Evaluation of the Implementation of Local Area Co-ordination in Scotland
EVALUATION OF THE IMPLEMENTATION OF LOCAL AREA CO-ORDINATION IN SCOTLAND

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EXECUTIVE SUMMARY

INTRODUCTION

Local area co-ordination (LAC) originated in Australia and was introduced to Scotland in the form of a recommendation in The same as you? report, following a national review of services to people with learning disabilities. With a strong, person centred value base, LAC is an innovative way to support individuals and families to build a ‘good life’ and to strengthen the capacity of communities to welcome and include disabled people. As part of its core funded programme for the Scottish Executive, the Social Work Research Centre at the University of Stirling was asked to conduct an evaluation of the implementation of local area co-ordination in Scotland. This 11 month study ran from October 2005 to August 2006.

STUDY AIMS

The aims of the study were:

• To examine the lessons from implementation of LAC across Scotland
• To explore (in broad terms) the outcomes of LAC work
• To assess the future scope for LAC.

METHODS

An initial literature and policy review was conducted. Data was collected through:

• 44 information sheets completed by local area co-ordinators in 24 authorities
• Interviews with 35 local area co-ordinators in 24 authorities
• Interviews with 14 managers in 13 authorities
• Interviews with a manager in seven authorities without LAC
• Four case studies of LAC practice which involved talking to individuals and families, LACs, managers, and staff in other agencies.

POLICY CONTEXT

The policy context in which LAC has been introduced to Scotland is a complex one, with an array of legislation and guidance from social work, education, children’s services, health and community planning and development potentially impacting on, and in turn being influenced by, local area co-ordination. Common themes emerging from these various policy arenas include: partnership and joint working; service user, carer and community participation and empowerment; easier access to services and support; promoting social inclusion; choice and control for service users; and early intervention and preventive work. Also important is the emphasis given to challenging discriminatory attitudes. There are also some more recent additions such as ‘personalisation’ and ‘co-production of wellbeing’. LAC would
appear to fit well with current policy agendas and offers some insights into potential
directions for implementation of principles into practice.

The literature review highlights that little research has been carried out on LAC to
date. Existing studies suggest the main benefits which can be identified for
individuals and families include: empowerment; trusting relationships with LACs or
other key workers; accessibility; choice; flexibility; reliability and the provision of
emotional and practical support. Communities are said to become more inclusive
and accepting. Concerns raised in the literature include the market-driven nature of
individual funding schemes which may increase privatisation and a low wage
sector; insecure and inconsistent support; inappropriate expansion of the role,
resulting in high workloads, dilution of the values and role conflict; a blurring of
professional/personal boundaries, raising questions about the sustainability of the
relationships involved, and a need for more robust support mechanisms.

OUTCOMES
Differences in LAC practice across local authorities and the broad remit of LAC
generally meant that clearly identified, measurable outcomes were difficult to
extract from the LAC process. However, LACs identified three main areas of
achievement: a better overall quality of life for people; specific differences in
individuals’ lives; and particular areas of work, such as transitions to adulthood,
where they believed they had made a wider impact.

Four case-studies were conducted to provide a closer examination of LAC and to
highlight the views of individuals and families, LACs, managers and staff in other
agencies. The local authorities were selected to illustrate the operation of LAC in
four distinct contexts: rural settings; urban settings; across traditional service user
groups; and managed within the voluntary sector. In addition to highlighting
pertinent issues in each setting, the case-studies provide evidence of a range of
relevant outcomes. These include the following:

- Having time to build relationships with individuals and families, help them to
  identify their own needs and accordingly, to work toward change in their lives
  individually.
- Supporting individuals to actively engage in their local community
- Assisting individuals and families, through networks established by the LAC,
  to mutually support each other
- Helping individuals and families to engage effectively with other agencies
- Enabling individuals and families to believe they have someone working in a
  professional capacity who is ‘on their side’
- Bringing together individuals and families from diverse backgrounds and with
different life experiences to work together to reach solutions within their local
  communities
- Ensuring people have access to support and services, are better informed, have
  more choice of activities and some increase in availability of flexible supports
  such as holidays and day and leisure opportunities.

The findings from the four case studies suggest that LACs were highly valued by all
respondents, including individuals, their families and other agencies; individuals
and families in particular reported that LAC had made an important contribution to
their lives. Generally, it was found that individuals gained improved access to services, support and information as a result of their contact with LACs. In some cases, inter-agency cooperation was enhanced. Community capacity building was also seen as an important aspect of the overall work of LACs, although at different stages of development within different local authorities. Additional outcomes included supporting individuals and families to build networks with each other, with appropriate services and with the local community, and increasing choice and flexibility in services for individuals and families.

**IMPLEMENTATION**

There is wide variation in almost every aspect of the organisational arrangements for LAC in Scotland. Some of this diversity indicates a departure from the principles and ethos underlying the Australian model of LAC and was experienced as problematic by many LACs.

By March 2006, there were 59 LACs in post, or about to take up work, occupying 43 full-time and 16 part-time posts across 25 local authorities. Most LACs were employed by local authorities but three authorities had commissioned voluntary agencies to provide LAC. One LAC was employed by an FE college while in another area an NHS Trust and local authority were joint employers. Those employed by local authority social work departments voiced a number of reservations about this but recognised a number of advantages too. Over half the LACs were physically based in social work teams or resource centres and, again, most had concerns about their location.

Overall, LACs were well qualified, with 82% having a first degree or equivalent and 11% having qualifications up to N/SVQIII level, although 7% had no formal qualifications. Their previous work experience was predominantly within the social and health care sectors, but overall they had a wide and diverse range of experience. Our findings show variations in the salaries paid to LACs although this range did include LACs in managerial positions, and may reflect the range of qualifications held. Nevertheless this constituted an issue which caused strong feelings among most.

All the authorities with LAC serve adults with learning disabilities and most also work with children with learning disabilities. A few LACs work with people with other conditions, notably physical impairment and/or mental health issues. LACs in 12 authorities worked with people from ‘cradle to grave’. There is considerable variation in the size of area LACs have to cover and in the total and target populations within those areas. Some reported having too large an area to cover while those working in smaller communities sometimes had to turn away requests for support from further afield. In only 11 authorities do LACs have access to dedicated budgets, nearly all amounting to less than £5,000. There were reports of delays, reductions and withdrawal of budgets.

About two thirds of the LACs had been given protected time for community mapping and/or networking when first in post. Thirty percent had little or no induction. However, as a group, they had received training on a range of diverse
topics. There was general enthusiasm for the national training and Action Learning Sets run by the Scottish Consortium for Learning Disability (SCLD). LACs indicated that they would appreciate additional training on community capacity building: the creation of neighbourhood, local and community resources to provide natural supports for individuals and families.

**LAC IN PRACTICE**

Most individuals and families were introduced to LACs by service providers. Word of mouth and self-referrals also played a part. In a minority of authorities, people had to go through the social work allocation system or a similar ‘vetting’ procedure to access local area co-ordination. This would appear to be at odds with the LAC ethos of easy, informal access. There was considerable variation in the numbers of people LACs were in contact with or supporting. Figures ranged from 2 to 47 families and from one to 42 individuals.

Relatively little time was spent on community capacity building, although it was deemed important within the overall ethos of LAC. In only six of the 24 authorities did LACs claim to have made significant progress in that area. Apart from lack of time and the fact that community capacity building is a long term process, disinterest and sometimes resistance was reported among some local communities. Where progress had been made, this may be linked to more welcoming communities, the LACs having a strategic base in the area, their previous knowledge of the locality and/or their community development background.

LACs were enthusiastic about the role of local area co-ordination and the potential impact they believed they could make in the lives of individuals and local communities. However, their satisfaction varied in accordance with the structural location of their post and managerial support.

**THE ROLE OF LACS**

LACs identified several distinctive features of their role, not least its person centred value base (although many other workers in human services would also lay claim to that). The non-bureaucratic and preventive aspects of LAC and its remit to challenge where appropriate were also highlighted. All the LACs were agreed on the importance of promoting inclusion, but there were different understandings of what that meant and how it should be achieved. While most fully embraced the LAC ethos, a small minority thought there was an idealistic, even an unrealistic, strain within this. Some LACs struggled at times with the emphasis on promoting family support which, for a range of reasons, was not always feasible or appropriate.

In only five authorities did LACs consider their job was clearly defined and understood, while those in nine authorities reported it was ill defined and not fully grasped by managers. About two thirds were aware of ongoing confusion and/or tension between the LAC role and that of social work/care management, although the relationship could work well where activities were accepted as complementary.
In some areas, LACs have been drawn into care management procedures and it appears that in at least three authorities, LACs acted as care managers for part, or all, of their role. Collaboration with other agencies was unevenly developed. Partnership with the voluntary sector was generally better advanced than with statutory organisations.

Steering groups appeared to have limited success. Half the authorities had never had one and among those that had, experiences were evenly divided between positive and negative. Groups made up of individuals and/or family carers were seen as most useful while those composed of professionals were more likely to be experienced as unsupportive. Six steering groups were either inactive or had been disbanded.

Overall, about half the LACs felt well supported, although those in nine authorities reported experiences of isolation and a sense of being devalued with five LACs reporting that they felt undermined in their role. It was suggested by a small number of LACs and managers, for example, that LAC may have been introduced only to ‘satisfy’ the Scottish Executive and not on the basis of real understanding of the role or commitment to the work of LACs.

**MANAGERS’ PERSPECTIVES**

Overall, line and operational managers had mixed views about the efficacy of local area co-ordination, although generally welcoming it. Those who were enthusiastic, were extremely so, largely attributing this to the skills and experience of the workers they had recruited into the posts. Where others were more sceptical, this was often due to the shortage of other resources within the local authority and the requirement that they managed this shortfall. It was in such contexts that LAC was viewed as a ‘luxury’ rather than a necessary resource.

**NON-LAC AUTHORITIES**

All of the seven authorities without LAC were positive about the ethos and principles of LAC, although many had concerns about adopting the model in practice, not least in transplanting it from Australia to Scotland where different social, cultural and governmental structures were in place. However, whilst the majority of these authorities either had specific plans or hopes to implement LAC in their authorities in the foreseeable future, others felt that they could take on board the recommendations of *The same as you?* in relation to LAC without necessarily creating posts with that title, and cited the expansion or development of existing services to illustrate how they were working to achieve these recommendations.

Barriers to implementation within these non-LAC authorities have tended to be practical rather than ideological, with budgetary constraints and embedded bureaucratic structures being the two particular concerns for respondents. Perceived pressure from the Scottish Executive, coupled with a seeming lack of forward planning regarding introducing LAC into existing local authority social work
settings, have resulted in some animosity amongst the non-LAC authorities with regard to the implementation of LAC.

FUTURE CONSIDERATIONS

Suggestions from LACs and their managers for future development at local and national level were broadly similar although the emphasis at local level was on greater security and support for workers while, at national level, for more consistency and clarification of the LAC role. Many respondents highlighted a need for debate at national level about how certain aspects of the LAC ethos relate to the structural and political context of Scotland, as distinct from that of Australia, notably in relation to: the development of LAC without a reduction in the provision of social work and health services to those who need them; appropriate provision of family support; and a realistic approach to the development of community capacity building.

Although the evaluation highlighted some difficulties in implementation and a measure of confusion surrounding key aspects of the role, nevertheless, LAC was highly valued by individuals, families and staff from other agencies. There was evidence of positive outcomes in terms of increased independence, choice and inclusion, and huge commitment to the role among LACs. At present geographical coverage is uneven as is the availability of support to people of different ages and with a range of impairments and needs. Therefore, the authors conclude that in order to provide a more equitable support system across Scotland, the number of LAC posts should be increased. This could be achieved by the creation of a ring fenced fund to finance new LAC posts and to support and/or fund the training of LACs. To assist in this process, the evaluation has highlighted the need for updated guidance on the implementation of LAC in Scotland, setting out the ethos and values of LAC, and providing practical guidelines on its implementation and operation in a Scottish context. This could be supported by the creation of a National Development Worker post, funded by the Scottish Executive, which could assist local authorities in implementing formal guidance and promoting the development of LAC across Scotland.
CHAPTER ONE

INTRODUCTION

BACKGROUND TO THE RESEARCH

The emergence of local area co-ordination

As part of its core funded programme for the Scottish Executive, the Social Work Research Centre at the University of Stirling was asked to conduct an evaluation of the implementation of local area co-ordination in Scotland. This 11 month study ran from October 2005 to August 2006. Local area co-ordination (LAC) emerged in rural Australia in 1988 in response to long standing difficulties meeting the needs of people with learning disabilities and their families living in remote areas. Due to the lack of service infrastructure locally, individuals had to leave their families and communities to move into residential homes in cities many miles away. LAC was seen as an innovative way to support individuals and their families to build a ‘good life’ and to work with local communities to strengthen their capacity to include disabled people, based on the principles of user control, empowerment and self sufficiency\(^1\). Within the Australian model, LAC can be seen as:

\[
\text{“A generalist or eclectic approach, insofar as it contains elements of case management, personal advocacy, family support, community development and direct consumer funding. The aim of LAC is to make disability services and supports more personal, local and accountable, and to support local people with disabilities and their families in their local communities.”} \quad \text{(Bartnik et al, 2003 p12)}.
\]

In 1999, LAC was introduced to Queensland, Australia, in pilot form. Disability Services Queensland issued a short paper (2001) outlining the core elements in LAC, described as ‘seven signposts on the road less travelled.’ These are:

- The quality of the relationship between a local area co-ordinator and the individuals/families with whom they work
- Working with families and individuals across all ages and life stages and all types of impairment
- A focus on developing and maintaining informal supports, natural social networks and facilitating access to mainstream services
- Community building
- A local community base, community connection and geographic boundaries, defined by place
- A supportive management framework
- An agreed value base and set of principles as the basis of decisions and actions.

\(^1\) The literature review did not identify existing examples of LAC roll-out beyond Australia.
The review of services to people with learning disabilities in Scotland

Towards the end of 1998, the Scottish Executive embarked on a wide ranging review of services to people with learning disabilities. Eighteen months later, it published a report entitled *The same as you?* setting out its findings and conclusions (Scottish Executive, 2000a). The report was based on principles central to supporting people with learning disabilities to lead full and active lives: these emphasised that people should be valued, respected and included within communities; that their individuality be recognised; that they should have choices and opportunities to realise their potential; and be able to use mainstream services wherever possible. Thus the report draws heavily (although not explicitly) on theories of normalisation (Wolfensberger, 1972, 1983), inclusion (O’Brien, 1987) and an ‘ordinary life’ (Towell, 1988).

While the review was being carried out, Scottish Human Services, an independent not for profit organisation promoting innovative ideas around supporting people, invited Eddie Bartnik, the Director of Metropolitan Services Co-ordination in Western Australia, to visit Scotland. He toured the country, talking about the Australian model of local area co-ordination to practitioners, managers and the Scottish Executive. Issues identified during the course of the learning disability review included problems experienced by families trying to obtain information about services, a lack of knowledge among professionals about people with learning disabilities and failings in care management. Those responsible for the review were impressed by the idea of local area co-ordination, and its offer of:

“A specialist worker dedicated to working with a small number of families using services in one area [to] help people and their families through the current maze of systems.” (Scottish Executive, 2000a: 19).

*The same as you?* made 29 recommendations, including:

“Health boards and local authorities should agree to appoint local area co-ordinators for learning disabilities from current resources used for managing care and co-ordinating services.” (ibid: 20).

It was envisaged that each LAC would support about 50 people, would cross traditional boundaries between housing, social work, health, education and other agencies, provide information, co-ordinate services and have access to some funding which could be passed on directly to individuals and families. In addition, local area co-ordinators would have a role in supporting individuals to build up strong networks and work with other agencies and local community groups to promote inclusion.

Curtice (2003: 38) writes:

“The adoption of LAC signalled the review’s vision of a radical change in how people with learning disabilities are seen and receive support. LAC should lead to investment in different forms
of support in the community, to more direct control by individuals and families over the support offered, to opportunities to develop people’s strengths rather than merely meet their support needs and to the development of capacity and trust in communities.”

As well as setting out the role and tasks envisaged for LACs, made proposals for organisational and management arrangements, with initial training for LACs scheduled to begin in Autumn 2001. At the same time, the Scottish Executive left scope for local authorities and health boards to decide on the details. In England, the review of services to people with learning disabilities culminated in the publication of a White Paper, Valuing People (Department of Health, 2001), which set out a strategy for the delivery of services for adults and children. The Scottish Review, The same as you? set out 29 recommendations. Accordingly, local authorities were encouraged but not obliged to implement LAC. The key principles of LAC are listed in Annex Six.

In order to clarify LAC, Curtice (2003) notes that one of the best ways to do this is to describe what the person does and what skills are needed. She outlines “key features of LAC” (2003: 40):

- Strong local connections
- Is committed to community
- Provides information that explores all the options
- Is stable, personal and consistent
- Works from where people are at
- Works with people in their homes and in the community
- Acts as a bridge and links people together
- Is not an ‘authority’, not always having an answer
- Is non-judgemental and non-discriminatory
- Is committed to long-term relationships

She goes on to say LAC is not:

- Heavily bureaucratic
- Targeted only on people with certain levels of need/ages etc
- Dependency-creating
- Primarily a service co-ordination role
- A part-time function or task of another professional (Curtice, 2003: 40, Box 2).

**Progress in implementing LAC in Scotland**

Progress towards implementation appears to have been slow and uneven across Scotland. A survey by a Short Life Working Group on LAC (SLWG, 2002), part of The same as you? Implementation Group, reported that five authorities had appointed a total of eight local area co-ordinators and five more had plans to appoint. The Scottish Executive also carried out some investigations (reported in the SLWG document), visiting some authorities which had no plans for LAC, and
encouraging them to appoint. The Executive concluded that by Autumn 2002, there should be 57.5 LACs in post in 24 local authorities. Eight authorities did not plan to appoint local area co-ordinators, in three cases because they intended to achieve similar outcomes through different means (see Chapter Nine).

The SLWG report (2002: 1) expressed concern that:

“Local area co-ordinators will be performing very different functions in different areas and in some cases may not be following essential principles.”

The survey revealed that:

- Coverage of some local authority areas was patchy
- Elsewhere, LACs were supposed to cover large areas and/or populations
- Some were targeting specific population groups and/or excluding children
- The relationship between LAC and care management remained unclear
- Some LACs had no basic facilities such as a phone or a desk
- In some cases, line management arrangements undermined LACs’ independence. In others, the LACs’ organisational base distanced them from individuals and families
- In some areas there was a watering down of both the role and the underlying principles and values of LAC.

The paper also contains a helpful account and clarification of the key elements of LAC, its principles, intended outcomes, ‘added value’ and relationship to care management. Attached to the report was a person specification which authorities could use as a model for recruiting LACs.

The authors recommended that the Scottish Executive issue guidance on implementation of LAC. A circular letter addressed to Directors of Social Work, Chief Executives of Health Boards and Directors of Housing (Scottish Executive, 2002) was distributed. This letter summarised developments in implementing The same as you? and ‘urged’ agencies to appoint local area co-ordinators by December 2002. The SLWG paper was attached to the letter.

A number of national training events have been held for local area co-ordinators. The first, run by SHS Trust, took place in Erskine in April 2002, comprising the six local area co-coordinators then in post, along with parents and other professionals. The course was led by Eddie Bartnik from Western Australia and Anne Cross from the Queensland project (see Partners in Change, 2002). The following year, a week long residential training programme took place in New Lanark, again led by Bartnik and Cross (see SHS Trust, 2003). This time 20 local area co-ordinators took part. A third national training programme took place in May 2005 with Eddie Bartnik, run by SCLD and integrating both training and Action Learning Sets. Since 2003, the Scottish Consortium for Learning Disability, charged with helping implement the recommendations of The same as you?, has run two-day Action Learning Sets (ALS) every three months, bringing together LACs from across Scotland to exchange information and ideas and learn from each other. The ALS provide
structured training aimed at developing reflective practice and consist of a combination of formal presentations and experientially-based groupwork exercises.

In 2005, the Scottish Executive published statistical returns which indicated that, by September 2004, 23 authorities had introduced local area co-ordination. The most recent figures issued, for September 2005, suggested that 27 authorities had LAC, and that almost 2000 adults across Scotland benefit from it (Scottish Executive, 2006a). These figures are based on local authority returns for the two years prior to this evaluation and do not concur with our research which found that only 25 authorities have local area co-ordination, at the time of writing (August 2006). Three of the authorities recorded in the Scottish Executive statistics as having LAC, including two apparently working with high numbers of people, do not have any local area co-ordinators: in this study, they have told us why they decided not to implement LAC. Another authority shown in the statistics as having no local area co-ordinators actually had two. The latter error may be due to a late data return but the other discrepancies most likely reflect the ambiguity surrounding definitions of local area co-ordination in some local authorities.

Local area co-ordinators as such have not been introduced elsewhere in the UK although, after a visit from Eddie Bartnik in 2002, the Ulster Community and Hospital Trust in Northern Ireland appointed three Community Disability Co-ordinators (CDC), with a similar brief. One CDC works with people with learning disabilities, the other with people with physical impairment. This is a bottom-up initiative, not part of a national policy, and was described as a low-key ‘filleted’ version of the LAC role (personal communication, Alan Vincent, Ulster Community and Hospital Trust, 2006). The CDC use person-centred approaches to promote inclusion by setting up groups for disabled children (but not necessarily inclusive groups) in mainstream settings.

**STUDY AIMS**

The Social Work Research Centre was asked to conduct an independent national evaluation of implementation. This was considered necessary by the Short Life Working Group on Local Area Co-ordination in order to assess the effectiveness of LAC in the context of Scotland in the 21st Century, to ensure that lessons were learned from the first phase of implementation and to inform the future strategic development of LAC. The aims of the study were:

- To examine the lessons from implementation of LAC across Scotland
- To explore (in broad terms) the outcomes of LAC work
- To assess the future scope for LAC.

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2 LAC is being discussed in England in relation to individualised budgets.
3 It was decided the term LAC would be confused with ‘looked after children’.
METHODS

A literature and policy review was conducted\(^4\): this is presented in Chapter Two. Data was collected from:

- 44 information forms completed by local area co-ordinators in 24 authorities\(^5\)
- Interviews with 35 local area co-ordinators in 24 authorities
- Interviews with 14 managers in 13 authorities
- Interviews with a manager in seven authorities without LAC
- Four case studies of LAC practice.

The case studies of LAC practice in four authorities were intended to explore the views and experiences of individuals and their families about LAC, to explore specific aspects of LAC (these varied in each area) and to gather evidence about outcomes in relation to individuals, families and communities. They provided opportunities to explore the implementation of LAC in a rural setting, an urban setting, the voluntary sector and across traditional ‘service user’ boundaries. Each case study was spread over two or three days. The approach was based on that used in a review of day opportunities for people with learning disabilities (Cole et al, 2006) and involved talking to individuals and families, LACs, managers, and staff in other agencies. Unfortunately, our intention to include a member of People First Scotland\(^6\) in the visiting research team was not realised.

A more detailed account of how the research was carried out, along with the various data collection tools, can be found in Annexes One, Two, Three, Four and Five.

SUMMARY

Local area co-ordination originated in Australia and was introduced to Scotland in the form of a recommendation in The same as you? Evidence to date suggests implementation has been uneven, with some modifications to the key elements of the role and ethos as practised in Australia. The aims of this study were to examine the lessons from implementation of LAC across Scotland, explore (in broad terms) the outcomes of LAC work and assess the scope for its future development.

Chapter Two presents the findings and issues arising from the literature and policy reviews. Chapter Three sets out an overview of LAC posts while Chapters Four and Five provide case-studies of the operation of LAC in four local authority areas (Dundee, Argyll and Bute, Stirling and Midlothian). Chapter Six examines some of the issues arising from LACs day-to-day working environment while Chapter Seven provides a more detailed examination by considering the themes of role definition, accountability, support and future development. Chapter Eight outlines the

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\(^4\) See Annex One for methods used.
\(^5\) One local authority which has implemented LAC declined to take part in the study:
\(^6\) People First Scotland is a national, independent, self-advocacy organisation of people with learning difficulties.
perspectives of managers while Chapter Nine considers the views of key respondents in authorities without LAC. Chapter Ten concludes the evaluation and considers some of the implications for policy and practice arising from the findings.
INTRODUCTION

This chapter sets out the research and policy context for the evaluation of LAC across Scotland\(^7\). The aims of the literature and policy review were:

- To conduct a critical analysis of evaluations of LAC
- To review other research relating to LAC
- To map the current policy context for LAC, including a number of significant developments since the publication of *The same as you?*

THE LITERATURE

**Individualised funding and support schemes**

Individualised or personalised funding allows direct payments to be used by adults with a disability or by families caring for a disabled child. Direct payments are provided as an alternative to services for people eligible for support, with the intention of allowing them greater choice and some control over how their support is provided.

Lord et al (2000) (cited in Lord and Hutchinson, 2003) examined 10 individualised support and funding schemes in Canada, Australia and the United States. Lord and Hutchinson (2003) provide case studies of three of these schemes: first, the Individualised Quality of Life Project (Options) run by the Family Service Association in Toronto; secondly, what the authors call Local Area Coordination and Direct Consumer Funding in Western Australia and, thirdly, the New Hampshire Self-determination Project. The Toronto project conducts person centred planning with people with learning disabilities and provides funds and community resource facilitators to support the plans. The New Hampshire project aims to identify and develop new forms of community support for people with learning disabilities, supported by ‘fiscal intermediaries’ – independent agencies which help people manage their money. The authors relied heavily on written documentation and existing evaluations of the services although they also conducted interviews with project co-ordinators to fill in gaps in information. They did not talk to service users or families.

Lord and Hutchinson identify a number of common themes across the projects they evaluated. First, they report that ‘values and principles mattered’, particularly those relating to self-determination and community participation. Disability support was seen as a right; there was a belief that strong informal networks enhance health and inclusion while formal services were seen as having anomalies and limitations. Second, regional differences in service delivery were minimised where projects

\(^7\) See Annex One for information on the sourcing of material. It is worth noting that overall, very little research was found.
were part of a larger national or provincial policy framework. This is an interesting finding given concerns about the varied implementation of LAC in Scotland. The projects which showed most coherent implementation had been introduced through pilots and in phases, allowing opportunities for evaluation, learning and change. They began working with small numbers of people in small localities. All but one of the ten initiatives studied had set up a separate independent infrastructure in which to operate, free from any possible conflict of interest from service providers and government.

