby City Council. (2021). *Local area Co-ordination in Derby. Evaluation report 2018-2021*.

Foot, J., & Hopkins, T. (2010). *A glass half-full: How an asset approach can improve community health and wellbeing*. London: Improvement and Development Agency.

Friedli, L. (2013). 'What we've tried, hasn't worked': The politics of assets based public health. *Critical Public Health, 23*(2), 131–145.

Gamsu, M., & Rippon, S. (2018). Local area Co-ordination in Waltham forest. *A Formative Evaluation. Leeds Beckett University*.

Gamsu, M., & Rippon, S. (2019). "Making Haringey a better place, where everyone can thrive". In *Haringey local area coordination programme – a formative evaluation of implementation*. Leeds Beckett University. https://lacnetwork.org/wp-content/uploads/2019/06/June-2019-Haringey-formative-evaluation.pdf.

Higgins, J. P. T., Thomas, J., Chandler, J., Cumpston, M. L. T., Page, M. J., & Welch, V. A. (2019). *Cochrane handbook for systematic reviews of interventions* (2nd ed.). Chichester: John Wiley & Sons.

HM Government. (2022). *Build back better: Our plan for health and social care*. https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/build-back-better-our-plan-for-health-and-social-care.

Hutchinson, C., Berndt, A., Forsythe, D., Gilbert-Hunt, S., George, S., & Ratcliffe, J. (2019). Valuing the impact of health and social care programs using social return on investment analysis: How have academics advanced the methodology? A systematic review. *BMJ Open, 9*.

Kingfishers Ltd. (2015). *Social value of local area coordination in Thurrock: A forecast SocialReturn on investment analysis for adult social care*. Thurrock Council. Summary Report.

Kingfishers Ltd. (2016). Social value of local area coordination: Learning outcomes from. In *Thurrock council and Derby city council SROI analyses*.

Lunt, N., & Bainbridge, L. (2019). *Local area coordination summative evaluation*. University of York.

Lunt, N., Bainbridge, L., & Tibocha Nino, A. (2018). *Local area coordination: Process evaluation*. December *2018*. University of York.

Macdonald, G. (2003). *SCIE Report 4: Using systematic reviews to improve social care*. https://www.scie.org.uk/publications/reports/report04.asp.

MacLeod, M., & Emejulu, A. (2014). Neoliberalism with a community face? A critical analysis of asset-based community development in Scotland. *Journal of Community Practice, 22*, 430–450.

Marczak, J., Wistow, G., & Fernandez, J. (2019). Evaluating social care prevention in England: Challenges and opportunities. *Journal of Long Term Care*, 206–217.

Marsh, H. (2016). *Social value of local area coordination Derby: A forecast social return on investment for Derby city council*. Kingfishers Ltd. https://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/Assured-SROI-Report-for-Local-Area-Coordination-in-Derby-March-2016.pdf.

Quality of Life Index Indicator for Community Life Value (Active Citizenship). (2016). In H. Marsh (Ed.). http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-%20community-life-value/in. Social Value of Local Area Coordination Derby: a forecast Social Return on Investment for Derby City Council. March 2016. (Kingfishers Ltd).

Mason, J., Harris, K., & Ryan, L. (2019). Local area coordination (IOW) evaluation report. *"What is it about Local Area Coordination that makes it work for end users, under what circumstances, how and why?" Southampton Solent University*.

Mason, J., Oatley, C., Harris, K., & Ryan, L. (2021). How and why does Local Area Coordination work for people in different contexts? *Methodological Innovations*, 1–12.

MEL Research. (2016). *Evaluation of Leicestershire local area coordination*. Leicestershire County Council. October 2016, Final report.

Mollidor, C., Bierman, R., Goujon, C., & Zanobett, L. (2020). *Evaluation of the Derby local area coordination approach*. Ipsos MORI & Department for Education.

National Disability Authority. (2015). *Local area coordination briefing paper. NDA: Dublin*. https://nda.ie/nda-files/NDA-Local-Area-Coordination-Briefing-paper-PDF-format-.pdf.

NHS England. (2016). New care models: Evaluation strategy for new care model vanguards. *Operational Research and Evaluation Unit, NHS England*.

Oatley, C. (2016). *Local area coordination. Formative evaluation: Understanding the praxis and impact of the local area coordination approach on the Isle of weight*. Southampton Solent University.

Oliver, D. (2022). David Oliver: The social care white paper provides few solutions to an urgent. *Crisis, BMJ, 376*.

Peter Fletcher Associates Ltd. (2011). *Evaluation of local area Co-ordination in Middlesbrough*. Final Report. August 2011.

Partnership, E. (2018). Self-care social prescribing. *Kensington and Chelsea Social Council& NHS West London Clinical Commissioned Group*. https://issuu.com/kcsckuldip/docs/social_return_on_investment_full_re.

Popay, J., Roberts, H., Sowde, A., Petticrew, M., Arai, L., Rodgers, M., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews. A product from the esrc methods programme*. Lancaster: Institute for Health Research, Lancaster

University. https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/fhm/dhr/chir/NSsynthesisguidanceVersion1-April2006.pdf.
Price, A., Bramwell, C., Shaw, E., O'Rourke, G., Ahuja, L., Nunns, M., Briscoe, S., Baron, S., & Anderson, R. (2022). *Strategies for fostering a strengths-based approach within adult social work: Systematic review of effectiveness and implementation studies*. NIHR. https://doi.org/10.3310/hsdr-tr-130867
Reinhardt, G. Y., & Chatsiou, K. (2018). *Evaluation. Local area coordination in Suffolk*. University of Essex. Programme. April 2018.
Rocks, S., Boccarini, G., Charlesworth, A., Idriss, O., McConkey, R., & Rachet-Jacquet, L. (2021). Health and social care funding projections. In *The health foundation*. https://doi.org/10.37829/HF-2021-RC18, 2021.
Sitch, T., & Biddle, J. (2014). *Fourteen month evaluation report*. Thurrock Council.
SROI Network. (2012). A guide to social return on investment. *The SROI Network accounting for value*. https://socialvalueuk.org/wp-content/uploads/2016/03/The%20Guide%20to%20Social%20Return%20on%20Investment%202015.pdf.
Swansea University. (2016). *Local community initiatives in western bay: Formative evaluation. summary report*.
Thorstensen-Woll, C., & Bottery, S. (2021). Integrated care systems and social care: The opportunities and challenges. *The Kings Fund*.
Yates, B. T., & Mara, M. (2017). Social return on investment (SROI): Problems. *Solutions… and Is SROI a Good Investment? Evaluation and Program Planning, 64*, 136–144. https://doi.org/10.1016/j.evalprogplan.2016.11.009