Thirdly, the roles of facilitator, broker, network builder and so on which were pivotal to these projects were clearly distinguished from the care management role. The latter was seen as more limited, with larger caseloads, often affiliated to one agency. It was also found that the most effective facilitators were those with broad community experience as opposed to staff who had spent many years working in the more traditional disability service sector. Fourthly, individual funding was viewed as a means of enhancing quality of life but finding an equitable way of allocating it was challenging for several projects and different approaches were developed. Lastly, the projects adopted a ‘learn as you go’ approach, necessitated by the fact that they were working in new and largely uncharted territory in which they had to learn from their own and other people’s experience.

The authors acknowledge there may be concerns that individualised funding is essentially market driven and might lead to privatisation, uncertainty and a low wage sector. However, they argue that it might equally enhance the not for profit sector and that government should maintain a key role in setting standards and wages for staff. The authors conclude that the way forward for individualised support and funding schemes is to develop capacity building, not service reform.

**Overview of previous research on LAC**

Since LAC is relatively new, and was confined to Australia until 2000, it is not surprising that few studies have taken place to date. There have been three major evaluations of LAC in Western Australia. Below, we look at the most recent, published by the Disability Services Commission (Bartnik, 2003): this was a wide ranging review comprising various studies. There has also been a two year evaluation of the LAC programme in Queensland (Chenowith and Stehlik, 2001).

**The Australian evaluations**

As part of its commitment to improve public services, the government of Western Australia commissioned a review of local area coordination (Bartnik, 2003), to assess whether the programme was clear, achievable and provided value for money. The review was directed by a 13-member Steering Committee and consisted of various different studies using a range of methods. This included a review of previous evaluations of LAC, a comprehensive overview of the current programme, a value for money analysis and consultations with a wide range of stakeholders, using face to face and telephone interviews, focus groups and surveys. The review reported that LAC had grown significantly over the years and that LACs’
workloads had increased substantially. Western Australia was found to compare very favourably with other states in regard to service uptake, cost and user satisfaction. Overall, the main strengths associated with LAC were identified as:

- An empowering value base
- Capacity to develop flexible and respectful personal relationships
- The localised nature, accessibility and relevance of the service
- The ‘hands-on’ practical approach.

Although views overall were very positive, the following areas of concern were also identified:

- Some perceived inconsistency in quality and level of service
- The way dissent was managed between key participants
- The high turnover of LACs, especially in rural areas
- Expansion of the role and high workloads, resulting in less direct work with users.

The review concluded that although LAC was highly valued by service users, its full potential remained unrealised. LACs were being asked to carry out an increasingly diverse range of functions and this was reducing their ability to concentrate on the core functions – and perhaps values - of the role. Indeed the report suggests this may threaten the medium to long term sustainability of LAC, unless steps are taken to refocus the programme on its original principles, goals and functions. This is an important point, given that similar concerns about a possible dilution of the LAC role have been expressed in Scotland (Curtice, 2003).

As part of the evaluation, Chadbourne (2003) carried out a review of research on LAC in Western Australia. Over the previous 12 years, 24 evaluative reports had been produced, 17 of which were included in Chadbourne’s review. The remainder took the form of ‘ongoing operational work’ rather than research. Chadbourne’s review summarises the main findings of these 17 studies and provides an assessment of their methodological strengths and weaknesses.

The overwhelming message of these studies, as described by Chadbourne, is that LAC is a ‘success story’, the benefits of which far outweigh any difficulties or drawbacks. Given that the 17 studies reviewed were spread fairly evenly across 12 years, Chadbourne (2003: 1) concludes that “positive evaluations of LAC can be regarded as continuous, enduring, long term and consistent over time”. Specific aspects of the LAC process which are commended include:

- Its role in promoting user choice
- The relevance, flexibility, quality, short and long term value and continuity of services and support
- Combination of practical and instrumental support, information provision, advocacy and emotional support
- High degree of trust between LACs and families
- The many roles LACs have, including advocate, guide, supporter, broker, consultant, community worker, partner and others
Accessibility, reliability and quickness of response.

Specific outcomes attributed to LACs – in relation to individuals and their families – included greater peace of mind and security, increased optimism about the future, better functioning and well-being, enhanced self sufficiency and ability to organise their own supports, more choice and control of services and a more diverse range of support tailored to individual needs. In relation to the broader community, the outcomes claimed for LAC included making society more inclusive; increasing community acceptance of people with learning disabilities; enabling people to stay in their own homes and local communities rather than moving into residential accommodation in a distant urban centre; helping set up community organisations and employment opportunities; attracting additional funding from a range of sources and, finally, making better use of scarce resources and being cost efficient.

The research reviewed also raised some concerns about LAC. Many of these relate to funding arrangements while others appear to be relatively minor procedural or localised matters. Chadbourne notes that some reports raise ‘virtually no concerns or problems regarding LAC’. He calls for evaluations of LAC to be conducted from alternative perspectives, and should be conducted with a critical overview. He also suggests that future evaluations of LAC should be more explicit about their theoretical, conceptual and ideological frameworks.

With regard to the methods used in these evaluations, Chadbourne argues that the credibility of research findings increases when they are based on large amounts of well analysed, high quality, independently collected evidence derived from multiple sources and when they have been validated by tests of trustworthiness. While noting that by and large the evaluations were based on a substantial amount of evidence, used sound sampling and data collection methods and employed various means of validating their findings, Chadbourne reports that little information is generally offered about how the data were analysed and that some evaluations were conducted internally, lessening their claims to be independent and thus unbiased. However, internal evaluations can usefully inform operational decisions while external studies may have implications for broader policy settings.

Another substantial Australian study worth considering is an evaluation of the LAC programme in Queensland by Chenowith and Stehlik (2001). A pilot LAC project was set up in Queensland in 1999, with nine LACs appointed in six sites. These areas were selected on a number of criteria including rurality and remoteness from services, presence of or proximity to an Indigenous community, identified unmet need and little infrastructure. There were a number of differences from the original Western Australian model, notably that community capacity building would be given as much priority as work with individuals and families. Chenowith and Stehlik made 18 visits to the six pilot areas. Data collection included participant observation, a survey of individuals and families registered with the LACs and another of community organisations in contact with LACs. Thirty-nine in-depth interviews were carried out with individuals and families and social network maps drawn up with 28 of these people.
The authors found that:

“[LAC] has made a significant impact on the lives of people with disabilities and families and is beginning to impact on those communities where LAC is operating… The LAC programme is building the capacity of individuals, families and communities across Queensland.” (ibid, p.viii).

Significant claims are made about the achievements to be expected of LAC in the future, but these are largely speculative.

Chenowith and Stehlik (2001) do raise some critical questions in their research. For example, they note a certain blurring of professional and personal boundaries in the relationships LACs had with some clients. Service users valued the more personal commitment LACs made to them when compared to their interactions with other human services staff; the authors suggest that such solid relationships are a firm foundation from which to develop inclusion. However, they also raise the question of the sustainability of relationships which were sometimes quite intense, potential conflicts of interest, especially when LACs work within relatively small communities, and the possibility that service users’ high satisfaction with LAC could be due to a halo effect: at least something was now being offered where previously nothing was available, or nothing which families found useful.

There is an emphasis throughout the report on the important role of families in supporting disabled people: this is presented as a ‘good thing’. However, research and practice experience shows that in some cases — for a variety of reasons — it is not realistic to expect families to support their disabled members, while in others, family care may not be good care and can even be abusive (eg: Brechin et al, 2003). In addition, some parents are over protective of their adult sons and daughters: developing an ‘ordinary’ life with age appropriate activities is likely to involve a move away from the family home. Nevertheless, there is an ideological preference within the Australian LAC ethos for family care and/or individual responsibility for welfare, as opposed to using support provided by formal services.

The Scottish Evaluations

Four Scottish evaluations were sent to the research team by members of the LAC network: these were undertaken in Fife, South Ayrshire, Glasgow West and Edinburgh. The Fife report was conducted by an external consultant (Connor, 2005) and was intended to inform decisions about the future development of LAC in Fife. It relied heavily on data supplied by the two LACs, both in relation to their own views about local implementation and in the sense that they were responsible for collecting data from those they worked with. Connor concludes that disabled people and their families are reaping various benefits from LAC, including feeling valued and listened to, feeling ‘empowered’, continuity of support, improved access to services and the fact that LAC support complements that received from other services. People found the LACs more approachable than other staff. Connor also identifies a number of outcomes for ‘other services’ and for communities. However, it is not always clear what evidence such statements are based on, whether findings
from the Fife study, findings from other studies or the author’s own opinion. Claims are made (again, as in some Australian research) about the likely future achievements of LAC, for example: “staff are working in ways that are likely to lead to long term benefits for people with disabilities and their families” (Connor, 2005: 19).

The Glasgow West report, called an ‘interim evaluation’, was written by the LAC, who is a community development worker on secondment (Bell, 2005). It reports on the first six months of a pilot project, which works with adults with learning disabilities. Process recording is used to measure attainment in five previously agreed ‘critical success factors’, such as that 20 organisations are informed about LAC and become keen to be involved in the future, 10 ‘small examples of where LAC has made a difference to people’s lives’ and so on. It is not clear how these factors were chosen nor by whom, but they involve measuring variables which by their very nature, it could be argued, do not easily lend themselves to quantification. For example, ‘natural friendships’ are measured in hours per week. The author of the Glasgow West report rightly highlights the difficulty of trying to measure long term outcomes within a short time frame. Nevertheless, the report concludes that ‘marked progress’ has been made in linking local people and agencies to LAC and that LAC is ‘starting to make a difference in people’s lives.’ This report is to be commended for including an accessible summary for people with learning disabilities.

An evaluation of LAC in South Ayrshire was carried out by Scottish Human Services Trust (2005). This research covered a considerably longer period than the others - two years – although all the data were collected during the course of seven visits to South Ayrshire when meetings were held with a group of parents and people with learning disabilities, sometimes joined by local professionals. SHS used a Participatory Action Research approach, which supports people directly involved in an issue – or service – to carry out their own research. It included secondary data reviews, observation, interviews, stakeholder discussions, force field analysis and use of graphics and diagrams. The study concluded that LAC in south Ayrshire was ‘mostly a success story’ with evidence of change in individuals’ lives and in the community. A number of issues were identified needing further attention, including varying awareness and understanding among local agencies about the LAC role, role conflict (especially in relation to social work services), and the need for more robust support mechanisms. A distinctive aspect of this evaluation is its emphasis on community capacity building. Points raised by individuals are linked to wider social issues such as prejudice and lack of awareness about disability, local strategic planning matters and wider financial decisions which affect availability of funding for LAC. Some powerful individual ‘stories’ are included although ambitious claims are also made about changes within local communities.

The Edinburgh document, described as a ‘progress report’, gives a useful account of the work of two LACs, one in North West Edinburgh and the other, in the south central area of the city (Dale and Dunne, 2005). They have a specific remit to work with two groups of people with learning disabilities - those approaching the transition to adulthood and those aged 45 and over living with their parents. Both workers had been in post less than a year when they wrote this paper, drawing on agency records and their practice experience. An impressive list of ‘community
connecting’ initiatives is given but overall the Edinburgh report is more modest than the other evaluations in the claims it makes for LAC to date. This reflective report offers a useful summary of the main issues arising and makes constructive suggestions about how to tackle them.

**Community capacity building**

A Home Office report on community capacity building defines it as:

> “Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of their communities.”

(Home Office, 2004).

Community building is a core element of the LAC philosophy and activity, described by Disability Services Queensland (2001: 5) as “doing what it takes at the community level and with the individuals and families being supported” to create neighbourhood, local and community resources as part of natural supports, development of leadership skills among community members and full inclusion of disabled people and their families in all aspects of community life. Chenowith and Stehlik (2001) identified a number of outcomes for communities from capacity building, namely heightened awareness of disability issues, leadership development among people with learning disabilities, their families and allies, the establishment of support groups, links with other disability agencies and groups, and economic development. The last point relates to the increased numbers of people staying in their local communities rather than moving into residential or institutional settings elsewhere which, the authors suggest, also encourages the return of others who had moved away.

The work of John O’Brien and Connie Lyle O’Brien has had a significant influence on thinking about community capacity building in relation to people with learning disabilities. O’Brien and O’Brien (2005), discussing ways of overcoming social barriers which separate disabled people from others, identify five different forms of ‘commitment’ between individuals: one person may act as an anchor, ally, or give assistance to another, may involve another in associations (social structures formed to further collective interests) or develop shared agendas. The O’Briens argue that those who make and share such commitments and nurture them over time create new ways to build and be a community. The authors acknowledge some potential tensions in community building, for example, there is a view that genuine community is not something that can be deliberately or artificially created: it should occur spontaneously or not at all.

Another early pioneer of capacity building with people with learning disabilities was John McKnight who highlighted the ‘associational life of communities’ as a driver for promoting inclusion and changing attitudes. Carle (2005), drawing on McKnight’s (1995) concept of asset-based community development (ABCD), argues that all communities, including disadvantaged ones, have a significant pool of strengths including ‘the skills and entrepreneurial ideas of local residents’ and organisations. ‘Learned optimism’ is a key part of this approach, in contrast to the
more traditional problem-based focus. Carle identifies the ingredients of ABCD as the gifts and talents of citizens, the power of local associations and organisations, the resources of public, private and non-profit institutions, the physical and economic resources of neighbourhoods, and community as a geographic boundary. Like LAC, ABCD is underpinned by a clear set of principles.

Johnson (2004), who is the founder and manager of the Communications Resource Centre in Melbourne, outlines an example of capacity building with people with complex communication needs. This was a process involving several stages:

- community mapping\(^8\) - to identify needs, gaps and opportunities within local communities
- planning - in which objectives for increasing inclusion were defined and actions identified
- networking – with individuals, groups and organisations, with the aim of building structures capable of bringing about ‘lasting change’
- partnership working
- educating and developing people - building the capacity of others to be more inclusive of people with complex communication needs
- enhancing policy, practice and systems of organisations and communities
- building resources.

Johnson stresses that reflection is a key element of community capacity building.

A good example of capacity building involving ‘allies’, one type of commitment identified by O’Brien and O’Brien above, is circles of support (see Falvey et al, 1993). An early and much celebrated example of a circle was the group of friends and supporters which developed around Judith Snow when she moved into the community after spending many years in a Canadian institution, (Pearpoint, 1990). Neville (undated) describes a circle of support as:

“The bringing together of a group of people who care about and love the person who has invited them along. Most people have a personal and natural network; the unusual thing about circles is that they bring those networks together to work actively with the focus person.”

Gold (1994) used participant observation and unstructured interviews to explore the ethos of a ‘circle of friends’ in Ontario. They supported a 26 year old woman with learning disabilities (although the circle ‘refused to label’), living with her mother and two sisters. Gold found that group members strove to present their activities, which mainly consisted of offering emotional support and problem solving, as ‘natural’ and ‘normal’. Each circle member valued his or her friendship with the young woman but the group itself did not lead to new friendships, leading Gold to ask how friendships can be supported ‘in typical ways in typical places.’ She also

\(^8\)MAPS (Making Action Plans) are “tools designed to help individuals, organisations and families figure out how to move into the future effectively and creatively” (Falvey et al, 1993: 15). A group of people led by a facilitator gathers information to answer eight key questions, with a view to making people’s lives “better, richer and stronger in the spiritual sense”. Community mapping also involves profiling the community and identifying networks and supports.
raises the issue of whether or not “friends should be providing social services such as job development and job coaching” (Gold, 1994: 450) and identifies some confusion between the practical and social aspects of the group’s functions.

The notion of social capital, integral to community capacity building, appears to be almost absent from the LAC literature. Putnam (1993: 167) defined social capital as

“Features of social organisations, such as trusts, norms and networks, that can improve the efficiency of society by facilitating co-ordinated action.”

As Riddell et al (2001) note, social capital is increasingly seen as a central driver of the health and well-being of individuals and communities. These authors suggest that the review of services to people with learning disabilities in Scotland could be seen as supporting the latter’s access to social capital:

“If people with learning difficulties occupy valued social roles and merge as closely as possible with the rest of the community, they will be accorded social value and will be able to draw on and contribute to the stock of social capital.” (ibid: 144)

The Policy Context

It was noted in the previous chapter that the introduction of LAC sprang from the review of services to people with learning disabilities (Scottish Executive, 2000a). In this section, we place LAC in the wider policy context, briefly outlining the following initiatives - modernising government, joint futures, the 21st Century Review of social work, support to unpaid carers, direct payments, relevant changes within the NHS, integrated children’s services and community planning, learning and development.

Modernising government

In 1998, the Scottish Office Social Work Services Group issued a document entitled Modernising Community Care: An Action Plan (Scottish Office, 1998). The focus of this initiative was to promote more effective joint working between relevant agencies – social work, housing, health boards, NHS trusts and Scottish Homes (now Communities Scotland) - with the dual aims of involving service users in planning and delivering community care and ensuring better outcomes. The Action Plan forms part of the wider Modernising Government initiative which aims to transform services, ‘to support innovation in the public sector, to address policy priorities for modernisation and particularly to support and promote joined up working’ (Scottish Executive, 2006b: p1). This theme was also echoed in the document A Partnership for a Better Scotland (Scottish Executive, 2003a), which set out plans for the work of the Scottish Parliament over the next four years. Improving public services is a key theme, to be achieved through increasing personalisation of services, which in retrospect helped pave the way for the introduction of LAC.
The Joint Future agenda

In 2000, Susan Deacon, then Minister for Health and Community Care, set up the Joint Future Group. Its remit was to provide a lead in promoting better joint working:

“Our task was specific. It was not to develop new policy but to identify ways of making existing policy work better.” (Scottish Executive, 2000b, 1.9).

Since its inception, the Joint Future Group has spearheaded a number of major policy developments, including the introduction of single shared assessment and a review of care management. The latter drew on research which found huge variations in the practice and policy of care management throughout Scotland, confirming the view that care management should be targeted at service users whose needs were complex, rapidly changing or fluctuating (Stalker and Campbell, 2002). This is relevant to the current study, first, in terms of the difficulties which polices can run into when there is great variation in implementation, for example, by leading to inequities across the country. Secondly, the research concluded that care management should be aimed at those needing intensive support, while other service users should be offered ‘care co-ordination’. It is this group which may appear most suited to local area co-ordination (although this is not care co-ordination by another name)9. More recent work by the Joint Future Group has focused on outcomes for service users, with four national outcomes identified for community care10. Mclean (2005) comments that the Joint Future agenda is held in ‘equal measure of positive and negative regard’, the latter relating to its adoption of service targets seen as simplistic and overly prescriptive, something which LAC has thus far avoided.

The 21st Century Review of Social Work

In February 2006, the Scottish Executive launched Changing Lives, the report of the 21st Century Social Work Review (Scottish Executive, 2006c). A helpful paper written for the review group (ROSW, 2005) outlines developments in social work in Scotland since the Kilbrandon Report of 1964, some of which may have lessons for the introduction of LAC. The Barclay Report of 1982, for example, recommended the development of neighbourhood or patch social work, which would draw on a community development model and focus on prevention. Robert Pinker, a member of the Barclay Committee, submitted a dissenting paper: he believed that too ‘rosy’ a view was being taken of the capacity of communities to provide care, especially in deprived areas. In practice, the patch approach met limited success: ROSW (2005: 2) attributes this to a variety of factors, including:

“the challenges of developing effective local participatory democracy and the potential conflicts of interest to which successful community development approaches seem to lead.”

9 However there is also an argument, expressed later in the report, that people receiving intensive care management should not be excluded from the benefits of LAC where appropriate.
10 (see www.scotland.gov.uk/Topics/Health/care/JointFuture/Introduction)
The introduction of care management, following the NHS and Community Care Act (1990), took social work in a very different direction, with social workers arguably acting as gate keepers, form fillers, budget holders and managers of care packages. Despite the reported benefits of care management, particularly in the early pilot projects, perceived ‘failings’ in this model contributed to the recommendation to introduce LAC in Scotland (Scottish Executive, 2000a). On a more positive note, the community care legislation enshrined the rights of services users to be consulted about the support they received and the accompanying guidance placed great emphasis on ‘user empowerment’, a theme strongly reflected in LAC. Similarly, ROSW (2005) notes that the Scottish Parliament has made social justice and inclusion important priorities. Overall, however, the early ambitions for social work both to offer a preventive service and to develop the capacity of individuals and communities to tackle difficulties have not been achieved.

The 21st Century Review was carried out against this backdrop. Its report (Scottish Executive, 2006c) makes 13 recommendations, six of which are particularly pertinent to LAC:

- The introduction of more personalised services, with users and carers exercising choice and acting as co-creators of services
- Better focused use of social work skills
- A focus on capacity building, in communities, families and social work services
- Dissolution of boundaries between professions, and between services and users
- Early intervention and preventive work
- More devolved authority to front line staff.

LAC is cited as an example of the more flexible services that should be developed. Indeed, much of the vision outlined for social work in the future, or more specifically for para-professionals around social work, resonates with the LAC role and ethos: thus, the findings of the present study may have implications beyond LAC itself.

Overall, the review report, and the Scottish Executive response (Scottish Executive, 2000d) have been widely welcomed. Both documents rely heavily on the concept of personalisation (based on Leadbetter, 2004) which involves matching services to the needs and aspirations of the people who use them, described by the Minister as “an entirely positive and unstoppable trend” (Scottish Executive, 2000e: 6). This statement is somewhat at odds with the Executive’s drive for evidence based policy since, as it admits elsewhere in the report, there is limited evidence to date about the benefits of personalisation. Concern has been expressed that the emphasis on people finding their own solutions to problems could result in individuals being held responsible for their own welfare – or well-being, the preferred term in the report - potentially paving the way for local authorities to withdraw support (Ferguson, 2005). The recommendations are designed to avoid ‘creating dependence on services’ but some people have needs, conditions and/or circumstances which mean that at times, in some cases for a lifetime, they will be dependent on others for their support. It may be possible that the language of ‘dependency’ will make them feel a ‘burden’. In addition, as Pinker has warned, communities may not have the capacity
to offer sustained care and support to vulnerable members, a warning which appears to have been borne out over the twenty years since the Barclay report.

**Unpaid carers**

Another document prepared for the 21st Century Review with relevance to LAC, given the latter’s emphasis on family support, deals with the future of unpaid care in Scotland (OPM, 2005). Again this report should be seen in the context of a substantial literature on carers and caring and a series of policy and legislative measures to support carers over recent years. The thrust of the OPM report (2005: 1) is that carers should be given not just recognition but substantial rights, for example, to:

> “Flexible employment practices; adequate financial support and planning; accessible information and technology; practical support; regular breaks from caring; adequate housing, training and health care; good transport links; accessible leisure and recreational opportunities.”

This does, however, beg the question of what rights service users will have: for example, regarding when, where and indeed whether to take a ‘short break’. Similarly, the report’s recommendation that cash payments should be available to carers to purchase support – rather than to service users – suggests there may be a risk of perpetuating individuals’ dependence on their families as opposed to having the option to use support from elsewhere, or become more independent of their families. Twigg (1989) developed a typology of carers’ relationships to the service system: the OPM report strongly reflects her concept of carers as ‘service providers’. The report could be seen as naïve in its assertion that, in future, people will be able to choose ‘when, how and if they care’ and that “those not already caring will view unpaid care as a positive life choice, which is underpinned by the human conditions of love, empathy and devotion to fellow human beings” (OPM, 2005: 1). In April 2006, the Scottish Executive announced a 10 year ‘vision’ for supporting carers based on the report’s recommendations (Scottish Executive, 2006f).

**Direct payments**

An integral part of LAC in Australia is the provision of individualised direct funding, enabling local area co-ordinators to purchase support for service users. There is considerable variation in the extent to which local area co-ordinators in Scotland hold budgets and, even where these are available, they are usually modest. However, this should be seen within the context of the availability of direct payments. First introduced as a power, not a duty, for local authorities, through the Community Care (Direct Payments) Act 1996, and aimed at people with physical and sensory impairments, learning disabilities and those with mental health needs, the provision of direct payments became mandatory, and available to families with disabled children, through the Community Care and Health (Scotland) Act 2002. The intention was:
“To increase the independence of people who use community care or children’s services, promoting a more person centred approach to service provision by giving people more control and choice over the way the services they need are delivered.” (Scottish Executive, 2004a)

In 2005, direct payments were extended to other community care groups. To encourage take up among people with learning disabilities, Direct Payments Scotland ran two pilot projects, in Stirling and South Lanarkshire. However, take-up has been slow (Pearson, 2004) with 1,438 people in Scotland receiving a direct payment in 2004/5 (Direct Payments Scotland, 2005b). Guidance on Direct Payments has recently been distributed for consultation.

Developments in health policy

The same as you? suggested that “LACs may be best placed in Local Health Care Co-operatives” (LHCCs) (Scottish Executive, 2000a:19). However, the White Paper Partnership for Care (Scottish Executive, 2003c) stated that LHCCs should evolve into Community Health Partnerships (CHPs), which would become one element in a more local, integrated health and social care system. The mandate on Health Boards to set up CHPs appears in the NHS Reform (Scotland) Act 2004. They are described as:

“Key building blocks in the modernisation of the NHS and joint services, with a vital role in partnership, integration and service design.” (Scottish Executive, 2004b, 9).

In practice, very few LACs are based in health settings. However, the role and remit of the new CHPs has some resonance with those of LACs. For example, part of the CHPs’ remit is to reduce local health inequalities, including those affecting disabled children and adults. They are expected to have a lead role in co-ordinating a range of services, including home based support for children with complex needs, joint learning disability services, short break services and support to community based services provided by voluntary organisations. They also have a major role in integrated children’s services, another policy initiative discussed below, and in supporting wider public involvement in planning and decision making through the development of local public partnership forums.

In May 2005, NHS Scotland issued a report outlining a National Framework for Service Change in Scotland (the Kerr report) (NHS Scotland, 2005). The thrust of this document was that the public should take greater responsibility for its own health and for the effectiveness of the health care system generally. The document focused on: ensuring sustainable and safe local services; delivering the bulk of health care services in local communities rather than hospitals; preventative care as opposed to ‘reactive management’, and promoting participation in planning change to:

“develop options for change WITH people not FOR them, starting from the patient experience and engaging the public early on to
develop solutions rather than have them respond to pre-determined plans conceived by professionals.” (ibid: 2).

The policy document *Delivering for Health* (Scottish Executive, 2005b) builds on the national framework, setting out a programme of action for the NHS which includes preventive medicine, support for self-care, easier access to services and support for informal carers – all themes which could, potentially, dovetail with LAC.

**Integrated children’s services**

Scottish ministers have repeatedly declared their commitment to placing children and young people at the forefront of policy making and legislative change. In 2001, an Action Team produced the report *For Scotland’s Children: Better Integrated Children’s Services* (Scottish Executive, 2001). Although this identified many pockets of good practice, overall support to children was described as fragmented and poorly co-ordinated, with the most vulnerable and disadvantaged young people at risk of missing out on vital services and opportunities. Education, child health and children’s services were urged to better align their planning and delivery systems and in 2003, the Executive published a vision statement of ‘high-level aims’ for all children and young people (Scottish Executive, 2003a); for example, that they should be safe, fulfilled, healthy, active and included. Success in meeting these aims depends on many factors, but integrated planning and joint delivery systems are likely to be key. Local area co-ordination could be seen as having an important contribution to make here, given its remit to work with all age groups.

**Community planning, learning and development**

The remaining pieces of the policy jigsaw relating to LAC concern community planning, and community development and learning initiatives. The Local Government in Scotland Act 2003 placed a duty on local authorities to set up community planning processes, bringing together statutory, voluntary and community groups. This was designed to provide a framework for making public services more responsive to, and organised around, community needs (Scottish Executive, 2003c). Community planning has two main aims: first, to involve local people in making decisions about public services and secondly, to encourage organisations to work together to provide better services. Community planning is intended to be the ‘over-arching framework’ for other partnerships and initiatives at regional, local and neighbourhood levels. Its relevance to LAC is highlighted in its focus on building social capital, defined here as

> “The motivation, networks, knowledge, confidence and skills within communities [which] should be an integral part of achieving more effective community engagement.” (ibid: 9).

Community learning and development are identified as having a central role to play in engaging people within community planning processes. In the latest guidance, they are, again, described as central to social capital and a means to ‘help
individuals and communities tackle real issues in their lives through community action and community based learning’ (Scottish Executive, 2004c: p8). Three national priorities for community learning and development are identified: achievement through learning for adults; for young people; and through building community capacity. The latter involves enabling individuals to develop the confidence, understanding and skills to have a say in decision making and service delivery.

Many of these issues are reinforced in Transforming Public Services: The Next Phase of Reform (Scottish Executive, 2006g). This report gives considerable attention to the importance of ‘user focused and personalised’ public services “organised around users’ and citizens’ needs and aspirations, not the convenience of the service provider” (ibid, 7, 14.1). Emphasis is given to the importance of ‘choice’ and innovation in the delivery of public services, juxtaposed with the need for ‘efficiency and productivity’.

SUMMARY

It is clear from this review that little research has been carried out about LAC to date with some existing studies tending towards uncritical acceptance of LAC as ‘a good thing’. The main benefits identified for individuals and families, from LAC and other individualised support and funding schemes, include empowerment, trusting relationships with LACs or other key workers, accessibility, choice, flexibility, reliability and the provision of emotional and practical support. Communities are said to become more inclusive and accepting, with people enabled to stay in their own areas rather than moving many miles away for support. Concerns raised in the literature include the market-driven nature of individual funding schemes which may increase privatisation and a low wage sector; insecure and inconsistent support; inappropriate expansion of the role, resulting in high workloads, dilution of the values and role conflict; a blurring of professional/personal boundaries, raising questions about the sustainability of the relationships involved, and a need for more robust support mechanisms. Like LAC, community capacity building has a strong value base and a range of positive benefits are claimed for it. Social capital is an important element of capacity building.

The policy context in which LAC has been introduced to Scotland is a complex one, with an array of legislation and guidance from social work, education, children’s services, health and community planning and development potentially impacting on, and in turn being influenced by, local area co-ordination. Common themes emerging from these various policy arenas include many recurring issues such as partnership and joint working, service user, carer and community participation and empowerment, easier access to services and support, social inclusion, choice and control, and early intervention and preventive work. Also important is the emphasis given to challenging discriminatory attitudes. There are also some more recent additions such as ‘personalisation’ and ‘co-production of wellbeing’. Overall, these initiatives appear to have much in common and resonate closely with various aspects of LAC. National standards for community engagement herald a development that is compatible with LAC. However, some potential areas of
conflict have been noted. These include the promotion of carers’ rights which may at times be at odds with the wishes or rights of individuals. It has also been suggested that historically, too optimistic a view has been taken about the capacity of communities to ‘care’ and include, and that personalisation may lead to a reduction in formal support to those who need it.

Nevertheless, the introduction of LAC in Scotland has been innovative, at the forefront of broader UK developments. Within the existing array of policy developments and practice guidelines, LAC is cited as an example of the more flexible services that should be developed. Indeed, much of the vision outlined for social work in the future, or more specifically for para-professionals around social work, resonates with the LAC role and ethos. LAC would appear to fit well with current policy agendas and offers some insights into potential directions for implementation of policy initiatives. These themes will be explored in the following detailed examination of LAC in Scotland.
CHAPTER THREE  AN OVERVIEW OF LAC POSTS IN SCOTLAND

INTRODUCTION

This chapter presents an overview of organisational arrangements for LAC posts in Scotland. It draws primarily on data collected through the Information Sheets completed by 44 LACs, in most cases in January 2006. The Information Sheets obtained information about LACs, what they do and who they work with, budgets and resources and processes of monitoring and recording. The material collated was supplemented by data obtained through interviews with LACs in February and March 200611.

Number of LAC posts

Our findings show that, at the time of the survey, there were (or were about to be) 59 LACs in Scotland, occupying 43 full time and 16 part time posts. We have included in this sum three new part-time posts which were about to start. In addition, we have included the three LACs in the authority which did not take part in the survey and we have assumed that they have full time posts. Thus the questionnaire was completed by nearly 79% of the 56 LACs in post in Scotland at the time it was circulated.

Respondents were asked to report the number of LAC posts in their local authority. Table 3.1 includes the three posts about to be advertised or to which appointments had just been made, as well as the non-participating authority with three LACs. The figures relating to FTE posts have been derived by counting two part time posts as one full time equivalent. These figures indicate a total of 51 FTE posts, confirming the figures reported above. However, it should be noted that ‘part-time’ posts ranged from 7.5 to 25 hours a week. As the table shows, the majority of authorities with LAC have between one and two FTE posts, although there is no clear relationship between the size of each local authority and the number of LACs.

Table 3.1  FTE LAC posts per authority

<table>
<thead>
<tr>
<th>Posts</th>
<th>Number of authorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.20 FTE</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>1 FTE</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>1.5 FTE</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>2 FTE</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>2.5 FTE</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>3 FTE</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3.5 FTE</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>4 FTE</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>4.5 FTE</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 FTE</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25</td>
<td>50.7</td>
</tr>
</tbody>
</table>

11 The information sheet is provided in Annex Two.
Job Title

Most of these posts had the job title ‘local area co-coordinator’. One was called ‘LAC Manager’: this person managed three other LACs. One authority had appointed a LAC Development Manager: he too was responsible for supervising other LACs but, in addition, had a developmental role in relation to LAC. Finally, one authority employed four ‘Community Care Officers/LAC’s and one ‘Senior Community Care Officer/LAC’. In effect, they were care managers for people with learning disabilities, ‘community care officer’ being the term used in that authority for care managers: there were no other community care officers for people with learning disabilities.

Employer

The vast majority of LACs are employed by local authorities. However, three authorities have contracted LAC out to voluntary organisations and in one area, LACs are jointly employed by the local authority and the NHS. In addition, one LAC is employed by a local FE college. She has a full time contract with the college and her job has two parts, as a LAC (funded through social work) and as manager of another project based in the college (funded through a variety of sources).

Among LACs employed by local authority social work departments, there were mixed views about the advantages and disadvantages of this. A few LACs who had originally thought this would be problematic had found the benefits outweighed the drawbacks. For example, it gave them more ‘clout’ or credibility in the eyes of other agencies and being part of ‘the system’ allowed easy access to useful information and networks. The majority of LACs believed they should not be based in social work premises (see below), but only two specifically said they would prefer not to be employed by the local authority, believing a voluntary sector base would be more appropriate. Arguments against being employed by social work included:

- perceived stigma by association
- some families have previous negative experiences of social work involvement
- advocating for families ‘against’ the social work department was difficult
- LACs became drawn into inappropriate activities and meetings
- a voluntary sector setting would enable them to remain closer to the Australian model of LAC.

A couple of other LACs employed by local authorities believed their posts should be part of a different department: one LAC employed in Adult Services wanted to move to Community Development while another, employed by Community Learning, wanted to move to Children’s Services.

Most LACs employed in voluntary organisations believed this was advantageous, because they worked in strongly person-centred agencies in sympathy with the LAC ethos. The lack of bureaucracy enhanced the informality and accessibility of the
role while in-house training was said to be of a very high standard. On the downside however, one LAC had the experience of advocating for a person ‘against’ her voluntary sector employer and identified a risk of becoming ‘just another service’ provided by that agency. She would have preferred to be employed by the local authority community leisure department.

In the area where LACs were jointly employed by a local authority and the NHS, this was said to work well, although health staff reportedly had a better understanding of the role than social work colleagues. This was attributed to a highly committed manager within the NHS Trust who had played a key role in setting up and promoting LAC within the organisation.

**Professional qualifications**

The Information Sheets included a question about LACs’ professional qualifications and these included social work (6 diplomas and 4 at under-graduate level); nursing (9); social care (8); dietetics and nutrition (5); personnel management (4); health promotion (4); and pharmacology (3). These and other cited qualifications have been categorised along the lines of those used in published 2001 census results (e.g. GROS 2003) to allow comparison with other studies. A large majority have a first degree or equivalent or higher (82%) while 11% have qualifications up to N/SVQIII level. Seven per cent of respondents reported having no formal qualifications. During the interviews, several LACs raised the issue of whether or not there should be a recognised and/or required qualification for LAC, a debate explored later in the report.

**Previous work experience**

LACs’ previous work experience has also been categorised in a way that allows comparison. The ‘Standard Occupational Classification’ (SOC) has been used here (see Office for National Statistics, 2000). As may be expected, previous work experience is predominantly in social work/social care and health care, while several LACs had worked in community education and development posts. However, as a group, LACs had a vast and diverse range of previous experience, including business, administration, industry, engineering, the armed forces, tourism, service and retail industries, publishing and human resources.

Looking closer, at the post held immediately prior to taking up their LAC position, nearly a third (32%) were youth/community workers (see Table 3.2). All other respondents, with the exception of three, two of whom had just completed a Diploma in Social Work (DipSW), had their previous post in the health, social work or social care sectors.
Table 3.2  Post held prior to LAC

<table>
<thead>
<tr>
<th>Previous post</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>youth and/or community worker</td>
<td>14</td>
<td>32%</td>
</tr>
<tr>
<td>residential or day service manager</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td>housing and welfare officer</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td>residential care wardens/assistant</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>social services manager</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>social worker</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>health service manager</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100%</td>
</tr>
</tbody>
</table>

Previous relevant unpaid experience

Nearly two-thirds of respondents reported relevant unpaid experience. Almost half of these (or one third of all respondents) cited unspecified voluntary work while 14 percent had voluntary experience working with children with learning disabilities. Sixteen percent of respondents had experience of caring for a family member through illness or impairment.

Length of service

Table 3.3  Length of time in post

<table>
<thead>
<tr>
<th>Time in post</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 months</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td>13-24 months</td>
<td>12</td>
<td>27%</td>
</tr>
<tr>
<td>25-36 months</td>
<td>15</td>
<td>34%</td>
</tr>
<tr>
<td>37-48 months</td>
<td>7</td>
<td>16%</td>
</tr>
<tr>
<td>49-60 months</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 3.3 shows how long LACs had been in post when they completed the Information Sheet. Only a handful (7%) had held their jobs for more than four years. The numbers by year steadily increase with just over one third (34%) starting their post between two and three years earlier. Very few of these appointments were made other than through the usual national/regional recruitment procedures. Most
posts (73%) were filled in that way while nine percent of LACs were recruited through internal advertisements, 11 percent through secondment or post merger and five percent were ‘headhunted’ or invited to apply.

Salary

A couple of respondents declined to answer a question in the Information Sheet about salaries. The data supplied by 42 respondents shows huge variation in the salaries paid to LACs across Scotland, although this range also included LACs who held managerial positions. The lowest paid was currently placed on SCP 21, receiving £16,436 pa; the highest paid, with managerial responsibilities, was on the PO4 scale with a range of £35,748 to £38,295. Among those that did respond, 52 percent had a salary in the range £20,000 to £25,000.

Table 3.4  Salary ranges

<table>
<thead>
<tr>
<th>Salary range</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>£15,000 to £19,999</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>£20,000 to £24,999</td>
<td>22</td>
<td>52%</td>
</tr>
<tr>
<td>£25,000 to £29,999</td>
<td>13</td>
<td>31%</td>
</tr>
<tr>
<td>£30,000 to £34,999</td>
<td>1</td>
<td>2.5%</td>
</tr>
<tr>
<td>£35,000 to £39,999</td>
<td>1</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100%</td>
</tr>
</tbody>
</table>

Not surprisingly, given these findings, the topic of salaries was raised in most interviews. The least well paid LAC commented:

“The only thing that keeps me going is the needs and desires of the people out there and certainly not financially...When I found out how much the huge variation was, a week and a bit into my post, I just couldn’t believe it.”

Two other LACs reported having taken a drop in salary when starting their present post, due to their commitment to the LAC ethos. One had thought the post would be subject to incremental rises, but had been told it was frozen at its current level. In another authority, posts were currently being reviewed and likely to be downgraded, with the salary, again, being frozen for five years. This contrasts with experience in an authority where LACs were well paid:

“The salaries of the LACs are at a professional level. And Eddie Bartnik very strongly says it has to be a professional level that gives credibility because we are living in a world that sees people in that way. And it’s a demanding job as well, and a responsible job and you need people with a lot of experience, and a lot of knowledge.”

Many LACs made strong arguments for parity of pay scales at national level.
Funding for posts

The majority of funding for LAC posts came from the Learning Disability Change Fund, sometimes combined with monies from NHS or social work sources. According to data supplied on the 44 Information Sheets, 40 percent of LAC posts are funded by social work departments; however it was not always clear if this funding originated from the Change Fund.

Office base/location

In Western Australia, LACs have ‘shop front’ premises designed to be accessible and informal ‘drop-ins’. Table 3.5 shows the various office bases of LACs in Scotland. Some had two bases. Although the majority were located in the communities where they worked, LACs in six authorities described their office as well off the beaten track or hard to access by public transport. In three other authorities, LACs were based outwith the areas they served.

Table 3.5 LACs’ office bases

<table>
<thead>
<tr>
<th>Office Base</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Centre</td>
<td>7</td>
</tr>
<tr>
<td>Social work office</td>
<td>7</td>
</tr>
<tr>
<td>Multi-disciplinary team office</td>
<td>2</td>
</tr>
<tr>
<td>Voluntary agency</td>
<td>2</td>
</tr>
<tr>
<td>FE College</td>
<td>2</td>
</tr>
<tr>
<td>Own home</td>
<td>2</td>
</tr>
<tr>
<td>Community learning office attached to arts centre</td>
<td>1</td>
</tr>
<tr>
<td>Self contained flat attached to older people’s care home</td>
<td>1</td>
</tr>
<tr>
<td>Shop front</td>
<td>1</td>
</tr>
<tr>
<td>Terraced house</td>
<td>1</td>
</tr>
</tbody>
</table>

LACs had a good deal to say about the appropriateness or otherwise of their office base or location. In ten authorities, LACs experienced serious difficulties associated with their office base, while a further nine reported a mixture of advantages and disadvantages. In making these comments, respondents frequently referred to LAC principles. One experienced LAC commented:

“Councils don’t always recognise the need for a community-based office and that is much more in keeping with the principles of LAC than it would be if you were based in a social work office where somebody would go into social work and you see a receptionist and you sit in a room with strangers and then you go into an interview room, which isn’t very conducive to building a positive relationship.”

12 Although The same as you? stated that LACs should be appointed from existing care management resources, it was later agreed they could be funded from the Learning Disability Change Fund, set up by the Scottish Executive to help local authorities implement the review recommendations.
Problems experienced include having no drop-in facility, the perceived stigma of being associated with social work and/or a resource centre, feeling isolated from professional contact, lack of privacy, restricted wheelchair access and, in three authorities, the temporary nature of current arrangements with no clear alternative identified. Several LACs reported having investigated the possibility of other premises including a ‘shop front’ but this had fallen through, often due to cost. However, in one authority concerns about LACs’ personal safety had militated against opening a ‘drop-in’ on a large housing estate.

Several LACs who acknowledged that a different base would be more in keeping with the LAC ethos nevertheless identified benefits from being located in social work or other statutory agency offices. It gave them contact with a range of colleagues and thus access to personal and professional support and helpful information and contacts. It meant that useful office equipment and sometimes clerical support were available. For some LACs, having a pleasant working environment went some way towards compensating for other difficulties. However, one respondent was of the opinion:

“I don’t want to be comfortable, I want to have to go out in the cold and the rain, to go from one place to another and take my laptop and think where did I put that piece of paper, did I leave it in the other place. I am willing to do that because I think that is the essence of the role.”

In only five authorities were LACs satisfied with their current base. Interestingly, two were in social work offices and one attached to a resource centre. Having contact with other staff was one attraction. The other two LACs had bases more in keeping with LAC principles - one was located in a community learning office attached to a small arts centre: she was about to move from an upstairs office into a large front room on the ground floor where people could drop in. The other authority is the only one to have a town centre shop front, a decision made after considering a number of different locations in the authority:

“Through time a lot of individuals relate to it, they think it’s not got a stigma associated; they come in; they can drop in; they can see us.”

An LAC in one authority had chosen to use part of her budget to rent an ordinary terraced house in the local town, as a part time community base. However, due to access problems, this was not ideal.

People LACs work with

Table 3.6 shows data from the Information Sheets about the different groups which LACs worked with. Respondents could tick more than one box and it was noted that individuals sometimes fitted more than one category.
Table 3.6  People LACs work with (by User Group)

<table>
<thead>
<tr>
<th>‘User Group’</th>
<th>No of authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with learning disabilities</td>
<td>25</td>
</tr>
<tr>
<td>Children with learning disabilities</td>
<td>19</td>
</tr>
<tr>
<td>People with Autistic Spectrum Disorder</td>
<td>9</td>
</tr>
<tr>
<td>People with mental health issues</td>
<td>5</td>
</tr>
<tr>
<td>People with physical impairment</td>
<td>3</td>
</tr>
<tr>
<td>People who are socially isolated/have drug related problems</td>
<td>1</td>
</tr>
</tbody>
</table>

LACs from 19 authorities explicitly reported working with families although it is clear from the interviews that they all do. One mentioned ‘the local community’.

Within these apparently broad categories, however, some LACs operated more specific criteria. For example, a couple of authorities required people to have an IQ of 70 or less (despite the contested, some would say discredited, nature of IQ testing (see Gould, 1981)). When asked how an individual’s IQ was ascertained, one LAC replied:

“Obviously you are not going to give people an IQ test but certainly usually there is a psychologist or other people that have been involved...I suppose in some ways looking for people who have got more difficulties with linking into the community than perhaps ... people who maybe just have a little bit of dyslexia or dyspraxia ...that is not really my remit.”

Twelve authorities offer a full ‘cradle to grave’ service. One LAC commented:

“It’s the only way you can support people properly, efficiently and effectively...I would hate to say to somebody, no, you’re 18, on you go, you’re not with me any more...I love it when we get in with somebody younger because I’ve seen some adults, 19, 20, they’re in such a mess because they have not had support through transition, you know, further education... if we’d seen them years before we could have helped them, the parents and them, plan out what support they need.”

In some areas, LACs had a remit to work only with people of a certain age or life stage. A few worked with young people with learning disabilities during the transition to adulthood (in one case, aged 14-19, in another, from 10-24) and/or people aged 45 and over living with older parents. A focus in one authority was those inappropriately placed in a day centre. Some LACs did not work with certain people, such as those with full-time support packages, those with a care manager or people with a diagnosis of attention deficit hyperactivity disorder. LACs working with adults might start at 16 or 18, and leave off at 60 or 65. Several LACs expressed frustration at what they saw as a narrow remit, giving examples of people who had contacted them, or been ‘referred’ to them, whom they had been unable to support. However, it was acknowledged that practicalities required some limits on the services that individual LACs could realistically provide.
Size of area and population covered

In the Information Sheets, LACs were asked:

- How many people living in the area fall into their target group
- How big is the geographic area covered (in approximate square miles)
- What is its population.

Not all the LACs were able to answer these questions and the data were not always consistent and thus comparable. Nevertheless it is clear from the responses received that, again, considerable variation exists among LACs on these points. The geographic area covered was said to range from 2 square miles at the least to 6613 at the most. Total populations within the area covered varied from 8000 at the lowest to a reported 345,000 at the highest. With regard to numbers of people in the target groups living in that area, estimates varied from 100 to 3500. However, these figures should be viewed with caution as some LACs indicated they were making an ‘educated guess’.

In each of the four major Scottish cities, LACs have a remit to cover two specific geographical communities, in two cases sharing the workload across these areas, and in two cases having a different LAC cover each community. LACs commented on the diverse nature of the areas they covered in urban settings, but a similar comment was made by several LACs working in rural areas. Some LACs felt they were expected to cover far too large an area, especially those in rural authorities with widely dispersed populations, raising issue of transport, lack of local services and time spent travelling to visit families. Similar issues pertained in island authorities. Those with smaller patches generally considered these more manageable but found it difficult having to turn away people living in other parts of the authority who got in touch asking for support. In these circumstances, several LACs offered limited support, such as local information or sign-posting.

Budgets

In only 11 authorities did LACs have access to a dedicated budget, with the funding coming from various sources including the Change Fund, social work department day services budget and Children’s Services. Where LACs reported the level of monies available, the majority were at the lower end of the range £0 to £5000, although one had a budget of between £10,000 and £15,000. LACs in six authorities had experienced delay, reduction, withdrawal or non-appearance of budgets:

“That is something that is a bit of a bugbear for me because it was in my job description; it was even in the job advert in the paper, that I would have access to funding. And um...I know that’s part of the ethos...being able to support people financially if necessary.”

Of the 20 LACs who reported having access to a budget, just over a half (55%) thought it adequate for their needs. There was disparity between authorities regarding what the budget could be spent on. Thus, LACs in some areas could pay for an individual and/or family to have a short break or holiday; LACs in another
area could spend money on equipment but not on holidays. Broadly speaking, budgets were used as follows:

- To enable service users to access resources
- To promote inclusion/independence
- One-off support for service users
- Volunteer expenses
- Resources/equipment for LACs
- Printing and publicity costs
- Hospitality costs
- Hiring rooms
- Office rent
- Subsistence/travel expenses
- Training.

Many of those with no budget identified items they would have purchased if they could. Some were able to access resources within their agencies, or apply for funding from the same channels as social workers. One admitted it was a case of ‘beg, borrow or steal.’ One respondent with a budget argued for

“recognition that, for those of us that have got budgets, it can be cost effective being proactive, thus reducing costs in the future. Sometimes we have felt a lack of vision by employers of the value of the role and in terms of empowering families. And that’s again about spending time and money now at the early stages may offset larger pay outs in the future.”

Data collection and recording

Respondents were asked if they collected data relating to their work and in what format. All bar four respondents collected data of some form with two of the four just about to start doing so. Of those who did gather data, most kept records of individual contacts (82%), including ‘referral’ details (64%), services and supports already involved (64%) and demographic characteristics (62%).

Induction

When first appointed, about two thirds of LACs had protected time (varying from one to nine months) to get to know their local communities, talk to relevant individuals and agencies and plan their activities. During this time, they were not expected to work with individuals or families. The most common elements of induction identified were

- attending the SCLD Action Learning Sets
- networking within the authority
- networking with local agencies and groups
- giving presentations, distributing leaflets and posters
• doing a team PATH\textsuperscript{13}/community map
• visiting established LACs elsewhere
• meetings with managers and/or steering groups

The benefits of a thorough induction were emphasised:

“It was definitely beneficial. It was beneficial for us to get to grips with what LAC...because it is such a new concept, to get to grips with what LAC is and what it was going to be.”

“I believe induction is vitally important in any job, it’s really crucial: [LAC]’s a new role.”

Nevertheless, a few LACs still felt some uncertainty about their role after induction, because of the lack of precedent and the needs-led – and thus unpredictable - nature of the demands. Thirty percent of LACs reported having little or no induction, while one LAC had to argue the case for an induction period because her authority wanted her to start working with families ‘right away’. Similarly, several of those who had no induction were presented with an existing or identified group of individuals to work with. This occurred where LACs were expected to carry out care management tasks or, in one case, to spend the first few months working part-time within another area of the service.

Training and Action Learning Sets

Nearly 23% of the LACs who completed the Information Sheets attended the week long residential course, mentioned in Chapter One, run by SHS and SCLD, and led by Eddie Bartnik. With one exception, respondents were extremely positive about this experience. Some had invited Mr Bartnik to their own authority, again with encouraging results. Most respondents reported other training they had received as a LAC, for example, 41% mentioned Person Centred Planning, 30% training relating to people with autism/Aspergers and 23% on direct payments/welfare benefits. Smaller numbers had received training in community building, physical/mental health issues, child protection/vulnerable adults, leadership and presentation skills, local authority procedures and relevant legislation.

Eighty-two per cent had attended the Action Learning Sets (ALS) run by SCLD (see pages 10-11). Interview respondents were invited to comment on the usefulness of this training. Overall, responses were positive with LACs from 15 authorities expressing favourable views, and a further five identifying positive features along with some reservations. One experienced LAC commented:

“They are very useful because they keep us to the principles; we are talking with like-minded people and they help us in terms of reflection but also when, you know, if things are getting really difficult and we

\textsuperscript{13} Like MAPs, a PATH (Planning Alternative Tomorrows with Hope) is an eight stage group exercise involving skilled facilitation and graphic recording; however, a PATH extends the MAP process by putting into place a plan of action. PATHs focus on individuals’ gifts and dreams and how the latter can be realised (Falvey et al, 1993).
“really just can’t find a way, a solution...I think by going there and sharing that, you always come away back feeling a bit more enthused and a bit more inspired.”

Other phrases used to describe the Action Learning Sets included ‘absolutely brilliant’, ‘a lifeline’, ‘fabulous’, ‘extremely beneficial’ and ‘generally useful’. Meeting other LACs and the mutual support involved was highly valued by nearly all respondents, especially those who were the only LAC in their authority and/or where there was a lack of acceptance or understanding of the role locally. Indeed, a couple of LACs added that without the ALS they may not have stayed in post. The point made above about the value of returning to ‘basic principles’ was echoed by other LACs. Several highlighted the importance of having time to reflect on their practice, to learn from what others were doing or, more directly, be supported in thinking through a current issue of their own. Some identified particular sessions, trainers or invited speakers they had found useful.

At the same time, there were aspects of the ALS which some people had found less helpful. Sometimes this was about content, which a few found boring, unrealistic or of little relevance to their work. Some of it was about format, with some people feeling the action learning was too formal or not a useful way to learn, for example, because they were asked to reflect on an issue raised at the previous set, three months earlier, which may now have changed or been resolved; and some of it was about delivery style, which was said to vary between group facilitators. A couple of people commented on the importance of ensuring there was sufficient time to allow each participant to raise and discuss an issue.

LACs from four authorities were very critical of the ALS which they did not see as ‘cutting edge’. Criticism was made of attitudes shown and practice described by some other LACs at the training sessions - for example, a perceived lack of respect for people with learning disabilities – along with the implication that this went unchallenged by those running the ALS. It was argued that the best training was that delivered by experienced LACs and parents. Another LAC, who expressed general satisfaction with the ALS, acknowledged there was ‘a dissent within LACs’ about the value of the training and some feeling that it could be better delivered by LACs themselves. Drawing on her experience in another field of practice, however, she pointed out that preparing and delivering training was time-consuming and could prove a ‘huge distraction from the job’.

There was majority consensus among LACs on three points. First, the ALS had improved over time, including becoming more responsive to feedback and suggestions from LACs. Secondly, there was a need to offer training at different levels: some LACs had been in post for a number of years and now needed to work at a more advanced level. The third point concerned cost. At £600 per year, many authorities had either withdrawn or were considering withdrawing the funding for LACs to attend\(^\text{14}\). While a few LACs did not consider the ALS value for money, others were very concerned about losing the contact:

\(^\text{14}\) This covers eight days training and the ALS do not provide SCLD with a profit: indeed they currently incur a loss.
“I just can’t imagine not going”

“I am not relishing the prospect of not attending the action learning sets.”

Some LACs had suggested that the ALS be held in different parts of Scotland15, an arrangement described by one respondent as ‘rotational opportunity’, to spread travel and accommodation costs more evenly. Some LACs had started meeting in informal regional groups instead of, or in some cases as well as, attending the ALS.

Further training needs

LACs were asked to identify any further training needs. As Table 3.7 shows, 18 different topics were mentioned, but 12 by only one person. The area most often identified was community capacity building. While most topics related to wider knowledge or skills required to fulfil the LAC role, a couple imply uncertainty about aspects of the role itself.

Table 3.7 Further training needs identified by LACs

<table>
<thead>
<tr>
<th>Desired Training Topic</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community capacity building</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
</tr>
<tr>
<td>Relevant legislation</td>
<td>3</td>
</tr>
<tr>
<td>Child protection</td>
<td>2</td>
</tr>
<tr>
<td>Counselling skills</td>
<td>2</td>
</tr>
<tr>
<td>How to help people effect change</td>
<td>2</td>
</tr>
<tr>
<td>Person centred work</td>
<td>1</td>
</tr>
<tr>
<td>Advanced person centred planning</td>
<td>1</td>
</tr>
<tr>
<td>Communication graphics</td>
<td>1</td>
</tr>
<tr>
<td>Asperger’s Syndrome</td>
<td>1</td>
</tr>
<tr>
<td>Welfare benefits</td>
<td>1</td>
</tr>
<tr>
<td>Emotional intelligence</td>
<td>1</td>
</tr>
<tr>
<td>Working with volunteers</td>
<td>1</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>1</td>
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<td>Accessing funding</td>
<td>1</td>
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<tr>
<td>Employment</td>
<td>1</td>
</tr>
<tr>
<td>Clarifying LAC role</td>
<td>1</td>
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<tr>
<td>Handling conflict of being employed as LAC by social work department</td>
<td>1</td>
</tr>
</tbody>
</table>

SUMMARY

By March 2006, there were 59 LACs in post, or about to take up work, occupying 43 full-time and 16 part-time posts. The lowest current coverage, among the 25 authorities that reported having implemented LAC, was one 0.20 FTE post, the highest was five FTE posts, but the majority of authorities which had implemented LAC had established between one and two FTE posts. Most LACs were employed by local authorities but three authorities had commissioned voluntary agencies to

15 ALS are currently held at the offices of SCLD in Glasgow.
provide LAC, one was employed by an FE college and in another case, an NHS Trust and local authority were joint employers. Those employed by local authority social work departments voiced a number of reservations about this but there were some advantages as well. While LACs in the voluntary sector were generally more content, not all were immune from role conflict. Over half the LACs were physically based in social work teams or resource centres and, again, most had concerns about their location. Only one authority has the ‘shop front’ characteristic of LAC in Australia.

Overall, LACs were well qualified, although 7% had no formal qualifications. Their previous work experience was predominantly within the social and health care sectors, although overall they had a wide and diverse range of experience. Our findings show huge variation in the salaries paid to LACs, ranging from £16,426 to £38,295 (although this range did include LACs in managerial positions). Nevertheless this constituted an issue which caused strong feelings among most.

All the authorities with LAC serve adults with learning disabilities and most also work with children with learning disabilities. However, some can only work with people of a certain age or have to exclude certain groups. A few LACs work with people with other conditions, notably physical impairment and/or mental health issues. Only 12 authorities work with people from ‘cradle to grave’. There is considerable variation in the size of area LACs have to cover and in the total and target populations within those areas. Some reported having too large an area to cover while those working in smaller communities sometimes had to turn away requests for support from further afield.

In only 11 authorities do LACs have access to dedicated budgets, nearly all amounting to less than £5000. There were reports of delays, reductions and withdrawal of budgets – again, a source of considerable frustration for some.

About two thirds of the LACs had been given protected time for community mapping and/or networking when first in post. However, 30% had little or no induction. As a group, the LACs had received a good deal of training on diverse topics. There was near unanimous enthusiasm for the national training courses, particularly the sessions which featured Eddie Bartnik, and majority approval of the Action Learning Sets. However, a few voiced criticism of the latter. The topic most often identified on which LACs wanted further training was community capacity building.

In conclusion, there was wide variation in almost every aspect of the organisational arrangements for LAC in Scotland, and many LACs found this problematic in terms of having a consistent and unified approach throughout Scotland. Respondents acknowledged the need for flexibility and diversity in fitting the LAC ethos and principles to local areas but expressed concerns about possible moves away from core LAC principles in order to fit with existing structures based on traditional service delivery.
CHAPTER FOUR CASEx STUDIES: DUNDEE AND ARGYLL AND BUTE

INTRODUCTION

Given the variations previously outlined in relation to LAC implementation and operation, four areas were selected as case studies to illustrate the process of LAC and identify outcomes in four distinct settings. An account of how the case studies were selected and conducted is given in Annex One. The case studies had three aims: to explore individuals’ and families’ views about LAC; to examine LAC practice in relation to the specific criterion on which each authority was selected; and to gather evidence about outcomes for individuals, families and communities. The two case studies presented here reflect examples of LAC as operated in an urban (Dundee) and rural (Argyll and Bute) setting.

DUNDEE

Introduction

Dundee was selected as an urban setting where LACs work with families from Black and minority ethnic communities. In addition, the two areas where the LACs work, Hilltown and Stobswell, fall into the 15% of data zones (small areas with a population of between 500 and 1000) ranked highest in Scotland for social deprivation in the Scottish Index of Multiple Deprivation (Scottish Executive, 2004d). Their joint population is just under 10,000 with almost 15% being from Black and minority ethnic communities, the majority of Pakistani origin (Census 2001 quoted in Dundee City Council, 2005). There is a high incidence of long term illness – 41.3% in Stobswell compared to an average of 36.6% across Scotland. In 2001, unemployment was 33.3% in Stobswell and 32.2% in Hilltown, compared to 22.4% nationally. Owner occupation is far lower than the Scottish average with many people living in local authority housing or renting from private landlords. The vast majority lives in flats, including tower blocks. Over half the residents have no car. Single parents make up 11.7% of households in Hilltown and 10.1% in Stobswell, compared to 6.9% nationally (Census 2001 quoted in Dundee City Council, 2005). In these areas, marked by poverty, crime, vandalism, drug addiction and ill health, individuals with learning disabilities and families with disabled children can be vulnerable to harassment and exploitation. Those from Black and minority ethnic communities may experience communication and cultural barriers as well as the risk of racism. However, as discussed below, there is goodwill among sections of the community and some successful capacity building projects under way.

There are two FTE LAC posts in Dundee, one being a job share. During our visit, which was spread over 2.5 days, we met:

- two of the LACs (the third was absent from work at the time)
- the Resource Manager, Day Services, Dundee Social Work Department (line manager of the LACs)
• three service users, two of whom live independently and one living in a nursing home
• four family carers – three mothers and one grandmother
• three community development workers employed by Dundee’s Department for Leisure and Communities – a Community Capacity Worker (part of the Central Development Team), the Communities Officer for the Central area (with responsibility for co-ordinating production of the Community Plan) and the Project Leader of a local community centre.
• One researcher shadowed LAC visits to two families, including one Pakistani household where an interpreter was present.

An interpreter also attended an interview with an Urdu-speaking mother while a support worker was present at an interview with one woman who has no speech. The case study also draws on the Information Sheet completed by the LACs and the initial interview with them.

Background to implementation of LAC

The decision to appoint LACs in Dundee was based primarily on the recommendation of *The same as you?* Its publication coincided with an internal review of services to people with learning disabilities which indicated the need to look at alternative ways of supporting families, reinforcing the recommendations of the national review. The internal review concluded that existing social work services did not have the capacity to increase inclusion significantly for people with learning disabilities. Thus there was a need to locate the LACs in an area where community capacity building activities were already underway. Dundee Central, which already had Social Inclusion Partnership funding, was initially identified as such an area but proved too large. After some initial work, the LACs’ target area was reduced to two distinct geographical communities - Hilltown and Stobswell. These are both mixed communities, sitting side by side near the city centre, where many residents - not only those with learning disabilities – face high levels of poverty, social deprivation and exclusion. The first LACs were appointed in August 2003. They had no formal induction but were given time to establish community connections and meet service providers before starting work with individuals and families. The posts were originally financed through the Change Fund but are now core funded.

Overview of role and remit

The LACs are based in their own office in a day centre for people with learning disabilities at the edge of the area they serve. Their remit is to work with people with learning disabilities of all ages and their families, living in the designated communities. They work with people at the latter’s invitation, do not accept formal referrals and do not carry out assessments. At the time they completed the Information Sheets, the three LACs were working with 9, 3 and 12 individuals and families respectively, some of whom had care managers. The LACs can draw on the Day Services budget to purchase resources such as educational materials and
equipment but have no dedicated budget of their own. A steering group set up for the project has been disbanded.

**Individuals’ and families’ views of LAC**

The individuals and families whom we spoke to thought the purpose of the LAC role was to give support to people with learning disabilities and their families, help them access information and link them to other services and supports. One family carer commented that the LACs’ job was to “look after people who cannot look after themselves” but, she added, she had not realised how much the LAC could do until work with her relative began. Most respondents reported that they saw the LACs frequently, at least once a fortnight and in at least one case, twice a week. When circumstances required it, people would be visited more frequently. In addition, the LACs kept in touch by phone between visits, to see how people were getting on and keep them informed of progress on various matters.

Without exception, these respondents spoke very highly of the LACs:

“Very helpful person and listens to your troubles”

“If I didn’t have [the LAC] I don’t know where I’d be... she’s stuck with me through thick and thin.”

As these comments imply, individuals and families particularly appreciated the relationship they had with the LACs. Indeed, a couple of people described their LAC as a friend or member of the family. The LACs were said to be readily accessible, including outside normal office hours, to go out of their way to help and to be persistent both in looking for the right kind of support for people and in challenging other agencies to meet their responsibilities. One person commented that even if the LAC “gets a knock back”, she keeps going. Another said that the LACs were in a difficult position: not having a statutory role, it was not always clear how much ‘clout’ they had. This sense of professional and indeed personal tenacity and commitment was a recurring theme.

It was evident that both individuals and families trusted the LACs’ judgement and thought they offered good advice. Families appreciated the LACs’ holistic approach, with a couple of mothers commenting that they could raise any issues of their own with the LAC. One parent, exhausted after years of attending meetings with professionals and, in her view, “being labelled a trouble-maker” was supported to attend meetings with other agencies. She was able to continue to participate with the LACs support and, in some instances, the LACs would advocate on her behalf when they and she considered this appropriate.

None of the respondents, when asked, expressed any reservations about LAC involvement or suggested anything should have been done differently. Some thought local area co-ordination should be implemented across the city. Two people interviewed would have welcomed some involvement from a male LAC, to accompany one young man to sporting activities and support another living in an
all-female household. The LACs themselves identified a third case where a male colleague would have been useful.

Compared with support from the social work and education departments, these respondents were unanimously in favour of LAC. One individual for example had been allocated a care manager from another authority who, in her support worker’s view, had been indifferent to the point of ‘negligence’. A mother described her frustration with lack of social work support over many years, being kept on waiting lists and falling out with the remit of various services. Social work support was described as piecemeal and fragmentary, largely due to staff shortages which meant that support tended to be forthcoming in relation to specific one-off issues. The Education Department also came in for criticism from one parent for being insular, not engaging in sufficient partnership working and failing to understand the issues facing families with disabled children.

It should be noted that neither the social work nor the education department have had the opportunity to respond to these points. However, the LACs reported that several people they work with, including some we met, were ineligible for statutory services despite their perceived vulnerability. Social work had referred one young man for a psychological assessment, including an IQ test to determine whether he had a learning disability. It was discovered he had an IQ just above the learning disability threshold and there was discussion about his eligibility for care management. Despite identified vulnerability, his case was closed although he continues to receive support from LAC and a social care officer.

**Local area co-ordination in an inner city setting**

It is evident that the LACs spend a good deal of time supporting people with problems arising from the environment, such as poor housing, debt management and disputes with neighbours. For example, one family living in a privately rented flat had problems getting their landlord to deal with housing issues. When we visited, there was a strong smell of gas emanating from a kitchen cupboard but the mother was reluctant to phone either the landlord or the gas company for fear the former might evict them for being a nuisance or incurring expenditure. The father had chronic health problems and could not work: their 14 year old disabled son had challenging behaviour, as did at times their younger child. The LAC was currently arranging for the parents to have a short break in London for which she had raised funding.

Another tenet of local area co-ordination is the focus on strengthening family supports. In a couple of cases where people were living with their families, we were told that the LACs’ involvement had helped improve relationships and communication. However, the LACs are also working with some people whose families may be abusive, separated or under severe stress. An example was given of a young man who was the victim of abuse and crime, had spent time in a homeless unit, had little contact with his family and did not receive any support from them. We met a middle aged woman living alone whose daughter had been removed from her care; a woman aged 45, living, unhappily and inappropriately, in a nursing home, whose parents were dead and who had limited contact with her siblings; a
young man who lived alone, his main support being his grandmother, not his immediate family; a 60 year old woman who had lived with her parents until their death but was now on her own and, she said, lonely, and an Urdu speaking mother who, until recently, had been a single parent. The stereotype of supportive extended families within the Pakistani community did not apply to her. The LACs believed that the combination of poverty and absence of family support was particularly hard to tackle. They had raised this with Eddie Bartnik at a training course but did not feel they received a satisfactory response:

“So even with the poverty, if there is a close family network then that…but if you have a level of poverty where there is no family network, you kind of need all the elements to be there and Eddie Bartnik didn’t give us any answer to the question ‘what do you do if there is no family?’ Because…families are all the way through [LAC].”

Given the combination of social deprivation and absence of family support, it might be thought that the LACs would focus on community capacity building. However they had found that the level of need among individuals and families prevented them from working at the community level as much as they would have wished. One of the LACs commented:

“And it is a time [issue] and I think it’s really important that we remember that it [community capacity building] is a big part of the job and try not to get sucked into the kind of social work side of things all the time.”

The three community development staff to whom we spoke were keen to emphasise the capacity building aspect of the LAC role, where they perceived significant similarities with their own remit. They seemed to think the LACs had made more headway in capacity building than the LACs gave themselves credit for, although one added that developments could have moved ‘at a quicker pace’. The community development workers described a number of joint initiatives. The LACs had supported a few individuals to attend group activities within the local community centre. There had been some adverse reaction from other group members including a couple who sat on the community centre’s management committee. (Indeed we were told by one service user that she had been harassed by two people in the class she attended at the community centre). It was therefore agreed that the LACs would deliver learning disability awareness training to the management committee and a number of successful sessions were held. In addition, the centre was looking at ways of welcoming and including more people with learning disabilities in its various activities. Another project planned with the local community capacity building officer was an inclusive art group.

The need to consult people with learning disabilities about the Community Plan had been identified by a number of partners and steps were being taken to ensure their involvement. The LACs are not directly involved in this initiative although the community development staff reported a positive impact of the LACs’ work in promoting inclusion generally, pointing out that capacity building initiatives often
fail to include disabled people living in local communities. One of them commented:

“It’s chicken and egg because part of why the LACs came to focus on this area was that it was more fertile ground because there was some local interest in moving the learning disability agenda forward, so there was a bit of both there. I think for me local interest has been one of the big positives in that there was a bit of local support around a number of workers to take it forward plus the LACs have come in and built on that and that has created a bit of momentum to move the whole agenda forward.”

**Outcomes for individuals and families**

It was evident that the LACs had assisted people to access a range of supports and services. For example, individuals and families had been put in touch with occupational therapy, social work assistance, care management and housing services. The LACs had accompanied people to appointments with schools, GPs, solicitors, the police and other agencies with the intention of advocating on their behalf or supporting self-advocacy. Independent advocates had been found for two individuals. A fulltime college place had been secured for one young person. A number of people were being supported to find paid work, voluntary work and alternative housing. Others had received financial assistance, for example, to attend college, from the Independent Living Fund and for a holiday.

As a consequence of LAC involvement, the people we spoke to were better informed about the options available to them, in terms of formal and informal support. Some were also better informed about welfare benefits and sources of financial help. LACs also signposted individuals and families on to other sources. This was particularly appreciated by the Urdu speaking families: one mother explained that while Pakistani children learn to read and write English at school, this is not the case for mothers, making it difficult for them to access information about services and supports. The LACs have translated a leaflet about their services into relevant community languages. In addition, the community centre was now displaying more information than before about services and support for disabled people.

Good information provision enables people to make meaningful choices. The people we spoke to all reported being given various options by the LACs which they could choose to accept or reject. Since these often related to activities or support they were previously unaware of, it can be surmised that, in a general sense, they had more choices than before. In one case, the LAC had taken a mother and son to visit various clubs to help them decide on the most suitable. One manager thought it unlikely that LAC activity had resulted in more choice for people, in the sense that there had been no increase in available services or resources. On the other hand, he thought that the LACs’ person centred approach meant that people were choosing activities that genuinely appealed to them rather than an activity perhaps chosen for them for the sake of having something to do. Planning was an important part of the LACs’ role: people had been involved in Person Centred Plans and
Essential Lifestyles Planning. For one individual with no speech, the final product, complete with photographs and illustrations, was a powerful way of communicating her preferences, wishes and aspirations to all who knew her, as well as making her feel valued and involved in the process.

Several respondents told us they – or their relative – were lonely and had few or no friends. A key aim here was to promote inclusion by identifying community based activities and encouraging people to try them out. This involved the LACs accompanying people to a range of community groups including art groups, youth groups, keep fit classes, over-50s lunch club, kickboxing and a red squirrel watch. Some people have continued to attend independently with the LAC withdrawing once the individual had gained confidence and/or developed relationships with other group members. One young person continues to attend kickboxing classes with the support of a volunteer arranged by her LAC. One professional respondent identified helping people develop friendships as a ‘huge challenge’. While social networks had been widened, this was considered to be an area the LACs could helpfully focus on.

Sometimes having more choice had not led to more activity, or to sustained activity. The LACs told us about two men they had tried to support to join various groups but without lasting success. This was attributed partly to the men’s desire for a romantic attachment, both losing interest in going out if not accompanied by the LAC.

Other outcomes included:

- Developing individual capacity
- Providing accurate and timely information to enable individuals and families to access other resources
- Access and support to take up and complete education
- Individual achievements as the result of links with other community groups (eg Discovery Award)
- Access to bereavement counselling
- Access to voluntary employment

Outcomes for Communities

There was evidence of LAC activity raising awareness of disability issues within the community through the community centre. This took the form, as mentioned above, of disability equality training, information provision and increased efforts to ensure the centre was welcoming to disabled people. Including disabled people in mainstream activities and setting up an inclusive art group were also ways of raising awareness among the non disabled population. However these developments were at an early stage. The community development workers reported that the LACs were “nurturing people with learning disabilities to take the disability agenda forward”. There was plenty of evidence of the LACs developing links and networks across agencies and groups. Besides partnership working with key community groups and the Department of Leisure and Communities, they had good relationships with the social work and housing departments, voluntary agencies, particularly Barnardos, the community police and the translation and interpreting
service. These links were mostly in relation to securing support for an individual rather than at strategic level. One manager commented that that the council initially thought the LACs’ main challenge would be to foster interagency collaboration between different organisations and *co-ordinate* the delivery of the services to individuals and families. In practice however, he explained, the introduction of LACs had identified vulnerable individuals who had fallen through the social work net and the focus now was on supporting them.

**DISCUSSION AND CONCLUSIONS**

Without doubt, the LACs are highly valued by all the individuals and families we met. We were struck by the range and diversity of people with whom the LACs have evidently formed trusting relationships, irrespective of gender, age, ethnicity and level of impairment. This is a testament to their skills. Individuals and families appreciated the tenacity with which the LACs went about their job. Adopting a positive and holistic approach, bridging the transition years between adolescence and adulthood, and supporting families from Pakistani communities, particularly where there have been communication issues, are key strengths of the LAC approach in Dundee.

While the time and energy devoted to building relationships and the level of one to one, ‘hands-on’ work with individuals clearly reaps benefits, there are questions about the sustainability of such close relationships, a concern also raised in Chenowith and Stehlik’s (2001) research on LAC in Queensland. In some cases it seems the LACs were perhaps expected to do more for individuals, rather than building their capacity to do things for themselves as well as building community capacity. Likewise, the intensity of the work undertaken means that only a small number of individuals and families – about 22 – are benefiting from LAC.

The findings suggest that in Dundee the *process* of LAC is at least as important as the outcomes. Indeed, one manager believed that, to date, progress was more evident in process rather than outcomes. However, there was evidence of some positive outcomes for individuals and families, in terms of people having access to support and services, being better informed, having more choice of activities and some increase in availability of flexible supports such as holidays and day and leisure opportunities. There was less evidence of people developing new friendships or relationships, other than with the LACs themselves. In relation to communities, we found some evidence of LACs raising awareness of disability issues in the community. More progress has been made in forging links and networks across agencies and groups.

There are three distinctive aspects of LAC within the Hilltown and Stobswell districts of Dundee which raise wider issues about social work/care management and about local area co-ordination. First, the introduction of the LACs has identified individuals and families who either fall short of the criteria for more formal support – because they have mild impairment and/or appear to be living independently - or for whom ‘the box is ticked’ because they have some form of support, albeit that support may be inappropriate or insufficient. These include lonely and/or vulnerable people who require a good deal of sustained support to secure a decent quality of
life. Secondly, the absence of supportive family contact presents a significant challenge to the focus within LAC on strengthening family networks. Thirdly, working in a deprived inner city area raises questions about the emphasis on developing supportive informal community networks: the LACs suggested that many people were too preoccupied dealing with their own immediate issues to offer support to others. Similarly, some of the people the LACs were working with were focused on day to day survival rather than long term planning. These points are discussed further in the conclusions.
ARGYLL AND BUTE

Introduction

Argyll and Bute was chosen as a case study due to the opportunity it presented to examine local area co-ordination in a rural setting. There are four full-time LACs in Argyll and Bute, currently located in Helensburgh, Dunoon, Oban and Lochgilphead\(^\text{16}\). Although each LAC and representatives from the authority-wide People and Agencies Coming Together (PACT) groups took part in the interviews for this case-study, logistical factors required us to focus mainly on the work of one LAC.

Argyll and Bute is spread over a wide geographical area. Oban, Lorn and the Isles covers 1040 square miles with a population of 19,164. Helensburgh and Lomond covers 141 square miles, with the population of Helensburgh alone accounting for 27,809 people. Bute and Cowal spans 419 square miles with a population of 22,590 while Mid Argyll and Kintyre covers 1080 square miles with a population of 21,743\(^\text{17}\).

LACs in Argyll and Bute work with individuals with a learning disability and their families, across all age groups. Individuals with autistic spectrum disorders, mental health issues and physical impairment may also be referred and can be offered advice and support. This case study took place over two days and one evening and included the following interviews:

- Four Argyll and Bute LAC’s
- Four members of the Oban PACT group (two agency representatives, two individuals)
- Mid Argyll, Bute and Cowal, Helensburgh and Lomond, and Oban PACT Groups joint interview (seven individuals, one LAC)
- Oban Community Sensory Garden meeting (eight individuals, two community members, one LAC, two Care Outreach workers) followed by an interview with representatives of the Management Committee (consisting of two individuals and one support worker)
- Individual interviews with the Project Co-ordinator Care Solutions, Leisure Centre Manager, Head Teacher of the local Learning Centre and a telephone interview with a Care Manager
- OPCA (Oban Parents whose Children have Autism) interview with three parents
- Individual interviews with one parent, and a joint interview with an individual and parent
- Individual interview with LAC line manager.

\(^{16}\) The previous LAC for Mid-Argyll was based in Campbeltown.

\(^{17}\) Information provided by LACs and produced by the Research and Information Unit, Chief Executives Section, Argyll and Bute Council, 2001 Census.
Background to implementation of LAC

Local area co-ordination was implemented in Argyll in 2002. Each area is expected to work to the same principles but the service can be developed to meet local needs. Local area co-ordination was not officially launched by Argyll and Bute Council, LACs themselves designed and issued leaflets advertising their role and promoting their activities. By presenting LAC in this way, they were able to signpost the service and principles to individuals and communities.

Overview of role and remit

Expectations of LAC were varied. Respondents indicated that the planning and preparation which had gone into informing agencies and families about the role meant that they had insight into the LAC role and valued all aspects of it, both in terms of supporting individuals and families, and developing community capacity.

The LAC role was seen as much broader than that of care management, although LACs could work closely with care managers in an advisory and supportive capacity. There is a current shortage of care managers in Argyll and at present, not all adults with learning disabilities have care managers. This has meant that the LAC role has included a degree of care management where there is no allocated care manager to enable individuals/families to obtain the services they need (for example completing Carenap assessments, care planning, arranging reviews and access to services such as direct payments, short breaks, ILF and support to maximise benefits). When LACs have intervened in this way it has been primarily to address the needs of the individual or family and, respondents suggested, has on occasion prevented services being predominantly resource led.

There were many examples of joint work between the Argyll LACs and other agencies. Monthly meetings had been established between one LAC, and workers from education and social work, to facilitate information sharing about individuals or families where there was joint involvement between the agencies. This was valued by those involved. Other agency representatives also commented on the benefits that accompanied the flexibility of the LAC role. While social workers were sometimes seen as “difficult to get hold of” by other workers, often due to demands on social work services, the LAC was seen to be more accessible, with a good knowledge of the individuals and families that she was working with, and the ability to interact between families and other agencies.

The Argyll LACs were viewed by respondents as able to network, liaise, support and provide information to all agencies (including health, education, community services, housing) alongside enabling/supporting families and individuals. Working with other agencies sometimes led to the identification of gaps in services and this could require LACs to take on an advocacy role or to support families in obtaining services. It was recognised, by a number of professional and family respondents, that given the diversity of the LAC role, effective working could be directly related to the individuals’ personal skills and experience. However, as one Argyll LAC commented: “It’s not fixing it for the family, it’s about empowering the families”.

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Individuals and families views of LAC

While the Argyll LACs would work with families and individuals who invited their support, considerable emphasis was given to setting up groups which would empower individuals to support each other. Nevertheless, the LAC who was the focus for this case study was considered to be readily accessible to individuals and families who, along with workers in other agencies, commented on the ease with which they could contact her (mobile phone, email, at group meetings) and greatly appreciated the fact that she would always get back to them within a short space of time, and would direct them to any sources of information that she did not have herself. One individual commented of the LAC that: “She has her finger in every pie in the sky”.

LACs were viewed as acting as a buffer from statutory services, empowering people to do things for themselves. The LAC’s good local knowledge also helped with the identification of funding sources and development of links across services to help support people, illustrated by a number of identified outcomes. Communication was seen as the crux of the success of local area co-ordination enabling the LAC to listen to what families and service users were recommending. Importantly, the LAC was seen as ‘neutral’ by families in that she did not side with other agencies and could maintain an overall view of a situation. While individuals and families were clear that the LAC would advocate on their behalf, they appreciated the measured stance she was able to adopt, helping them to remain realistic in their goals. She was also viewed as active in making people come together, with the flexibility to organise services. The combination of flexibility of role and LACs knowledge was viewed positively by families and other workers, enabling them to challenge other services, where appropriate, and to encourage services to work together.

The LAC role was viewed by respondents as relatively unique in terms of developing community capacity. In particular the PACT groups (People and Agencies Coming Together) which had been developed throughout Argyll and Bute were seen as significant in this respect. This had enabled communication and co-ordination between agencies and service users. The LAC had supported the development of networking in communities to help families, carers, and adults with learning disabilities find out about community resources (sign-posting) including training opportunities, employment, voluntary work, transport issues, leisure and recreational opportunities. Other agency representatives noted the importance of being able to work jointly to pool resources and work with individuals and families to provide additional support, the LACs’ ability to put across views of both agencies and service users, and to help both groups reach solutions together.

LAC work in a rural setting

Argyll and Bute covers a wide area and the LACs are located in four geographically disparate settings. This has meant that there can be discrepancies in the development of LAC. The areas that LACs covered and the time required to travel within each area necessarily meant that some parts were better serviced than others. For example, the Oban LAC has telephone contact with the islands and will visit families as required, but the service received in the islands is limited in comparison
to that provided in Oban itself. This situation is replicated throughout Argyll and Bute.

Despite the geographical distance between the four LACs, they tried to maintain regular contact. However, as demands on their services increased, the time available for meeting had reduced. It was seen as important that they took the opportunities available to learn from each other, sharing ideas and supporting each other.

LACs believed that individual planning potentially worked well in a rural area where members of the communities and workers often knew of each other. However it could mean that there was not always the necessary concentration of services to meet the needs of individuals. Direct payments were considered crucial by LACs in meeting needs that local resources could not cover (e.g. short breaks) and it was viewed as important that they were used creatively to support people.

**Outcomes for individuals and families**

It was recognised that there were many difficulties in measuring outcomes in this area of work where there may not always be ‘hard’ outcomes which can be measured tangibly. However there were many areas where the LAC was seen as making a real difference to the lives of individuals and families. Of particular importance was the skill of listening to individuals, and allowing them to tell their story. The initial approach of the LAC and the fact that she would contact families to explain her role and then offer support, meant that she was viewed very differently to statutory services by individuals and families. Despite the sometimes ambiguous role associated with local area co-ordination, families seemed clear about what this entailed. As the Argyll LAC pointed out: “Families are very quick at understanding the LAC role and how it differs from care management”.

Many agencies, individuals and families claimed, professed to want to increase independence for people but often did not help/allow for that to happen. LACs were seen as providing support for individuals to help build their confidence – so that people could do things for themselves. By supporting individuals on a personal basis, and through the development of group activities and social networks, this meant that people could “get out more”, were able to voice their views, develop friendships and participate in social activities. They described “getting things done” through the LAC, who had helped individuals get jobs or find new ones, secure independent accommodation and take an active role in community forums.

Individuals gave examples of:
- getting involved in SCLD Training and becoming trainers themselves
- travelling independently outside their home area
- participating in seminars and presentations to the local community
- feeling included in the community
- having the resources, through the networks established by the LAC, to mutually support each other.
It was seen as important that LACs were able to support the whole family rather than being limited to work with individuals. This had also meant that the LAC could support other agencies who were attempting to work with individual family members due to their knowledge of the family as a whole. Both families and agencies commented on the importance of the LACs’ separate identity from social work. As well as being seen as independent, the LAC was also seen as having considerably more time than statutory workers to spend with families and to find or clarify information for individuals and families. She was also able to work with people outside social work services, providing some form of support for families who had no other form of assistance. Similarly, it was acknowledged by individuals and family respondents that they may be more likely to contact the LAC in situations where they would hesitate to contact social work services.

The importance of the LAC role in the co-ordination of services and information was seen as very beneficial by other agency respondents, and it was suggested that the role of the LAC was likely to mean that individuals and families could, in some instances, be less reliant on statutory services.

Families indicated that they can struggle at times to get heard by overwhelmed statutory agencies, and greatly appreciated the support of the LAC. She had assisted families to set up meetings to get agencies to discuss things with each other and with families, and by doing so, attempted to overcome the inter-agency hierarchy that can exist.

It was seen as important for families that LAC is not linked to other services, but can provide a guide through these other services (e.g. health, education, social work). Several respondents stated that they wished LAC had been around for longer and believed that this would have been very beneficial for them, particularly in situations where families perceived other agencies to be slow in responding to their needs, or not responding to them. Some of the benefits of LAC identified by individuals and family members included the following:

- Can guide families through services
- Not the same boundaries as with other services
- Realistic about what can be achieved
- Informal contact
- Can respond to crisis (in a different way from social workers)
- Tells you your rights
- Can empower you
- Acted on what families thought was important
- Helps individuals and families have a voice
- Accompanies people to meetings
- Helps you look at your options/choices
- Giving families the confidence to do things for themselves – not by doing them for us
- Always gets back to you.
Outcomes for Communities

In Argyll, considerable emphasis has been given to developing forums aimed at co-ordinating services and providing opportunities for service users to participate in local planning. At the point where LAC was introduced, agencies had been providing services without much communication between them, resulting in duplication and lack of co-ordination. There was particular consternation among individuals that Christmas parties had frequently coincided in the past, but the difficulties resulting from this way of working could be considerably more problematic. Accordingly, the Argyll LACs had set up the PACT groups to bring agencies and service users together.

The groups which had been developed by the LACs were seen as important in supporting individuals to feel more positive about themselves, as well as creating greater public awareness of the needs of individuals. The PACT groups have received funding from Supporting People to provide a development worker and each group is currently working towards the development of a constitution as well as applying for grants to develop inclusive training, leisure and recreational activities to provide alternatives to daycare. The LACs commented that PACT groups have been useful in highlighting the need to identify outcomes from their work as these are needed when applying for grants where the outcomes of interventions need to be identified. Respondents indicated that the groups had resulted in a more co-ordinated approach to service delivery as well as providing a useful channel of communication. The groups also communicate through the use of email, although it was pointed out that this e-group is largely made up of agencies rather than individuals. Attempts to increase service user access to email facilities are ongoing.

In addition to co-ordinating services, guest speakers are sometimes invited to come along to the PACT groups (most recently from the Fire Brigade) and sub-committees have been established to discuss social and fundraising issues/events and report back to the wider group.

Respondents indicated that the groups were important in giving people the confidence to do things themselves (they are service user led), and have significantly raised the profile of people with learning disabilities within the community. Indeed it was suggested that the PACT groups have ‘brought the community together’, and helped to develop a sense of community which had perhaps been lacking previously. They gave examples of fund-raising the groups had carried out, enabling them to organise social activities which they determined. Activities were decided through consultation within the groups, for example, Helensburgh PACT had sent out a questionnaire to service users to find out what people wanted to do, and discovered that most wanted to go bowling. The groups opened up their activities to the whole community, and were satisfied with the response they received. Respondents commented that they were unhappy that some voluntary organisations would come along to their activities but did not reciprocate by opening up their activities in the same way. There was a lot of networking between the different area PACT groups, respondents gave examples of sharing ideas and formal resources (e.g. constitution) which prevented another group having to ‘reinvent the wheel’. 
Groups had set up information sharing days where agencies were invited to come along – but the group also told agencies what they wanted to happen. They could co-ordinate events, and let everyone know what was going on. Most of the groups kept a diary which listed all agency events in their local area to avoid duplication. The PACT MAKI group (PACT Mid Argyll, Kintyre and Islay) have set up a website to publicise their work and keep people informed of forthcoming events.

Participation in these forums was seen by the individuals involved as making a significant contribution to changing the awareness of local communities – learning disability was seen by the service users as less stigmatised than it had been in the past. They also pointed out that people were now doing things more proactively than they had in the past. PACT members were also involved in developing strategies and informing people about their views – for example, going into schools to talk to children with the aim of changing attitudes. All of the respondents did, however, recognise that it could take a while to make a difference.

The PACT group in Oban had achieved a number of things including: increased uptake of Argyll College courses and Individual Learning Accounts as courses were increasingly designed to meet people’s needs; Oban Community Sensory Garden project; fundraising events; inclusive training with service users and providers; annual public information days; promotion of health, well being and community safety (One Life Live it Well); Leisure Link; and future planning after The same as you? In addition, service users and providers have more information and knowledge; service users said they felt more empowered, less confused, have greater understanding of service provision and delivery, and there is improved information provision.

In Helensburgh the LAC was involved in bringing ARC (Achieving Real Change) to facilitate a meeting of all agencies including health, education and social work management to look at ways forward for The same as you? after five years. This was in October 2005. This continues to be ongoing and more meetings are being arranged to help implement and feed into the planning of the future resources within Helensburgh.

Other services had also been enhanced as a result of the LAC’s contribution. For example there had been some negotiation with the manager of the local leisure centre to set up Leisure Link which resulted in carers being able to use the swimming pool free of charge when accompanying an individual who was in receipt of a concessional rate. This had led to an increase in the use of the leisure facilities. The Oban LAC is now based in the leisure centre and other agency respondents commented that ongoing collaboration has been viewed very positively, with people making increased use of the facilities, which in turn has led to services being developed (e.g. access, sport events) to meet their needs and ensure they are fully included in local events.

Another initiative which illustrates the importance of agencies working together with each other and service users to enhance the community was the development of Oban Community Sensory Garden. The management committee, in which service users are supported to hold key roles, has been involved in co-ordinating the design and creation of a sensory garden and are currently fundraising to meet the
costs of this initiative. Respondents involved with this noted that they enjoyed being involved in the development of this important resource for the local community, and also gave examples of the ways in which this had led to the development of their self-confidence and involvement in the wider community at a personal level. As well as making friends and getting to know people, they gave examples of being able to do things that they had not previously felt they could do.

Three members of Oban Parents of Children with Autism (OPCA) participated in the evaluation and respondents indicated that the establishment of this group, which the Oban LAC had been instrumental in setting up, had created greater awareness of the needs of children on the autistic spectrum. This had led to a corresponding influence on social inclusion through the group’s participation in local community projects.

OPCA consists of a group of parents representing 15 families, who form a constituted group in order to identify needs of children on the autistic spectrum. The Oban LAC had supported parents to design a survey which was used to help identify future service delivery in the area, and led to the successful award of £80,000 from Child Care Partnerships, Better Neighbourhood Services and FUSIONS to develop local short breaks services. OPCA have commissioned the Scottish Society for Autism to provide a Saturday club and an after school care service to families whose children have autism. The group gave many examples of the support they had received from the LAC in attaining their goals, and considered it of prime importance that they were given the support and advice they needed to do things themselves, resulting in their personal confidence and competence being developed.

The future remit of LAC involved the continued development and enhancement of service provision and supports within the local community. It was noted that inclusive training involving both service users and agencies had taken place, but needed to continue, with a clear value base underpinning training to avoid tokenism. Respondents, by way of example, pointed out that staffing needs can create inflexible ways of working (e.g. entrenchment in rota systems), but that some of the difficulties this creates can potentially be rectified by socially inclusive training. LACs, it was highlighted, were useful at pointing out issues such as this because of the independence of their role.

**DISCUSSION AND CONCLUSIONS**

Local area co-ordination was viewed very positively by all respondents and the flexibility of the role, commitment and personal knowledge of the LAC was greatly appreciated by individuals, families and other agencies.

It appeared that service users were more likely to have contact with LACs than statutory services, both in the initial stages of a difficulty arising and given the shortage of care managers in some parts of Argyll. In addition, the ease with which families could maintain contact with the LAC could also result in greater access (via text, email, meetings, mobile phone).
Problems which were noted related largely to the current lack of funding for LACs in Argyll. The initial budget available to LACs has been frozen at present due to increased central control and this has created some tensions. Previously, it was suggested, the LAC budget was used carefully and only as a last resort, and accountability for money spent was very important. When money was used from the LAC budget, the LACs considered it likely that their interventions may have saved Argyll and Bute Council money in the longer term by preventing individuals and their families experiencing crises.

Potential problems could also arise due to line management which was located in adult services, while LACs also support children and their families. These issues were generally resolved due to good working relationships between individuals. Clearly the LAC role requires initiative and confidence to work in innovative ways, which respondents repeatedly acknowledged.

Workers in other agencies noted the importance of being able to work jointly with LAC and commented that the service they provided was invaluable. Key features included the time that LACs could give to individuals and families, their flexible ways of working and their ability to ensure services are co-ordinated and accessible to families who are not in contact with statutory social work. The key issues identified in this case-study are discussed further in the following chapters.
CHAPTER FIVE  CASE STUDIES: STIRLING AND MIDLOTHIAN

INTRODUCTION

In this chapter, two further case studies are presented. Both were selected due to the distinctive features of local area co-ordination in practice that they provide. Stirling provides an example of LAC working across traditional service user boundaries, while Midlothian illustrates LAC situated in the voluntary sector,

STIRLING

Introduction

Stirling was chosen as a case study because here the LACs work across traditional service boundaries. It is the only authority in Scotland to work with people ‘from cradle to grave’ and across ‘service user groups’ (people with learning disabilities and those with mental health issues) although the latter is a fairly recent development. When we conducted the case study in May 2006, there were three fulltime LACs: a fourth, part-time post with a focus on transitions, was due to start in June.

The LACs cover the entire Stirling Council area, which runs to 848 square miles and has a population of 86,370 (Stirling Council, 2006). Over 31,000 people live in the city of Stirling, with much of the remaining area sparsely populated. The proportion of people describing themselves as White Scottish or White British is 95.5%, mirroring the national picture. Household tenure is similar to the Scottish average, with 67% owner occupied and 20% rented from the local authority. Unemployment, at 2.1%, is a little lower than the national average of 2.6%, while the age profile reflects that throughout Scotland, although the number of older people is projected to grow. The Scottish Index of Multiple Deprivation (Scottish Executive, 2004d) shows that, overall, Stirling does not rank highly in relation to other local authorities in terms of income and employment deprivation, although there are pockets of disadvantage, with eight data zones in Stirling city falling within the 20% ranked as most deprived in Scotland.

The case study was spread over 2.5 days during which time the research team met with:

- the three LACs
- four senior managers, (Director of Community Services, Head of Service for Sport, Youth and Support for People, Head of Community Care/ Chief Social Work Officer, and Service Design Manager, Community Care)
- five individuals (separately)
- four family carers (separately)
- 10 members of a self-advocacy group (together) supported by a project worker
- the project leader of a youth group
the manager of a supported employment scheme run by the council.

**Background to implementation of LAC**

In 1999, Stirling Community Services embarked on a redesign of services to people with learning disabilities. At first, senior managers were unsure whether local area co-ordination, recommended in The same as you?, would add anything to their existing plans - the closure of a traditional day centre and the introduction of Streets Ahead (a ‘without walls’ day service), and a supported employment scheme. However, on attending a presentation by Eddie Bartnik, “the penny dropped”, as one senior manager put it. The first appointment, made in January 2003, had several distinctive features. First, it was a LAC Development Manager post pitched at Service Manager level. Secondly, it was not located in Community Care but instead was a strategic and independent appointment in Community Services. Thirdly, the post holder reported directly to the Director of Community Services. These strategic decisions were intended to send out a number of messages: LAC was distinct from social work and care management; it was set to expand and develop, and it was to have value, status and ‘the power to open doors’. A second LAC was appointed in 2004 and a third in 2006. Our findings suggest that these decisions have proved effective. There has been one recent change. Following the retirement of the then Director of Community Services, and a recognition that LAC was well established, LAC is now located in Sport, Youth and Support for People (part of Community Services) and the LAC Development Manager reports to the Head of Service.

**Overview of role and remit**

The Development Manager has a mixed remit – part practice, working with individuals and families, part strategic, ‘influencing and challenging at senior level’. The principal purpose of the other posts is:

“By using person centred approaches [to] support individuals and families to identify their own needs, interests, aspirations; to encourage the full participation of people with disabilities in all aspects of community life by enhancing, developing and co-ordinating relevant supports.” (Stirling Council, 2005)

The LACs work with people at the latter’s invitation and do not carry out assessments. They have developed a User Questionnaire, printed in bright colours with illustrations, which they complete with individuals. It seeks information about the person’s current use of services and perceived needs or desire for other supports or activities. Before the other LACs were appointed, the Development Manager was asked to identify and work with 35 people. The team is currently working with about 130 people as well as various community groups and other projects.

Stirling is the only authority in Scotland (at the time of writing) where the LACs have a shop front, as in the Australian model. They can access budgets to support their work, for example, for office equipment, training and hospitality. They can also access other budgets through negotiation with the budget holder, such as
Quality of Life funding for a youth inclusion project. The Stirling same as you? Implementation Group acts as a steering group, although its remit is wider than local area co-ordination alone. It has representation from parents’ groups, a self-advocacy group of people with learning disabilities and statutory and voluntary organisations.

Individuals and families views of LAC

The nine individuals and family carers we spoke to all had a good understanding of LAC. One individual described a LAC as someone “who helps you do things and knows where to go...a one stop-shop person.” There was evidence of the LACs going to some trouble to ensure that people were well informed about LAC, for example, by giving a presentation to the management committee of the self-advocacy group and inviting parents to attend the Eddie Bartnik seminar. One individual described the LAC information leaflet as “very clear”. However another, who lived in rural Stirlingshire and had heard about LAC through word of mouth, experienced some difficulty “tracking it down”. She commented that the LAC leaflets were not on display in GP surgeries or other healthcare premises locally.

Without exception, people were very positive about the quality of support received from the LACs, described by one as “absolutely brilliant” and another, “a tremendous help”. One person said he trusted his LAC “to help in the right way.” The LACs were said to respond quickly to requests for help and to keep people in touch with progress. A wide range of support had been provided to the people we spoke to, including:

- helping several people secure their own tenancies
- arranging home care
- supporting people to apply for benefits and other entitlements, eg: a bus pass
- supporting a family experiencing serious problems with their child’s school
- helping one young man transfer from school to college
- persistently pursuing an OT to assess for and arrange a much needed extension to a family home
- when one man moved house, introducing him to the neighbours and postman.

People saw the LACs as ‘on their side’: this mother’s comments were typical:

“I could boil it down in a couple of words: basically he’s on our side. He doesn’t question what we say; he doesn’t question the validity of my son’s opinions on anything. He’s there for him and he’s the only one who’s there for him. He’s not on the school’s side, the council’s side, he’s not on anyone’s but my child’s side; he’s there for him.”

At the same time, the LAC role was seen as supporting families to gain information, obtain services, tackle practice they were unhappy with and so on – not to do these things for them. For example, one mother explained that while she would write or phone agencies about an issue, the LAC would send them an email
letting them know that he was also aware of the matter and that the mother would be in touch, thus reinforcing but not replacing her action. One individual said she usually only rang the LAC in an emergency, for example, when the washing machine broke down and she did not know what to do while another said that, having received support from the LAC with filling in forms, she now tries to do tasks like that herself and only contacts the LAC if it proves too difficult:

“When I had the social workers, they were telling me what to do and they were taking over and doing it for me, so to me I wasn’t really learning anything.”

This was reinforced by a senior manager, who described the LACs’ remit as:

“Working alongside people, helping them to make the choices and decisions and all the rest of it, the whole capacity building in the community thing, but they’re not thinking they can be therapists. And if you do have that level of intensity, then you’re not doing it [LAC] as it was designed to be.”

None of the people we spoke to expressed any reservations about LAC support. While some had also benefited from social work help, a few strongly favoured the support provided by LAC. One parent contrasted the fact that the LAC took her seriously with what she considered to be dismissive attitudes of education and health professionals, for example, some of whom had been “terribly terrible brutal” in the way they spoke to her family. Individuals contrasted the LACs’ informal and positive approach with the type of response they had received elsewhere:

“It’s different from social work, these professional people. Professionals kind of put you down but [the LAC] stands alongside you and helps you.”

**Working across traditional service user boundaries**

*From cradle to grave*

From the outset, LAC in Stirling has been offered to people of all ages. Although the work is funded through Adult Services, it was decided to include children because building up long-term trusting relationships from an early age, without disruption during the transition to adulthood, was seen as key. It was not expected – and has not been the experience – that individuals will need support all the time but they are likely to need it at certain key points. Managers recognised that public services often let people down through breaking off relationships, so consistency is vital. One LAC is currently working with people aged from 9-89. The wide remit did not appear to have caused any difficulties. While some different skills and knowledge may be required to work with such diverse age groups, the LACs felt that the core principles apply in the same way to everyone. The ease of access to LAC in Stirling was highlighted when one LAC tried to arrange local area coordination support for a person aged 37 moving to another authority, where LAC was only available to people aged 10 to 24.
As noted above, a fourth LAC was about to take up post in Stirling, with a focus on transitions, primarily from school to adult life but also from primary to secondary school. Although Stirling Council has a transitions strategy in place, it has been recognised that this works better for some young people than others. Senior managers noted a tendency to ‘put people on a treadmill’ of college courses which may not be appropriate for every individual.

**Across service user groups**

According to senior managers, the expansion of LAC in Stirling was “well thought out, targeted and focused.” The decision to include people with mental health issues was largely based on feedback from individuals and families about the type of support they wanted. The Service Redesign Team then saw a funding opportunity in Section 26 of the Mental Health (Care and Treatment) (Scotland) Act 2003, which places a duty on local authorities to promote well-being and social inclusion, through cultural and recreational activities, training and help in securing employment. A proposal for a LAC post was accepted by the Mental Health Steering Group. Although different funding streams require each post to focus on a certain area, because working across traditional service boundaries is part of the LAC ethos, the LAC Development Manager was keen to avoid ‘pigeon holing’ people by having particular LACs working with individuals purely on the basis of diagnosis or ‘label’. Therefore decisions about whom each LAC works with are made on an individual basis, an arrangement which senior managers said they were ‘content with’. One suggested that part of the reason why this worked well was the mix of disciplines within the LAC team – community education/development, psychology and social work/mental health. Asked if there were any particular challenges in engaging people with mental health issues in LAC, the worker with main responsibility for that area suggested that motivation was sometimes a factor. However, while people may not see themselves as needing a social worker, the relationship with a LAC is different, not least because the latter has no statutory role and engages with people at their invitation.

Looking towards the future, senior managers also see a role for LACs working with older people. One respondent noted that while various models for working with older people have been tried, such as Better Government for Older People, none, in her view, had been successful. She believed that LAC “could blow a hole through a lot of current practice with older people.” It was also suggested that ideally LAC would eventually be on offer to ‘people with support needs’ generally, so long as this did not conflict with the authority’s statutory responsibilities or structural arrangements.

**Outcomes for individuals and families**

As noted above, there was plenty of evidence of people having access to more supports and services than before. These included practical, financial and emotional supports, the introduction of care managers, advocates and support workers and help with transport, housing and educational support. However it was also striking that in some cases LACs’ intervention had resulted in individuals requiring less formal support than before. For example, one man who now has a paid job had
reduced his care package from 50 to 5 hours a week. Another now had the confidence to say that he could manage with two hours a week help with cleaning instead of four. Senior managers had asked the LAC Development Manager to begin recording quantitative outcomes, noting that where people were diverted from entering the care system or an informal or voluntary sector support was provided in place of a statutory one, this freed up resources for other people. Managers are also keen to estimate financial savings associated with LAC. Notional costs have been put on differing levels of care management support and the plan is to assess what level of support a person using LAC would have received had they also, or solely, been a care management client.

It was clear that individuals and families were generally better informed, in some cases significantly so, about services and support available. The LACs were seen as a useful source of information, particularly about how ‘the system’ worked and who to contact for help with specific matters. After years of trying to source information and support, this was a welcome relief for some parents:

“When you need something, you never know where to go. [The LAC] is there to find out for you who provides that service. And when you first find out that your child is disabled in some way, you don’t know who to go to. Nobody tells you. You go to the hospital and they say ‘this is what your child’s got – goodbye’. And you think ‘now what?’ ...And to have someone say ‘right, this is me; I’m going to arrange everything that you possibly could need’ would be a great idea.”

An individual pointed out that not only did the LAC give him information, she explained what it meant and how it applied to his situation. People also appreciated the LACs’ advice although one added that decisions were not made for him.

Individuals and families reported that the LACs had presented them with options and encouraged them to make choices, for example, about social activities and where to live. One person commented that he had “got everything he had asked for”. However a couple of parents pointed out that choice was restricted by the resources available, with one mother highlighting the lack of activities for young people on the autistic disorder spectrum. Senior managers recognised this kind of limitation on choice, while also suggesting that growing capacity led to increasing choice. Finding a resolution to one person’s issue could widen the known options for others: a recent example concerned support looking after pets.

Examples were found of increased social activity for people and also in some cases, new friendships and improved family relationships. The LACs had supported a number of people to go out socially and join in community groups and this in turn could lead to wider social inclusion. For example, one man had always wanted to try bowling on grass. The LAC identified a local bowling club and introduced the person to the secretary. After attending the club for the season, this individual found that people were now speaking to him in the street, whereas previously they had only waved. He had commented: “I used to be in the community, but now I feel part of the community.” Another good example of new friendships comes from an initiative whereby the LAC supported several young people to join in a Youth Club.
which wanted to be more inclusive. An Employability manager highlighted the social benefits of work now being enjoyed by a couple of people who had been supported, by him and the LAC Development Manager, to obtain paid jobs:

“It’s providing employment for two guys whose lives have been changed by employment, which happens - people forget there’s more to employment than just like financial gain. It’s all about meeting other people and going to the works night out and things like that- and this is what’s happening to these two guys now.”

As illustrated above, the LACs have helped develop new day opportunities for a number of people, notably paid employment. Working closely with EmployAbility Stirling, for example, the two jobs referred to above were created to solve the problem of disposing confidential waste within the council. The LAC Development Manager and EmployAbility Stirling have also agreed a pilot project with the Council whereby, when certain ring fenced posts fall vacant, they will be referred to EmployAbility Stirling. Any likely candidate on their books will have an informal interview with the relevant Manager, a work experience trial and, if all parties are satisfied, secure the paid post. This is an example of positive discrimination which will also save the Council money. A third example of collaboration between the LACs and the supported employment project concerns the employment of cleaners for the LAC office. This three hour a week paid job is allocated to different EmployAbility clients for six months each, thus allowing a number of people to gain work experience. Two people who have occupied the post now have full-time jobs.

Along with the wide range of new supports and activities for people has come an increased sense of confidence and well-being. This was reported by the LACs, the senior managers and colleagues in other agencies but, most importantly, by families and individuals themselves. One mother said the LAC “took a weight off me” while people with learning disabilities said they felt more capable, more able to speak up and more sure of themselves. These important outcomes can be attributed to the feeling of being valued and respected by the LACs and encouraged to try new things for themselves. The project leader of the youth group commented:

“[LAC] makes them think they’re worth more than what people have given them credit for; they’re hugely to be admired.”

Equally important, one mother described her son as ‘much happier’ following the LAC’s support.

Outcomes for Communities

The LACs have contributed to raising awareness of disability issues in the community in various ways but perhaps two projects stand out. First, they supported the local self advocacy group, the Quality Action Group (QAG), to develop and deliver disability equality training to front line staff in several settings. The training was also delivered to an audience of 150 people at an annual meeting of the Scottish Union for Supported Employment, with ‘fantastic feedback’. Senior
managers now want Human Resources to include the training within induction for all Council staff. If that happens, it could provide three jobs for people with learning disabilities.

Secondly, the LACs introduced some young people to Braehead Youth Group and this had led to the filming of a DVD about bullying and inclusion, starring six disabled and non-disabled youngsters. The project, funded by the Council, was launched at an evening event in a high profile local arts centre to an audience of over 200. Again, there was a positive response with group members receiving appreciative emails from the Chief Executive of the Council and the Chief Constable of Central Police Force. Current plans centre on taking the DVD, as part of a presentation, to schools, youth clubs and uniformed organisations to demonstrate, the Project Leader said, that “just because you’re disabled doesn’t mean you’re not able to get a job or drive a car.”

Both projects show evidence of the LACs helping develop leadership among disabled people. The young people involved in the DVD had completed Evidence Folders to qualify for a Youth Achievement Award from Youth Scotland. There was an estimated core of about 30 disability activists in Stirling, a relatively high number. While many of these were supported by the Quality Action Group, its staff and members highlighted the important role of the LACs in introducing people to the group and finding individuals to support them attend its activities. The LACs also supported three QAG members to attend the local same as you? Implementation Group.

The Stirling LACs have not set up any support groups as such. The Development Manager did not think it appropriate for his team to set up groups ‘for’ people with learning disabilities. Priority is given to enabling individuals to join mainstream groups and supporting the latter to become more inclusive.

As already evident, the LACs had developed links and networks across a range of agencies and groups. With some, they worked very closely on specific projects; others they liaised with on behalf of individuals and families as required. They also supported people to raise issues about gaps in services or poor professional practice, or did so themselves if necessary – described by one senior manager as “making appropriate challenge”. In one manager’s view, the LACs’ approach, which sometimes provided an alternative perspective on people using services, had enhanced the ‘person-centeredness’ of other services, including care management.

**DISCUSSION AND CONCLUSIONS**

There are a number of strengths in the way Stirling has implemented LAC. It has remained close to the core principles, for example, working across traditional service boundaries of age and ‘client group’, setting up an easily accessible ‘shop front’ and focusing on community capacity building as well as work with individuals and families. The only obvious deviation is the large geographic area the LACs cover, although this was not identified as problematic. Everyone we spoke to gave a positive account of the LACs’ activities in relation to both process
and outcomes. Stirling’s success appears to be the result of a number of key factors coming together:

- real commitment to LAC on the Council’s part from the outset
- strategic positioning of the LAC Development Manager, in terms of level and location
- the council structure does not have ‘departments’, facilitating work across boundaries
- political support
- enthusiastic, imaginative and experienced individuals employed as LACs
- the diverse professional backgrounds of the LAC team
- the LAC Development Manager has a community development background
- the presence of other progressive, user-focused projects eg: EmployAbility Stirling and the Quality Action Group
- clear understanding of the difference between LAC and care management and energy put into developing a complementary relationship
- commitment to build capacity in individuals, families and communities – to support them to do things for themselves rather than doing things for them.
MIDLOTHIAN

Introduction

Midlothian was selected as a case study area because it is one of three authorities in Scotland where the LACs are employed and managed by a voluntary organisation. Midlothian covers an area of over 35,000 hectares and has a population of nearly 80,000. The geographical area covered by the LACs in Midlothian includes Bonnyrigg/Eskbank, Dalkeith/Woodburn and Mayfield/Easthouses. In Midlothian overall, there is a higher incidence of limiting long-term illness, unemployment and drug and alcohol misuse than the national average. Midlothian also has the second highest ratio of adults (aged 16 and over) with learning disabilities: 6.4 per 1,000 populations. There is a high rate of claims for Incapacity Benefit, Severe Disablement Allowance, Disability Living Allowance, compensation awards for mining-related diseases and Income Support in the areas covered by the LACs, thus exemplifying the levels of poverty, disability and social exclusion present in those particular communities. These areas also have higher than average rates of social work referral compared to Midlothian as a whole.

There are three FTE posts in Midlothian, covered by four LACs, two of whom job share. One of the LACs is a manager/practitioner who provides the day to day management and supervision of the service. She herself is managed by the Director of Services for the Thistle Foundation, an organisation which works directly with people with learning and/or physical disabilities, and which holds the three year contract to deliver a LAC support service in Midlothian.

The case study visit by the research team was spread over 2.5 days and included shadowing one LAC on a visit and face-to-face interviews with the following people:

- the four LACs
- the Thistle Foundation manager
- a representative of a church social group
- the manager of a community network support service
- 4 individuals living within the family home
- 4 family members (one partner and three mothers)

The case study also draws on the Information Sheet and two original interviews, one with the Social Work Department Planning Officer for Learning Disability in Midlothian and the other with the LAC manager/practitioner.

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18 It has been suggested at interview that these geographical boundaries for LAC involvement may change in the near future partly because of a possible perception by the local authority that LAC is not visible enough unless covering the whole of Midlothian.

19 Midlothian Social Inclusion Partnership, Socio Demographic Profile of Midlothian, March 2005 (www.mvacvs.org.uk/publications/SocioDemographicProfile)
Background to the implementation of LAC

LAC in Midlothian started in 2003 as a result of the implementation of *The same as you?* recommendations. Partnership arrangements already forged between Social Work and The Thistle Foundation over previous projects within the Authority, led to the commissioning of The Thistle Foundation to provide local area co-ordination because it was recognised that the value base of the organisation matched those of the original concept of local area co-ordination as it is practiced in Australia. It was always envisaged that LAC in Midlothian would adhere to the ‘across the board’ model of disability adopted in Western Australia. This model of LAC also encouraged a certain distancing from the statutory sector in order to support and facilitate alternatives, choices and strategies for people, and to emphasize capacity building within local communities. The Thistle Foundation already had close links with local communities and their value base was seen as highly complementary to that of LAC.

Overview of role and remit

Although the Thistle Foundation manages the contract with the LACs in Midlothian, the LACs’ office base is within the grounds of a residential home for older people run by the Social Work Department. Although they do not have the potential ‘stigma’ of being based in a social work office, the LACs are nevertheless not readily accessible to the local communities they serve, and their premises have limited wheelchair access. They generally meet people in their own homes or in cafes or other public places. Service users who live locally to the office base and who are mobile will often spend time on the premises. The office base is also used extensively by other specialist professionals in the area who are involved with the same service users, as they feel they are in a familiar and comfortable space. This has included counselling services, social workers and other support organisations in the area.

The remit of LAC in Midlothian is to work with people from birth up to the age of 65, across the whole of the physical and learning disability ranges. The three year contract with Midlothian Council states that the LACs would aim to work with 20 ‘cases’ in the first year, 40 in the second and 60 in the third. At the time of writing, the LACs were working with, on average, 54 individuals and 20 families, although it should be borne in mind that when working with individuals, there is an inevitable overlap with the wider family. Although they have links with a number of community groups, the LACs have specific involvement with six currently. Each LAC has his/her own geographical area to cover, and this arrangement seems to work well, not least because each LAC can immerse themselves in their own locality and make useful individual and professional contacts. However, from conversations with individuals and their families, it seems that all the LACs are known to the families irrespective of who is the named worker and this has obvious advantages when LACs are on holiday, for example, and an individual or family requires assistance or advice.

However, the role of LAC generally is not clearly defined. One LAC suggested that this may have some advantages:
“Every time I go in to meet a new individual, it’s a person-centred situation for me. I do not know what’s going to be required of me till I go and speak to somebody. Sometimes it’s a straightforward request for information and sometimes it’s about building through trust and empowerment to a point where a service user is aware of options and how to access them. These things may not happen immediately - they might be worked out over time.”

Individuals’ and families’ views of LAC

Whilst some of the individuals or carers we spoke to had known the LAC team for almost the duration of the project in Midlothian, others had known them for less than a year; however, they had only positive things to say about their involvement with LAC. One of the most valued aspects of the LAC role was the companionship, the getting alongside people that the workers could offer: “I had someone to speak to for the first time in ten years”. The LAC worker was also described as: “an extra pair of ears”; “somebody to moan at”; and “someone different to talk to”, albeit a professional set of ears. One carer summed up the mood of many when she said:

“More than anything, she’s a friend and that’s what I want. She’s got the knowledge and all this, but I still want her to be ‘come on, you’re alright.’”

Other traits mentioned by individuals and families were that they could share confidences with the LAC, felt supported and could trust them. The LACs were also said to be caring and compassionate, approachable, enthusiastic, respectful and person-focused. Carers were also conscious of the fact that the LAC could be there for them as opposed to just being interested in supporting the person that they were caring for. Indeed, in some instances, the focus for LAC support was purely on the carer rather than the disabled person for whom they were caring.

The majority of people interviewed in this case study had been introduced to LACs through social workers. It was not possible to interview social work staff for this evaluation and it is therefore unclear why social workers had introduced people – whether for positive reasons (i.e., the LAC input was deemed more appropriate) or for more expedient reasons (i.e., social workers either did not have the time or the resources to work with individuals themselves). Comparisons were made between the time and commitment that LACs put in to their involvement with users and families and the time and commitment that social workers were able to provide, based on pressures of work. The LACs were seen as always being available and on the end of a phone, whereas social workers tended to be perceived as ‘too busy’ and unable to respond immediately to calls for help. One carer, whose son had high support needs and was about to leave school, indicated that she had to take her concerns to senior management level in the social work department before this young man was finally allocated a social worker:

“It seems to be all young ones in the social work. This is the most important time in my laddie’s life, with leaving school and going on to something else. I felt as though I needed someone with a bit more experience.”
This mother, amongst other carers, spoke highly of the advice, guidance and friendship that the LAC could offer, not least in accompanying her to visit potential services for her son as he became older. The LAC’s indicated that they are aware of the need to deliver a service with a light touch, one which uses all their experience and training, whilst genuinely working to empower the individuals they are involved with. They suggested that this can often give rise to tensions around perceptions of what they actually do.

The LACs indicated that as a team, they spent a great deal of time considering ways of supporting people which would empower them as individuals, and families. This is done by working in person centred ways and employing a range of skills. Diverse tactics are employed for different people, situations and occasions. This can include solution focused therapy, person centred plans, physically accompanying people, acting as advocates or key workers, or sourcing appropriate information as required. As one LAC pointed out, tensions can result from other professionals perceiving them as ‘befrienders’ when they consider their interventions to be based on ‘empathy coupled with a dynamic approach’.

**Voluntary Sector Management of Local Area Co-ordination**

The Thistle Foundation has values very similar to those of LAC, and their value base and dynamic and person centred approach was considered appropriate for managing LAC. Indeed, the manager at the Foundation described the LAC role as a sometimes “quiet, peaceful, respectful intervention”, along with a vigorous person centred approach to the work. This appropriately sums up not only the ethos of LAC generally but also the work being undertaken in Midlothian.

It was suggested in interviews with staff that a small voluntary organisation like the Thistle Foundation is ideally placed to undertake LAC work along the lines envisaged by Eddie Bartnik in Western Australia. Such organisations are well suited to community development models and approaches of empowerment, building relationships within local communities and empowering individuals and communities. The statutory sector, on the other hand, especially in relation to community care, was increasingly perceived as care management oriented and less able to work with rather than for families and communities more generally. It was suggested that the statutory sector tended to work reactively with ‘problems’, rather than proactively with ‘opportunities for change’.

With many statutory services, involvement with a service user can be around specific areas, usually when a situation is reaching some sort of crisis, after which the case is closed; however, with LAC, the involvement can be ongoing, as long as the individual desires it. Staff in voluntary settings are often considered to have fewer formal qualifications than statutory workers (for example, not necessarily requiring a social work qualification). However, the Thistle Foundation is a well-established and well-resourced voluntary organisation, thus enabling the LACs to access a wealth of training that is relevant and often customised to their particular needs, training which might not be available or affordable to staff in the statutory sector.
One of the potential tensions that may arise for LAC being placed in the voluntary sector is the issue of funding. It may be hard for a local authority to justify funding a voluntary organisation to do a piece of work when that local authority itself may be cutting back on budgets or making staff redundant. Indeed, several respondents described LAC as ‘the icing on the cake’ of local authority provision. Whilst such a tension has not yet arisen in Midlothian, LACs suggested that social workers often commented on the scope and intensity of the work that the LACs can do with individuals and families, wistfully recalling that such work was what ‘traditional’ social work used to be all about but that it had been superseded recently by more of a ‘hands-off’ case management role.

Voluntary sector organisations tend to be seen by the general public as more informal and accessible. Many users have suggested to the LAC workers and Thistle Foundation staff that they were perhaps more approachable than the statutory sector because they do not have statutory, or financial gate keeping powers over the people that they work with. This could mean they were not perceived as having any ‘hidden agendas’ in terms of control of funding and access to choice. Users and their families also viewed their experiences with LAC staff within the voluntary sector as significantly different to those experiences with some statutory sector staff. Whilst several individuals and families interviewed in Midlothian voiced concerns about the capacity of social work and other statutory agencies to have either the time or the resources to listen and respond to their ongoing concerns, they were almost unanimous in praising the approach of the LAC staff as being empowering and facilitative. As one LAC worker explained:

“They see the approach as different and they appreciate the approach...
We’re there to find out what it is they might be looking for, rather than telling them what we’ve got.”

Community capacity building was described by one professional as “helping people to find the answers to their problems, because, they’re the experts”, but also includes, helping people access the correct information at the right time to enable them to find their own answers; helping communities to access information and advice, to ‘demystify’ disability, to break down barriers, to make connections within and between communities and to build the strength and knowledge of those communities. At the outset of their involvement in a given community, the LACs in Midlothian do a ‘mapping exercise’ of the area, and become intensive ‘networkers’ in order to identify what services and facilities are available, what local activities and groups are present in the area and where gaps exist in service provision. The workers visit local agencies and groups, often giving talks or handing out leaflets about their work. They are also members of various disability or mental health committees as well as attending local groups. This kind of representation within the local community was seen as all the more important given the fact that they are not officially working within the statutory sector: the LACs felt it was strategically beneficial to be more involved in statutory as well as voluntary sector policy and practice initiatives in order to remain influential. This part of the LACs work was described as painstaking and perpetual, involving much diplomacy. Since success for a service user often relies on the workers ability to support people to make beneficial connections, it is an essential component of the work that other
professionals in the area have good positive working relationships with the LACs and vice versa.

Although the Midlothian LACs indicated that they want to increase their involvement in community capacity building, the workers currently estimate that 20 per cent of their time is focused on this aspect of the work, with 80 per cent being more person or family-focused. Nevertheless, their involvement in one-to-one work inevitably impacts on the wider community and indeed may involve the wider community. For example, several agencies are now considering involving disabled people or those with mental health issues as volunteers or workers and LACs have been instrumental in widening the remit of several informal groupings to include disabled people. The Thistle Foundation itself is also involved in a campaigning role more generally in Scotland in relation to, for example, disability awareness, access issues, employment rights, and so on and encourages the LACs to do similar work in Midlothian. The LACs do not want to change communities or individuals so much as to “strengthen people where they are”, as one LAC worker put it, in order to empower them to better negotiate their own worlds.

LAC in Midlothian was originally guided by a Steering Group, comprising: LACs, the voluntary organisation manager and two members from the local authority. Individuals and families were not represented on the Steering Group as the local authority was seen as initially ‘reluctant’ to involve them, “until it was felt their inclusion was natural and meaningful”. LACs felt that they now knew several people who could play a meaningful role. The Group has been in abeyance for the last few months. However, if it can be resurrected in the near future, there is a strong desire from the LACs and the Thistle Foundation that individuals and families are represented. Meantime, however, there has always been and will continue to be user involvement in recruiting LAC staff.

Outcomes for Individuals and Families

There will always be some tension between local authority requirements for ‘hard’ outcomes to allow continued support for a service, and the reality that for many of the individuals and families that LACs work with, it may be the intangibles that bring about the biggest changes. For example, the way in which a person is communicated with, a sense of empowerment brought about by being addressed as an expert in their own life. While stories and anecdotes are often regarded as ‘soft’ evidence, they are often perceived to be the best way for people using person centred approaches to document changes in people’s lives. They do however remain, difficult to define or identify. Whilst the LAC team is working on formulating ways of identifying and measuring what they do so as to be better able to provide ‘hard’ evidence of effectiveness, there is an inherent dilemma for LACs about how to measure and communicate the effectiveness of their work, as the following quotation illustrates:

“People find it hard to grasp, what is LAC? What does it do? And because it doesn’t have the hard outcomes attached to it, what difference is it making? And what Eddie Bartnik is saying is that the more you know what LAC is
With that proviso in mind, the following sections attempt to formulate the views of respondents about the outcomes of LAC for not only individuals and their families, but also for communities more widely.

Specific outcomes for individuals and families to date have been both practical and personal. In terms of practical outcomes, LACs have been able to encourage families to arrange holidays or short-term care, have helped individuals to travel within the local community independently, to find employment or voluntary work and to gain their own tenancy. One family felt increasingly unable to get out and about because of their relative’s increasing physical impairment. The LAC in this case gathered useful information about the implications of that condition, thus helping the family understand it better, and encouraged them to plan a long-earned holiday. In another case a school pupil had been told by her school that she was unable, because of her impairment, to be included in mainstream activities. The LAC set up a meeting between the mother of the girl, the head teacher and the education department’s integration service. There followed a successful intervention by an educational psychologist, and ongoing support to the family from the LAC, which resulted in successfully breaking down the barriers, to the pupil’s desire for greater integration and interaction with her fellow schoolmates.

More personal outcomes have included increased self-confidence or self-esteem because of being able to feel more in control of their own lives and improved opportunities; increased access to information which can help people to make positive and informed choices; one to one work to overcome feelings of claustrophobia, depression or isolation; and greater access to mainstream opportunities that did not require a ‘service’ as such, whereas before individuals and families assumed that there were only ‘special’ services available to them through statutory channels.

Other less easily defined outcomes could be that many people who contact LAC would not otherwise have received any support because they would not have approached the social work department, for example. Equally, many individuals have been referred on to social work or occupational health so that they can access services which they would otherwise not have known about. LACs have also been asked to support an individual and in doing so have found that the wider family is also in need of support, thus identifying needs which may not otherwise have been picked up.

Although LAC support can increase choice for individuals and families, this can only be achieved within the confines of what services are actually available, and several respondents commented on the limited scope for choice or change given the availability of services currently in the area.
Outcomes for Communities

If outcomes for individuals and families are seen as difficult to pin down, outcomes for communities could be seen as even more nebulous. However, various examples are given here which illustrate the potential of LAC for community capacity building and strengthening social capital. As mentioned above, the LACs ‘map’ the area at the start of their involvement in a community and they can then share that information with the community, both with individuals and professionals and can often act as mediators or facilitators in establishing community and agency links. For example, in one instance the LAC put one agency in touch with another so as to enable them to combine resources and share the financial responsibility of organising transport to and from a holiday caravan site for various service users. A walking group was also set up by an individual who wanted increased social contact and activity. This piece of work was an example of a complex web of communication, networking, empowerment and community building by the LACs, which has resulted in an apparently ‘spontaneous’ forming, of a very cohesive group, whose activities touch on health, well being, self help and social interaction. The woman in question had been encouraged by the LAC to attend a coffee morning at the local church where various strategic connections had already been made, this resulted in other people joining her and a natural group began to form which involved some existing church group members as well as other people from the area who were experiencing physical and learning disability, depression and other mental health issues, bereavement, and social isolation. As well as being described by one member as a group of people that can “meet, just to discuss, to have a cup of coffee, to cry together”, the main thrust of the group has been walking and active self help. The group members have also been involved in fundraising activities for themselves and other charities. Whilst LACs have joined the group on many occasions, it is increasingly becoming self-sufficient and there is still some connection to the church coffee morning membership.

Barriers to successful outcomes, both at an individual and community level often revolve around attitudes, both professional and lay. Disability awareness is often limited amongst the general public and apathy was cited as a possible barrier to improving the scope for inclusion of disabled people within mainstream services. Equally, where there is no appropriate service identifiable for an individual or family, the LACs may have to work creatively to overcome financial or practical constraints. It was suggested by the LACs that both service users and their families can create barriers, however unwittingly, to improved opportunities for themselves because of a fear of the unknown or a preference for the status quo. Individuals may also have low expectations of what they can achieve, based on previous experience of a seemingly limited scope for change for disabled people.

Barriers to successful outcomes for communities in Midlothian are partly similar to those barriers for individuals – attitudes of the public to disability, apathy and resource constraints. However, one other barrier which respondents mentioned in relation to Midlothian is more historical or cultural – territorialism. The area is made up of former mining towns where people tend to ‘look after their own’ and have little involvement in the wider community. Groups therefore tend to be highly localised and exclusive and there is often limited scope for intermingling of groups or individuals between geographical boundaries.
DISCUSSION AND CONCLUSIONS

The geographical area and remit of the LAC workers in Midlothian is expanding rapidly, helped not only by the good reputation of the workers among both professionals and families alike, but also by the thorough mapping exercises and networking that the LACs undertake during the initial stages of involvement in a given community. The workers are managed by a voluntary organisation but nevertheless see themselves as working first and foremost for Midlothian service users, an attitude encouraged by the Thistle Foundation, and being somewhat at arms length from the statutory sector serves to enhance their independence and autonomy. Equally, whereas social workers have the capacity to work around specific problems, LACs have the capacity and resources to work more holistically, focusing on the person rather than the ‘problem’ and starting from where the person is at rather than from where the worker expects them to be.

Although capacity building at both individual and community levels is increasing, further involvement of users and carers and arguably the wider community would further enhance the LAC ethos of being community-based and person-focused. The project is also well placed within the Thistle Foundation to take on a greater campaigning and advocacy role within the wider community alongside individuals and families.

The LACs are seen as valued members of the local community by individuals and families alike. LACs in Midlothian are aware of the need to more closely monitor and evaluate their work so as to satisfy the needs of funders and policy makers and to this end are currently involved in discussions and training about how to differentiate the more tangible parts of LAC, how to evaluate their work to ensure that their objectives are being met and how to identify the differences between what LAC can deliver that is different from and complementary to other services in Midlothian.
CHAPTER SIX       DAY TO DAY WORKING

INTRODUCTION

This chapter focuses on LACs’ daily activities, workloads and perceived achievements and outcomes. Attention is paid to distinctive features of LAC and to the values which drive and underpin much of the work. Most of the data are drawn from interviews with LACs although two items from the Information Sheets are included. The chapter begins by looking at the various ways in which LACs work with people.

“I mean basically it’s like the ethos of the LAC as well, that we only go and visit people if they want us in their life, you know, so it’s totally at the person’s invitation. It’s not seen as, you know, like your social work...maybe the person doesn’t want [a social worker] or whatever. It’s always at their invitation that we go in and we would withdraw if they wanted us to withdraw.”

The second most frequently mentioned introduction route was through word of mouth and the third, self referrals. Some LACs believed it advantageous that they had previously worked in the locality and were already well established and known to both agencies and service users. A few had carried on working with some previous ‘clients’ in their new capacity as LAC. However, one manager sounded a note of caution about staying within a ‘comfort zone’.

In contrast, in two authorities LACs could only work with people who had gone through the ‘normal’ social work referral and allocation system while in a further two authorities, a line manager ‘gate kept’ or ‘checked out’ which referrals were appropriate for LACs. On taking up appointment, a fifth LAC found that a named group of individuals attending a resource centre had already been identified for him to work with.
Numbers of people LACs work with

In the Information Sheets, LACs were asked how many people they were currently working with. The number of families with whom individual LACs were working ranged from a minimum of two to a maximum of 47 while the number of individuals (as opposed to families) ranged from one to 42.

<table>
<thead>
<tr>
<th>Number of LACs</th>
<th>Families</th>
<th>Number of LACs</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>2-9</td>
<td>20</td>
<td>1-9</td>
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<tr>
<td>9</td>
<td>10-19</td>
<td>7</td>
<td>10-19</td>
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<tr>
<td>7</td>
<td>20-47</td>
<td>16</td>
<td>20-42</td>
</tr>
</tbody>
</table>

Twenty-six LACs reported working with fewer than 10 families, nine were working with between 10 and 19 families and seven were working with 20 or more. Twenty LACs were working with fewer than 10 individuals, seven with between 10 and 19 individuals and 16 with 20 or more individuals. Even allowing for the fact that some LACs had not been in post very long, the numbers show considerable variation with a substantial proportion of LACs working with fairly low numbers of people. This was largely due to local practice issues and LACs acknowledged that they had envisaged having contact with relatively large numbers of individuals and families, rather than intensively supporting a small number of people. One experienced LAC had this to say about numbers:

“My judgment was after I had ended up supporting 50 odd people I had to go to the Strategy Group and say this is becoming unmanageable for me. My judgment was that the maximum that somebody could support would be about 35 people. Eddie Bartnik said ‘no, between 40 and 60’ so I was exploring with him about what does that mean? He said ... ‘you don’t want an individual LAC becoming complacent in the role and just meeting folk for the sake of meeting folk. They should be thinking about the supports that they are providing for the person.’ So...he convinced me that, maybe OK, my judgment was 35 but you are not that far away you know. But what he said is there is no way somebody could work with 60 intensively.”

LACs estimated that an average of almost 40% of the individuals they worked with also had allocated care managers/social workers (with a range from zero to 100%).

Proportion of time spent on different activities

On the Information Sheets, LACs were asked to estimate the time per week typically spent on different activities. The overall average was 37% working with individuals, 25% with families, 13% with community groups, 15% with service providers, 7% on administration and 2% on other tasks such as supervision. However, there was considerable variation between respondents. Time with individuals was said to vary from 5% up to 100%, time with families had a
maximum of 60%, as did time with other service providers, while time with community groups had a maximum of 30%.

Day to day activities

In the interviews, LACs were asked to describe a typical day. This usually evinced detailed accounts of busy days filled with a wide range of activities. One respondent gave us a written account which is reproduced, with her permission, in Annex Seven. Despite the diversity of work, a number of common features can be identified.

Many people’s first response to this question was along the lines “there’s no such thing as a typical day!” This was not just due to the variety of tasks undertaken but also

“Diverse – I think because it is needs-led and it is dictated by the individual.”

Another sense in which LACs do not have ‘typical’ days is that working hours can vary to include evenings and weekends, with some regularly attending evening events.

There were also similarities in the mix of work described. Most LACs started the day in the office, responding to messages and following up work from the previous day, for example, finding out information for someone or making relevant connections. Most tried to keep administration to a minimum and ‘typically’ divided their time between visiting and meeting up with individual service users and their families, networking with community groups and, when necessary, attending meetings. Many specific examples were given of supporting individuals and families. One LAC reported that the previous day, after calling in to the office, she had transported a young man with a degenerative condition to the local supermarket where he works in the mornings. Having seen him settled in, she went away, returning a couple of hours later to take him home, where she talked to his mother about supporting him to travel independently. In the afternoon, the LAC took a disabled single mother to her first trampoline class, ‘staying in the background’ herself. On returning to the family home, the LAC spent some time engaging with the woman’s four young children, all of whom have learning disabilities. For this LAC, working intensively with a couple of people was a fairly typical day. Others described a combination of short term and long term work or, as one respondent put it, “sometimes it’s full on and sometimes it’s not.” She continued:

“Sometimes we’ll be going with people to do the things that they said they would do, like going to a course or going to a class, going to a hospital appointment, going to a graveside, all the things that...sometimes sadly going to hospital appointments to see them because they get ill. We do the follow up work in the office. We’d be going out looking to see what other people in the area are doing, what
other professional people are doing in the area, finding out. We would be doing training.”

Although there were more similarities than differences in LACs’ accounts, there was some disagreement about the type of activity appropriate to the LAC role. For example, two LACs had been invited by local schools to attend all Future Needs Assessments Meetings. One had welcomed this as a ‘way in’ to identifying youngsters likely to need support in the transition from school to adult life; the other had declined the invitation on the grounds that the young people did not know her, had not invited her to attend and she should not routinely spend time in meetings. She was however happy to offer support to individual pupils if particular needs were identified which fell within her remit. Another activity which attracted very different views was setting up groups, as discussed shortly.

LACs’ activities were also mediated by the environment they worked in. For example, working in large rural or island authorities carried implications in terms of time and logistics. One LAC used his car as an ‘office’ and occasional meeting place because the distances involved were too great to keep popping back to his base. In order to attend a learning disability partnership meeting every six weeks, a LAC in an island authority left home at 6.30 am to catch the early ferry, then drove for an hour and 20 minutes to the meeting. In the winter, the last ferry home was at 2pm so she had to stay on the other island overnight.

Outcomes and achievements

Work with individuals and families

LACs were asked about the impact of their work on people and communities. They all identified some positive outcomes: their responses fall into three broad categories – a better overall quality of life for people, specific examples of difference in individual lives and areas of work which LACs believed showed improvement. Concern was expressed about the use of quantitative measures such as the number of ‘natural friendships’ developed (see Bell, 2005) to assess results in some authorities: these were not considered compatible with the qualitative outcomes LACs were trying to achieve.

In terms of quality of life, several LACs reported that people with learning disabilities whom they worked with had grown in confidence and self-esteem. Knowing they had an ally and were no longer ‘alone’ made them feel stronger. They found it easier to speak up and make their views known. People were said to enjoy greater choice and opportunities than before, to be more included - and benefit from - collective activities and to occupy socially valued roles by attending mainstream college, volunteering or taking up paid employment. A few LACs reported comments made to them by families:

“Some of them have said they would have left home leaving their disabled children and husband if we hadn’t gone there. Some of them have said they would have had a nervous breakdown. Some of them have said ‘thank you very much, that’s all we need to know and that’s
been great’ but it feels to me in talking to them that they really value the service.”

“One 80 year old that I met during that period who had a 45 year old Down’s Syndrome son said to me quite early on, she said ‘you are the first person that has come into our lives that has talked positively. All my life professionals have said to me no, no, no, can’t, can’t, can’t.’”

There were plenty of examples of work with individuals or families where LAC was said to have had significant positive impact. It is noticeable that most of these were not crisis situations but, again, revolved around supporting people – often young people - with a poor quality of life to gain the confidence to extend their horizons, venture outside their safety zone and try something new. There were various instances of LACs spending time getting to know individuals who were leading very isolated and apparently impoverished lives, accompanying them on one to one outings or supporting them to join in group activities and then withdrawing or planning to withdraw when the person had settled in. It was stressed that what might seem, to outsiders, a relatively small or unremarkable development in a person’s life might have great significance for that individual or their family:

“The impact can be huge, but I think wee things are what make the difference.”

One young man who was said to have spent ‘the best part of the previous three years in his bedroom’ was now attending college. Another man aged 22 had been used to his mother doing everything for him, including washing, dressing and cooking: as a result of the LAC slowly but persistently working with his mother, the young man was now much more independent, and looking towards independent travel. In another authority, a LAC had been working intensively with a school leaver who became homeless, was overdosing on drugs and self harming. The LAC reported:

“The [hospital] said she has made remarkable progress and she had a job over Christmas; it was only a seasonal job but she is looking for another job again. Relationships with her family have really improved. She is bidding for a house now.”

Some LACs chose to identify specific areas of work where they felt they had made an impact. These included transitions to adulthood, work with families, welfare benefits, long-term planning with people and raising awareness of disability issues among the wider community. In two or three authorities there was evidence that LAC activity had reduced the number of people with learning disabilities on the social work waiting list or (where LACs were in effect care managers) done away with it altogether. There were few references to the cost benefits of LAC – although these respondents were not specifically asked about value for money. However, one LAC recounted how she had set up a tenancy arrangement locally for a young man who previously lived in a care home for older people and had been at risk of having to move 25 miles to a residential facility for people with learning disabilities:
“The guy in [town], the support I set up for him with the social work department was £80 a week. Now [that’s] £90 a week cheaper than what it used to be in the older people’s home. So because we used ILF and Supporting People obviously the money came from other budgets.”

Community capacity building

Only six LACs identified community capacity building as an area of significant achievement. In 17 of the 24 authorities where interviews took place, LACs admitted that so far they had made limited progress in community capacity building. A number of reasons were cited, the most common being that time spent on work with individuals and families left little scope for wider capacity building. A related consideration was the length of time it takes to build community capacity which, as several LACs emphasised, is a long term task. However, disinterest or even resistance within local communities was also a barrier. A minority of LACs reported there was little community spirit in their local areas, another reported a lack of informal community resources, while a few identified ‘ignorance and prejudice’ towards people with learning disabilities as significant problems:

“This is my experience, that I think that we are a long way off... because I think a hundred years ago adults with learning disabilities were supported by their local communities, because communities were so small and extended families were so big. Um...but I think we have moved away from that. And I think we are a long way from it ever coming about again.”

Other LACs attributed difficulty getting into communities to the fact that they were based outside the areas they worked in, had no drop-in facility, did not live in the community or had to cover too broad an area. One LAC appeared unfamiliar with the concept of community capacity building, responding in terms of working with community based as opposed to institutional services.

LACs in six authorities described capacity building as a particular focus of their work, believed they were making good progress and gave examples to evidence this (a seventh LAC felt she had made some progress). These included working with a theatre group to include young people with learning disabilities, supporting a group of people with learning disabilities to create a sensory garden in a town centre for the enjoyment of all citizens, introducing one individual to a local bowling club and another to a first aid group which in both cases led to wider inclusion opportunities, and helping with a food co-op stall run by people with learning disabilities, through which a number then became volunteers for other local groups. Thus, it was claimed that people with learning disabilities had become much more visible through their participation in a range of employment, volunteering and leisure opportunities. This in turn made the community more aware of and responsive to them. In contrast to the view that communities were not ready or willing to include, here is a comment from a LAC who had supported the setting up of a community
café where people with learning disabilities were trained in catering, and which had proved popular with local people:

“I also think in the rural areas there is a lot of potential to develop things as well, a lot of goodwill to kind of get things going. Just like the café is a really good example of that and I could see that you could do lots of other things as well. People are quite happy to help and get involved. I think there is a lot more potential.”

Another success factor identified by this LAC was her location in a Community Learning base rather than a social work office. The other LACs who were focusing on community capacity building all had bases within their communities and although not all had drop-in facilities, none was based in a social work office. Another common factor which may have helped promote community building in these authorities was that LACs had previously worked in the area, in three cases with a community development remit. One of the latter suggested it was important to have a specific reason for contacting a community group, such as trying to find a suitable resource for a particular individual, rather than making connections more broadly ‘for the sake of it’. He also argued:

“We shouldn’t be the all knowledgeable only person around. We need to pull in the other resources that are in communities, the other key contacts. And that’s what we need to know, who they are, or where they are, or how you contact the individual.”

**Distinctive features of LAC**

Throughout the interviews, it was very clear that LACs’ day to day work was closely informed by a strong set of underlying values. LACs often identified what they saw as distinctive about LAC and referred to its guiding principles. They were also asked to comment on the usefulness of the LAC ethos and whether they had found anything problematic in it.

Person-centeredness was seen as the bedrock of LAC in theory and practice. This involved focusing on the individual’s ‘needs, wishes, dreams and aspirations’, not on services. Priority was given to taking time to build up a trusting relationship with the person and often the family. It meant being on their side, taking a positive attitude to what people can do and achieve, and acknowledging individuals and families as the experts. Person centeredness also required LACs to enable and empower but not to ‘fix it’ for the people they work with. One LAC summed it up as follows:

“To me the main things are…seeing people as individuals who all have strengths and we all have weaknesses. And just recognising what is there for people and recognising that they do all have strengths. They do all have abilities and focusing on the positives and the negatives for people. Just having a genuine respect for people and individuality.”
LAC was also seen as distinctive because of its informal non-bureaucratic approach. As already discussed, people can self-refer, and most LACs (although there were exceptions) do not carry out formal assessments or reviews. One respondent described how she had been able to work with a father and son who had refused social work intervention:

“A social worker was trying to go in and do some Future Needs planning with them but they were just not having anything to do with it. When the dreaded word ‘assessment’ was mentioned they threw her out of the house. She told me about this and gradually, it has been a very gradual process, but I have got in there and I have been developing a relationship with these two men. I don’t go in and mention assessment ...and I don’t label them. I don’t think the man actually believes he has a learning disability and maybe he doesn’t. I don’t know. He is a fascinating man. He might not have a learning disability but does it matter really? I don’t need to put people in categories in order to help them plan for their future.”

This account illustrates the flexibility which other LACs described as integral to their approach. The reference to long-term planning also highlights the important preventive aspect of LAC, a point made by several respondents. LACs’ ability to spend time with people, get to know them well and strengthen their informal support networks were all seen as important ingredients in helping forestall future difficulties. This was repeatedly contrasted with the social work task which was seen as crisis driven, often with little or no time to build relationship with clients.

A further aspect of LAC, which some respondents expressed more explicitly than others, is, as one person said, to ‘rock the boat’. Another respondent pointed out that LAC will only work if it transforms the services around it. It will take time for other professionals to understand and accept this and to change. Part of the LAC role was to present that challenge ‘in the nicest possible way’:

“I also say to managers ‘could I appeal to you before you do your service plan for next year, or before you do your restructuring, could you pause for a wee while and think what it means for the individual and family you are meant to...?’ and I think that has worked. I think I have managed to avoid anybody shutting the door on us, and I think that’s really important, and I had to learn a lot of diplomacy skills along the way...As soon as you changed the whole social policy of how we support people with learning disabilities of sixty years or so... we had to be understanding of that. And I think if you are understanding of that and you can be diplomatic and you can challenge in the nicest possible way, I think you can get people to come along with you. And I would say that has been my experience.”

A number of LACs also identified what was distinctive about the LAC role in terms of activities not perceived as appropriate. However, there was disagreement on
some points. For example, LACs from eight authorities spoke at some length about groups they had set up. Their accounts highlight the diversity of approaches to - and views about – promoting inclusion, a fundamental aim of LAC. In two authorities, LACs described ‘inclusive’ groups, in one case a youth club, in the other, an art group. Both believed it was very important that these were not segregated activities but while one group was run by the LACs, in the second authority LACs did not see that as an appropriate part of their role and were applying for funding to appoint a worker.

In contrast, LACs in six authorities recounted setting up groups which were only attended by people with learning disabilities (although one LAC added “that’s not stopping anybody else coming into the group”). These were mostly social/recreational groups although one was a consultation forum on social work services. Most of these LACs admitted feeling some ambivalence or discomfort about this aspect of their work, knowing that LAC principles were based on inclusion, but at the same time they argued there was a need to fill a perceived gap in support. One person argued that some people with learning disabilities feel more comfortable being with others with similar intellectual abilities and life experiences and that people should be able to choose whom they wanted to associate with. Another LAC explained how she had adopted a pragmatic approach to helping four people achieve what they wanted:

“I have been going with four individuals, meeting up in the pub before the [football] match and going to the game with the hope that they will be able to meet up and go to the game when I am not there. That is the hope. A lot of the advice we got was that maybe I should have been working with them individually and individually finding out how they could be supported to go to a supporters’ club for example and make links there and it is not a group, they are still going as individuals. I understand what they [people giving advice] are saying and I understand what I am saying and I think they might well be right but I am still wanting to get these people to go to the football. That was the objective rather than being purist and theory. The theoretical debate for me was less important; it was ‘these people really want to go and watch the football - how can we achieve that?’ ”

An experienced LAC in another authority took a different view again. He worked with a middle aged man who wanted to become a first aider but others had assumed he would not be capable. The LAC found a first aid course due to start in a community centre, approached the community centre and the man was enrolled. The LAC also introduced him to a couple of people he knew who were doing the course:

“Just introduced him that was all and they supported him in the course; they didn’t do his exams or anything for him. What they did was after each night they said ‘how did you get on with that, did you enjoy that? Is there anything you weren’t sure about?’ You know that kind of stuff and at the end of it the guy ... got his certificate, he is a first aider, that’s the first big thing.”
This LAC emphasised that his role was to introduce and support but not to attend the course and certainly not to set it up:

“I shouldn’t be putting the adult learning class on, you know, I should be getting the adult learning team to put the adult learning class on.”

Views about the LAC ethos

Most respondents declared strong allegiance to the LAC ethos, describing it, for example, as ‘brilliant’ and ‘absolutely essential.’ Several reported that they regularly read through the LAC principles. Interestingly, respondents in two authorities described these as being ‘like our bible’, while a LAC elsewhere commented:

“I find them absolutely crucial to every single day that we do our work. I really do... It’s meat and drink every single day.”

Many LACs identified what they saw as the main elements of the ethos. As well as those discussed in the preceding section, key aspects included respect for people, confidentiality, choice, giving a one stop service, having a ‘can-do’ attitude and:

“It’s about common basic rights of people...And it’s really just about supporting people to get a good life that we all take for granted, you know. So I don’t think it’s anything special.”

The main problems relating to the LAC ethos were first, getting other professionals to understand and accept it and, secondly, putting it into practice within the structural constraints many LACs faced. In relation to the ethos itself, LACs in four authorities expressed some reservation. This ranged from the observation expressed by one respondent, whose overall orientation was favourable to LAC, that the ethos was ‘a bit idealistic’, ‘very airy-fairy’ and ‘open to different interpretations’ to the minority view expressed by someone with serious doubts:

“I find a lot of the ethos a wee bit kind of um...a wee bit altruistic and ambitious although that’s not what I mean, I just mean unrealistic. And...a lot of parents say ‘yes this is what we want’ but a lot more parents say ‘we want services’. And a lot of people with learning disability...want whatever you are offering them. Don’t know what they want. And...as I was saying before I sometimes think society isn’t ready for what LACs are trying to do. And I sometimes think that is unfair on the people we are working with because we are kind of exposing them to the rejection.”

Two areas of practice raised questions about the LAC ethos for a minority of LACs. One was the issues associated with setting up groups, discussed above: the other was working with families. For most LACs, this was a key part of their role and their holistic approach was sometimes contrasted with social work practice, which was described as focusing on individual family members and, allegedly, failing to see ‘the bigger picture’. At the same time, some LACs acknowledged the
difficulties involved when different family members had conflicting views and needs, for example, when school leavers were looking for more independence from the family, or in households where older parents were reluctant to let go of middle-aged sons or daughters. While LACs spent many hours working to reconcile differences, or help families move forward, sometimes it became necessary to support one member ‘against’ the wishes of another. An example was given of a LAC enabling an eight year old child to make a choice which her mother disagreed with. Other examples were given of working with a person who did not want the wider family involved or even aware of the contact, and the LAC having to avoid meeting the parents. In one urban area, LACs found that the goal of long-term planning was unrealistic due to the level of poverty and social disadvantage families faced:

“We are working with quite a few people whose families don’t want to know them. If you have got a family that are supportive and the poverty issues are kind of not too big, then it works fantastically well. If you have got… I don’t know, all these other difficulties, then people are just too busy dealing with the kind of hand to mouth. And looking at that bigger picture, where they want to be, and working towards a goal, I mean their goal could be just to have enough food for the rest of the week.”

These LACs pointed out that they worked with a number of single parent families, and others who rejected or abused their learning disabled member. Their experiences, had in some cases, led them to question the considerable focus on families within the LAC ethos.

SUMMARY

Most individuals and families were introduced to LACs by service providers. Word of mouth and self-referrals also played a part. In a minority of authorities, people had to go through the social work allocation system or a similar ‘vetting’ procedure to access local area co-ordination. This is at odds with the LAC ethos of easy, informal access. There was considerable variation in the numbers of people LACs work with, ranging from 2 to 47 families and from 1 to 42 individuals. One experienced LAC suggested that 35 people was the upper limit a LAC should work with.

There is no typical day for a LAC but the emphasis was very much on spending time with individuals and families rather than in meetings or on paperwork. Overall, relatively little time was spent on community capacity building. In only six of the 24 authorities did LACs claim to have made significant progress in that area. Apart from lack of time and the fact that community building is a long term process, disinterest and sometimes resistance was reported among some local communities. Where progress had been made, this may be linked to more welcoming communities, the LACs having a strategic base in the area, their previous knowledge of the locality and/or their community development background.
LACs identified several distinctive features of their role, not least its person-centred value base (although many other workers in human services would lay claim to that). The non-bureaucratic and preventive aspects of LAC and its remit to challenge where appropriate were also highlighted. All the LACs were agreed on the importance of promoting inclusion, but there were different understandings of what that meant and how it should be achieved. Most were fully signed up to the LAC ethos - indeed for some it almost seems to be a more of a vocation than a job. However, a small minority thought there was an idealistic, even an unrealistic, strain within the ethos. Some LACs struggled at times with the emphasis on promoting family support which, for a range of reasons, was not always feasible or desirable.

LACs identified a number of positive outcomes from their work with individuals and communities including a better overall quality of life for people, specific examples of difference in individual lives and areas of work which they believed showed improvement. Several LACs reported that people with learning disabilities whom they worked with had grown in confidence and self-esteem and felt supported through the LAC role. People were said to enjoy greater choice and opportunities than before, to be more included - and to benefit from - collective activities and to occupy socially valued roles by attending mainstream college, volunteering or taking up paid employment.
CHAPTER SEVEN  ROLE DEFINITION, ACCOUNTABILITY, SUPPORT AND FUTURE DEVELOPMENT

INTRODUCTION

This chapter explores how well the LAC role is defined in each authority, particularly in relation to social work and care management. LACs’ views of how their job is seen by colleagues in both local authorities and other agencies, and progress in developing working partnerships, are discussed. The chapter then sets out findings about supervision, steering groups and support. The final section presents LACs’ suggestions for future developments, both locally and nationally.

Clarity of role definition

LACs were asked how clearly their role was defined in their authority. This question elicited a high response which, broadly speaking, can be grouped into four main categories, set out in Table 5.1, although there is some overlap between them.

Table 5.1  Primary perception of LAC role within authorities (as reported by LACs)

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<th>Perception of role</th>
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<tr>
<td>Well or reasonably well defined role/has become clearer over time</td>
<td>8</td>
</tr>
<tr>
<td>Role not well defined and not fully understood by managers</td>
<td>9</td>
</tr>
<tr>
<td>Well defined role, understood by managers but not by care managers</td>
<td>6</td>
</tr>
<tr>
<td>Clearly defined, but not a LAC role</td>
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In only five authorities did LACs report that their role was well defined and generally clear to others within the local authority. LACs in three further authorities considered the role to be reasonably well defined and/or it had become clearer over time. In nine authorities, LACs believed the role was not clearly defined, and that middle and/or senior managers did not fully understand what it should be. For LACs in six other authorities, who felt clear about their role and believed management also understood it, the main issue was lack of clarity among social workers/care managers. However, this was also an issue faced – not surprisingly - by several of the LACs who reported their role was ill defined by management. For one authority this was a difficult question to answer: their role was clearly defined and generally well understood but it was a care management role. Lastly, it should be added that one of the authorities who reported that the role was clearly defined by all did not in fact appear to have a LAC role but something closer to a service development post within the social work department.

Looking at the eight authorities where the LAC role was said to be well or reasonably well defined, a number of common points emerge. First, several
reported that they had clear job descriptions, a clear set of principles to work to and well defined criteria regarding whom they should work with. In some cases the authority had made preparations before the LAC took up post, putting in place some infrastructure and informing people about the appointments. Often there were one or two committed senior managers who had championed the introduction of LAC. The LACs then had protected time for induction and networking. Interestingly, none of them was located in a social work office, although in three authorities, the base was an adult resource centre. In addition, all were quite clear that they did not take on care management tasks. These points are not unique to those LACs who reported their role was clearly defined and generally well understood. However, it may be a combination of several factors which promoted clarity.

In contrast to the above, a recurring theme in those authorities where LACs felt their role was poorly defined was lack of groundwork prior to their appointment, ‘vague’ job descriptions, few written policies or procedures, and little or no time for induction or introductions. A few had been expected to ‘hit the ground running’ or ‘just get on with it’. Some were asked to undertake what they considered to be inappropriate tasks such as working within other areas of the service, meeting an identified gap in services or carrying social work cases. In one authority, the LACs reported that their posts had been set up by an enthusiastic senior but that person had now moved on and the role had become increasingly blurred. Several respondents believed that their authority had only introduced LAC because they felt obliged to do so by the Scottish Executive but with little real commitment to or understanding of the role. Some LACs reported open hostility towards their role and one service manager had questioned the LAC as to whether there was any need for such a post.

**Relationship with care management**

There were some examples of LAC and care management working alongside each other well. Sometimes this was because the LAC was previously known to the care management team, or after initial difficulties had been smoothed out. A couple of respondents reported that social workers locally were seeing benefits from LACs’ work with families and saw the LAC as an ‘asset’ or an ‘extra pair of hands’ (to work with people who were not a priority for care management). In one area, care managers were said to be using LACs to challenge other services, such as housing or welfare benefits. A few LACs believed there was great potential for supporting social work, if social workers would only introduce them to more people.

While confusion among social workers/care managers appeared to be the dominant issue in six authorities, LACs in two thirds of the authorities reported some ongoing confusion or tension between their role and that of social work/care management. Here again, there were many permutations. As already indicated in this report, some LACs never carried out formal assessments, did no care management and were clear that they held no statutory responsibilities. Other LACs carried social work cases, took referrals through the usual social work allocation channels, undertook single shared assessments, called reviews, completed social work paperwork, had been asked to cover for social workers on sick leave, attended social work meetings and/or were drawn into best value reviews.
There were different practices and differing views about whether LACs could or should work with people who already had social workers. A couple of LACs had been told that to do so would amount to a double service and thus double costs. Some believed social workers’ role was to support those with the most complex needs while LACs supported people with equally important but less pressing quality of life issues. Other LACs pointed to the LAC principle of easy and open access to all. The argument was also made that people with complex needs had their day to day needs met through social work but helping them achieve their dreams and aspirations was a different matter. The example was given of a man with ‘a number of complex and profound issues’ who had always wanted to go abseiling:

“The reality is he has had intensive care management support for most of his life but he has never had the chance to do [abseiling]. He got the chance to do it three months ago and the look of delight on his face. And what he says...he asked to make a wee comment about local area coordination through... [his care worker]. And he said that it’s somebody that listens to me and values me, and supports me to do things that I want to do. His needs have been met but here is something that was always seen as the icing on the cake I suppose. And that was somebody probably initially you would think that there would be no role for local area coordination.”

Another aspect of the relationship between LACs and care management emerged in comments apparently made to LACs by social workers, to the effect that LAC is what the latter used to do 20 years ago, what they came into social work to do or are still doing now. Similarly, in the view of some LACs, LAC is what social workers should do, or would do had they the time. It was also reported that care managers see LAC as ‘an added extra’ without the stresses faced by care managers, but with the ‘luxury’ of spending time with individuals and families. Perhaps these comments say as much about the current state of social work as they do about LAC. It was suggested that care managers could feel threatened by LACs working alongside families, in some cases advocating for an individual ‘against’ the social work department. Raising families’ expectations and increasing demands for support and scarce resources was also thought to be threatening for some social work staff and managers. One LAC argued the need for a debate at national level about the relationship between care management and LAC which, in his view, had not been clearly enough thought out in The same as you?

Relationships with other agencies

The quality of working relationships with agencies outwith the social work department was mixed, with only a few LACs reporting that other agencies had a good understanding of their role and partnerships were generally well developed. The latter attributed this to a number of factors – effective networking and publicity, having an ‘open door’ policy themselves, ‘a lot of goodwill locally’, their own location within the voluntary sector and contacts made from having previously worked in the authority. It is also likely that partnerships were better developed in authorities with a history of good interagency collaboration.
Several examples were given of good partnership working. For example, as previously mentioned, a LAC in a large rural area had supported people to set up a community café in a local recreation centre. This met the dual need of providing a service to the local community and offering training and employment to young people with learning disabilities locally, the main alternative being to attend a traditional resource centre 25 miles away. The LAC initiated a group consisting of a number of voluntary organisations, special and mainstream schools, Fair Trade, Economic Regeneration, a local councillor, parents, people with learning disabilities and a representative from the Scottish Executive programme Business in the Community:

“A business plan and funding applications were done and Café Aroma came into being. It now has a staff of four and [started] trading on 1 December 2005. The 15 apprentices have completed a 10 week college course and will over the next month begin training in the café.”

The majority of LACs reported that relationships were better developed with some agencies than others. LACs in 11 authorities reported good working relationships with the voluntary sector:

“Carers’ organisations, advocacy organisations, development organisations for people with learning disabilities were really interested and very keen to get involved.”

“The voluntary agencies are a lot easier to work with. They accept you straight away but it’s because a lot of the roles are similar and they understand you.”

There were some examples of LACs working closely with schools, community learning disability teams, GPs, health visitors, an FE college and, in one area, a community policeman. At the same time, a few had encountered particular difficulties when approaching education and healthcare colleagues. Employment, transport and housing bodies were identified as key agencies with which LACs needed to develop closer links in order to achieve the right outcomes for people. It was felt that once professionals understood and accepted the LAC role, they were generally positive about it but being open to new ideas was a prerequisite. Some LACs had been surprised by the lack of awareness of The same as you? among colleagues and how LAC fits into that wider picture. A couple reported some jockeying for position among agencies, with colleagues from other organisations apparently wanting to take the lead on certain initiatives:

“We tend to think it doesn’t matter a damn who does it so long as it gets done and for some people there’s a culture of needing to be the lead, the lead organisation, and when that comes up, we usually just go with it.”

In contrast to the difficulty experienced by some professionals grasping the concept of local area co-ordination, families generally seemed to understand the role very quickly:
“I have to say it’s mostly parents and carers that have got a better understanding of the role than agencies...I think they’re more open and they’re not caught up in the serviceland way. Voluntary sector, that’s taken on the role well. I think it’s mostly people within social work that either don’t understand the role or don’t want to understand it.”

Accountability and support

This section looks at aspects of accountability and support. Several LACs saw themselves as answerable first and foremost to the individuals and families they worked with. Other aspects of accountability or support included steering groups, line management, SCLD and other LACs.

Steering/Reference groups

Six LACs currently have a steering or reference group: this includes an authority with two separate pilot projects, each of which had a steering group (made up of professionals) and a reference group (made up of individuals and families). Six other authorities used to have steering groups but these are either in abeyance (not having met for a year or so) or – in four cases – disbanded. The remaining authorities have never had one.

Few LACs expressed enthusiasm for steering groups: those that did see them positively each had a steering group in place made up of people with learning disabilities and/or families. One pilot project had a particularly active reference group comprising 10 people with learning disabilities and family carers. It had been set up before the LAC came into post, and introduced her to people she might work with. The reference group also produced publicity, including a newsletter, and carried out a survey of families’ views. In contrast, a couple of LACs reported that managers had resisted the idea of family carers joining advisory groups:

“There was no parent or individuals involved although we did try, particularly in [town], there was some parents who were ... keen to be involved in the management group but managers were not at all comfortable with parents becoming involved. There hasn’t been any parent or individuals involved with it and I think that is a real weakness because I think if people have to work in partnership with people who are getting services, you have got to take account of their views but if they are not around the table, they can’t do that.”

While some LACs did not find steering groups particularly helpful, in four authorities they had been experienced as ‘intimidating’ or ‘hostile’. The hostility came in the form of criticism from group members who, in the LACs’ view, did not understand LAC or felt threatened by it. Examples were given of LACs putting considerable time and effort into producing reports and other materials for steering groups which were then ‘rubbed off’ or ‘ripped to shreds’. In one authority, LACs had been asked how they would know when they had ‘drunk enough cups of tea with someone’. Interestingly, several LACs felt unable to address the difficulties in
their steering groups, and even those with ideas about how a new, supportive group could be formed did not feel it was their role to initiate it. These findings reflect the relatively low status which some LACs believed they were accorded in local authorities. Respondents were generally positive about the role of steering groups and indicated that they could be beneficial if they were focused on providing support and constructive advice. Where steering groups were perceived as hostile or unhelpful there was little evidence that respondents felt they should continue or be replicated elsewhere.

Supervision arrangements

All the LACs had an identified line manager and most had regular supervision with that person, usually every 4-6 weeks. In authorities where LACs had different bases, they sometimes also had different supervision arrangements. The majority were satisfied with current arrangements, finding their supervisor supportive and welcoming the opportunity to reflect on practice which, in itself, is an important aspect of LAC:

“I've found it very useful to have supervision because it makes me sit back and look at what I've done over the – since my last supervision session. Any issues that I have I feel confident to raise them and, given that the line manager is part of social work, she keeps me right in terms of council procedures and gives me support, advice in tackling different [issues].”

Other comments included ‘very effective’, ‘couldn’t be improved’, ‘really helpful’, ‘supportive’, ‘very straightforward’, ‘brilliant’, and ‘well satisfied’. Supervision tasks included going through stories about individuals and families whom the LACs worked with, as a means of reviewing progress and considering future approaches, completing a written form detailing activities and progress as a basis for discussion in supervision, and working through the Western Australian model for supervision.

Six other LACs, while finding their line manager supportive and helpful, nevertheless would have preferred to be supervised by someone else. This was either because the manager lacked knowledge and experience of LAC and/or because their location or background was not appropriate to oversee LAC. This applied, for example, to a line manager based in Children’s Services who had little experience of working with people with learning disabilities, a line manager in Community Learning, again with limited experience of people with learning disabilities and two cases where the LACs thought they should be supervised by someone from outwith their own organisation. Interestingly, one was in a statutory agency and the other in a voluntary organisation: both perceived a conflict of interest for their supervisors. These findings are not unique to LAC.

LACs in a further six authorities were unhappy about their supervision arrangements (and indeed two who had been satisfied thus far were concerned about forthcoming changes). Reported problems included: infrequent meetings; lack of opportunity for informal contact/discussion; lack of understanding of, and sympathy for LAC; lack of knowledge of disability issues and, in at least one case, a poor personal relationship. In these situations, LACs could feel very isolated,
missing the opportunity for constructive discussion and feedback on issues arising in their work and also what one person called the ‘safety net’ of encouragement and support from a committed senior.

Feelings of isolation and support

Although LACs were not specifically asked to comment on how far they felt supported or isolated, many chose to comment on this during the interviews. In addition, the data about clarity of role definition, relationship to care management, steering groups and supervision all build up a picture of the context in which LACs are operating. It is probably true to say that about half the LACs we spoke to felt well supported while those in nine authorities were feeling isolated, devalued and in some cases seriously undermined. The remainder had a mixed experience; for example, one LAC felt well supported locally by colleagues in her own and other agencies and had good feedback from individuals and families. At national level, she had good support from SCLD and the LAC network. However she had received little support from management.

Of the nine LACs who felt unsupported, five of the six who were dissatisfied with supervision arrangements were included (the sixth being the ‘mixed experience’ example discussed above) and seven of the nine authorities identified earlier in this chapter as having poor definitions of the LAC role, with senior managers who appeared to be unclear about – or uncommitted to - it. Several LACs commented that in their opinion the authority had only implemented LAC to satisfy the Scottish Executive and not because they necessarily believed in its principles. Incidents which had given rise to feelings of isolation or being undermined included not being informed about or invited to an authority-wide forum for workers in the learning disability field, not being informed about the appointment of two new LACs in another part of the authority, lack of infrastructure, no secure base, delays and withdrawal of agreed budgets, not being consulted about future plans for LAC or included in a local review, unsupported or hostile steering groups as mentioned above, and LAC posts being discontinued (this has happened in four of the authorities where LACs were interviewed and a fifth which no longer has any LACs). One respondent had been told by her line manager about:

“Some meetings and things that he has been at, you know, it must have been around budgeting or whatever. And local area coordination was...he said there are a number of senior managers who do not agree that it’s a way forward for [authority].”

In the face of these difficulties, the LACs showed considerable persistence and commitment to the job:

“I’m not a giver-upper and I don’t think I give up easily but there have been times where I’ve thought ‘I don’t think I can carry on’ but the only thing that really does keep me going is the needs and desires of the people out there.”
Another respondent who was deeply committed to LAC principles, had nevertheless started to feel disillusioned as a result of opposition within the local authority:

“You’ve got to hold on to some ideals. Otherwise you would just be completely demoralised.”

However, working in these conditions could take a personal toll. Another LAC said:

“That’s when I really miss having some kind of support and supervision because I don’t have anything. And I think...um...that’s I think where my...I lack confidence in my ability to do my job.”

On the more positive side, various sources of support can be identified for those LACs who felt more secure in their posts. These were:

- Where there was more than one LAC in an authority, good mutual support
- Other like-minded colleagues within employer organisation
- Commitment at management level
- Supervision
- Sound infrastructure/budget/adequate premises and facilities
- Partner agencies, particularly voluntary organisations
- Reference Groups of individuals and families
- Positive reinforcement from individuals and families LACs worked with
- SCLD
- Action Learning Sets
- LAC national support network and e-group
- Informal regional meetings with other LACs.

**FUTURE DEVELOPMENT OF LAC**

**The Local Context**

LACs were asked if they would like to see any changes or improvements to local area co-ordination in their authority. Not surprisingly, most of the responses relate to issues already identified as problematic.

The main area in which LACs wanted to see improvement, identified by about half the sample, concerned the need for better understanding of, and commitment to the LAC role within the authority. Linked to this was the need to secure posts on a long term basis, have more supportive supervision arrangements and give more respect and value to the role.

Secondly, nearly half the sample wanted to see an improvement in infrastructure, the need for a dedicated LAC budget being the aspect most often identified. This was mentioned by some LACs who had never had a budget and others whose budgets had been reduced or removed. Funds were needed both to help support
individuals and families in certain circumstances and also to support the LACs’ own training and developmental needs.

Thirdly, just under half the sample wanted to see local area co-ordination extended to cover all or most of the authority. Related to this was the need to employ more LACs. One respondent took a different view – she was the only LAC covering a whole authority and would have preferred to cover just one town.

Fourthly, several LACs believed that local area co-ordination should be extended and/or made available to more people. This included people with mental health issues, older people, people with any type of impairment, ‘lonely, vulnerable people’, and ‘anyone who wants it’. A few respondents thought their authority should make LAC available from cradle to grave.

Fifthly, a few LACs did not think they should be employed by the social work department. They would have preferred to have been in a different part of the local authority or in a voluntary organisation. Similarly, moving to a more appropriate office base was an issue for several LACs. A few also wanted a secure base in the sense that they were currently in temporary premises.

Sixthly, some LACs wanted to see a more strategic approach to development within their authority. This included being better linked, and at a more senior level, to other services, more strategic use of day services funding (away from resource centres and into LAC) and a more considered focusing of LACs’ energies on community capacity building.

A number of other issues were identified, in each case by only one respondent. These were establishing a steering group, disbanding the steering group, being freed from taking on social work cases to focus on LAC, being able to initiate contact with families directly, greater recognition by Children’s Services of the relevance of LAC, and the need to regrade LAC posts to take account of qualifications and experience and ensure comparability with social workers’ salaries. As we shall see shortly, many LACs believed this issue should be addressed at national level.

In just one authority, LACs were of the opinion that ‘the status quo would be about the best’. Although ideally they would like to see an expansion of LAC activity, the reality was that, due to resource constraints, this would mean a reduction in care management, which in turn would lead to a loss of vital services to people with learning disabilities.

**The National Context**

If the main changes LACs are seeking at local level are greater security and support, at national level they want more consistency and clarification – first and foremost in terms and conditions but also in remit. The need for standardised pay scales was identified by about two thirds of LACS. It was one of the issues attracting most agreement among the sample, concern about current inequities being voiced by respondents irrespective of their current level of remuneration. One respondent reported that LACs in a neighbouring authority were graded as social work
assistants – and thus paid less than him – while in another neighbouring authority, LACs were graded (and acting) as care managers – and thus paid more than him. Respondents also believed that salaries should be pitched at a level which would give appropriate value to the role, as in the Western Australian model. Similarly, some argued that LACs should be located strategically within local authorities, giving them appropriate recognition and status. One LAC had been directly accountable to the Director of Community Services for the first two or three years of his post. He pointed out:

“Because it was connected to the Director, you can’t undervalue the impression that gives, you know…whereas in other areas you have got somebody managed by a day centre officer in a day centre. It’s hard to get the credibility.”

Many LACs also want to see greater consistency in job descriptions and remit. This included eligibility criteria, repeating some of the points made above about more open access to LAC locally. Related to this was a call for clarification of the relationship between LAC and social work/care management, with several respondents making the point that LAC has the potential to support and complement care management but needs to be recognised as being of equal status. Some people pointed to Changing Lives, the report of the Review of 21st Century Social Work (Scottish Executive, 2006c), arguing that the future direction for supporting people outlined in that document has many parallels with local area co-ordination. They hoped the similarities would be recognised and pondered at national level:

“It is about recognising [LAC] as a community service, so it’s not just a learning disability [service] and it’s about placing it in a triangle with social care and social work…but also in the context of community development regeneration and building inclusive and welcoming communities… It’s like if you brought community development back into social work…LACs potentially are a bridge to engaging with the most disadvantaged people who need a bit of help to get connected into their community and then you’d hope that people would then be able to engage with the public sector community engagement strategies and be part of developing their own community so that they’re not ‘done to’ but they are part of identifying and finding the solution and so I think if we are completely aligned with social work and social care it feels to an extent that we are another service provider, when actually I think we potentially are helping those people who are excluded to be part of the community that they live [in] and their own voice is heard.”

Many LACs believed the Scottish Executive should be taking a far stronger lead in championing and promoting LAC. Several called for the Executive to issue ‘much clearer guidance’ about LAC and a couple were of the view that it should be made a statutory requirement. (It is possible that more people would have agreed with this had they been specifically asked). As well as outlining consistent terms, conditions and job descriptions, a few respondents thought official guidance should underline and ‘safeguard’ the principles of LAC: several people were concerned about the
perceived dilution of the ethos in some authorities. A few LACs thought the Scottish Executive should provide more funding, or that authorities should make greater use of Changing Children’s Services funds to create more posts.

With regard to the location of LACs, several people – reflecting findings already reported - argued that LACs should not be employed by social work departments, or by local authorities. There were some interesting alternative suggestions. A few thought LACs should be employed by an ‘independent’ national body. There was some support for SCLD adopting this role and some opposition, on the grounds that it was funded by the Scottish Executive and thus not perceived to be ‘independent’\(^{20}\). A need was also identified for a national inspection and regulatory body – possibly the Care Commission - with LACs possibly registering with the Scottish Social Services Council or Community Education. While some LACs perceived SCLD fulfilling a useful role in guiding the further implementation of LAC, a couple believed this could hamper development as LAC, in their view, should be open to everyone\(^ {21}\).

Another issue raised by some LACs was the potential for accredited training, leading to a LAC qualification. Among those who do not have a ‘relevant’ (eg: social work, health or community work/education) qualification, there were mixed views. One such person would have welcomed the opportunity to study for a formal diploma in LAC:

> “I’ve had people say to me ‘and what qualifications do you have?, within the council, and/or ‘are you social work trained?’ ‘No’. ‘What qualifications have you got?’ And whilst I could say ‘no I’m not telling you’, I’ve always been truthful with folk and I think that [not having a qualification] lessens people’s thinking of you. So I think some kind of accredited training, on the job training, it doesn’t have to be degree length, it could be diploma, I don’t know, but something like that I think would be really beneficial.”

On the other hand, another unqualified LAC argued:

> “One of the things it seems to me has been absolutely rampantly good about local area co-ordination is the, the diversity of people that’s attracted in…There are people who are desperate to be churning out some sort of qualification but how can you qualify people into, to be as interesting and exciting as they [LACs] are?”

While no LAC argued against consistency in terms and conditions nationally, a minority also argued for local variation in some aspects of local area co-ordination. They emphasised that while the ethos must be respected, some operational flexibility to suit local circumstances was healthy:

> “People have to adapt to a different climate. It’s a very different kettle of fish I think doing it in a rural area, maybe, to an urban

\(^{20}\) However SCLD is not a government agency.

\(^{21}\) SCLD extended its remit to work with users and carers of social work services for the 21st Century Social Work Review.
area. So I think it’s OK, but I think it depends what you are planting. If you think of LAC as a plant then as long as you are planting the principles and the kind of person-centred bit and all of that, then you are planting it in different soil and it will maybe grow differently.”

Typical views about the desirable future direction for LAC at national level were summed up by this respondent:

“Three words that I hope would sum up what I would like to see happening, consistency for LAC in terms of who we are and what we do, and things like...what we get paid. I think we need to get that sorted out because it’s no good for anyone. We need to be resourced which is not...it’s inconsistent in terms of resourcing it, and I think we need to be valued. I think there is a lack of all three of them. If we get the three of them at a national level rolled out, we will have an impact...”

SUMMARY

While previous chapters have highlighted inconsistencies around LAC, the findings presented here illustrate the complexities surrounding key aspects of the role. In only five authorities did LACs consider their job was clearly defined and understood, while those in nine authorities reported it was ill defined and not fully grasped by managers. About two thirds were aware of ongoing confusion and/or tension between the LAC role and that of social work/care management, although the relationship could work well where activities were accepted as complementary. In some areas, LACs have been drawn into care management procedures and it appears that in at least three authorities, LACs acted as care managers for part, or all, of their role. Collaboration with other agencies was unevenly developed. Partnership with the voluntary sector was generally better advanced than with statutory organisations.

Half the authorities had never had a steering group in place, of those that had, experiences were evenly divided between positive and negative. Groups comprised of individuals and/or family carers were seen as most useful while those composed of professionals were more likely to be experienced as unsupportive. Six steering groups were either inactive or had been disbanded.

The majority of LACs were satisfied with their supervision arrangements. There was some concern about the appropriateness of the current supervisor while a minority of respondents were unhappy. Overall, about half the LACs felt well supported, while those in nine authorities experienced isolation, a sense of being devalued and, in a few cases, actively undermined in their role. It was suggested by a small number of LACs and managers, for example, that LAC may have been introduced only to ‘satisfy’ the Scottish Executive and not on the basis of real understanding of the role or commitment to the work of LACs.
Suggestions for future development at local and national level were broadly similar although the emphasis at local level was on greater security and support while, at national level, for more consistency and clarification. Parity in terms of conditions and remit was a priority, with most respondents expressing a desire for the Scottish Executive to take a firmer lead. There were differing views about whether or not LACs should have a specific qualification but unanimity that the LAC role must be better valued and promoted.
CHAPTER EIGHT MANAGERS’ PERSPECTIVES ON LAC

INTRODUCTION

Interviews were conducted with a selection of seven line managers and seven managers with overall responsibility for local area co-ordination in 13 local authorities\(^{22}\). Respondents were based in local authority social work and community learning departments as well as voluntary organisations. A selection of middle and senior managers were included in the sample. A detailed account of the method can be found in Annex One. Most, but not all, of the management respondents had been involved with the implementation of local area co-ordination in their local authority. Most had attended seminars presented by Eddie Bartnik or had undergone more intensive training with SCLD. This chapter examines the key issues arising from these interviews.

THE LAC ROLE AND REMIT

Management respondents indicated that they had a good understanding of local area co-ordination, although expectations clearly differed between local authorities. In some areas, the LACs had been in post longer than their current line managers and it was they (the LACs) who had explained the principles of local area co-ordination to their managers. It seemed that local area co-ordination had often been promoted within a local authority by a particularly interested individual or individuals who in effect ‘championed’ the role of the LAC. While this was an important feature of introducing LAC, it could lead to problems when the individual subsequently moved on.

LAC was often viewed within local authorities as providing an opportunity to extend resources for individuals with a learning disability where such resources were limited. It was seen as useful for responding to individuals who may not come into contact with social work services, and for providing support in particular to individuals with mild to moderate difficulties and those on the autistic spectrum, who did not traditionally receive a statutory service.

It was generally agreed by management respondents that it was important that LAC was independent, as far as possible, from other statutory services but that individuals could work effectively with agencies such as social work, health and education, as appropriate. It was also acknowledged by managers that LAC had a different ethos from statutory services such as social work. As one manager commented: “The LAC is about identifying what the possibilities are; social work tends to address what the problems are”.

It was considered important that good links were developed with other agencies, although it was recognised that good working relationships developed over time.

\(^{22}\) In one local authority, where there were two separate LAC projects with different managers, they were interviewed jointly.
Managers noted that it was important that LACs were not drawn into meeting the priorities of statutory services and one operational manager suggested that LACs should be challenging statutory services to a greater degree than they were currently. Accordingly, it was seen as important that LACs had an independent base and relative autonomy in fulfilling their objectives, although the extent to which this occurred varied considerably between local authorities.

The distinctive ways of working which characterise local area co-ordination have, according to managers, led to a tendency for people to identify with the worker rather than the LAC role. While this can be a positive factor, it also raised the question as to whether it was individual personalities or the structure of the LAC role which could be seen to be effective. There was no clear agreement over this, although managers did point out they had been ‘lucky’ with the individuals in post and referred to the enthusiasm, experience and commitment of workers. However, the emphasis placed on individual skills to carry out the role led to some agreement on the need to ensure there was some form of structure around the LAC post. This was seen as particularly important in making other workers aware of the LAC remit and responsibilities.

“I think initially folk thought they were you know, floating about out there with no structure round about them and it’s not like that. I think if that was made clearer... that might make the initiative welcome.”

There appeared to be some recognition of the importance of strategic links between LACs and other agencies by senior management, but there were often tensions at front-line levels, perhaps due to a lack of clarity among basic grade workers about the LAC role. It was noted that LACs themselves were required to inform the public and workers in other agencies about local area co-ordination. How effectively this was achieved could depend on the LACs’ skills, experience and confidence but how this information was received could also depend on individual workers in other agencies. One manager commented:

“In my experience, (...) younger, more inexperienced social workers find it very difficult to work with us and the experienced care managers who have both values that are integral to them doing things the right way and experience, are an asset that an LAC couldn’t do without. So it is very personality driven.”

A number of managers described the LAC role as similar to community social work of the 1970s and 1980s:

“...I know its like twenty years ago or whatever the community workers then were doing – community development – and then that seemed to become old fashioned and was out of the window. And I think it would be a bonus if we could start going back to that scenario.”
Managers were keen to see an extension of local area co-ordination beyond learning disability to older people and those with mental health issues in particular. Where LAC focused on adults, this was seen as problematic, and had raised the importance of working across the age spectrum to include children and young people in order to respond to transitions. Where this wider remit was already in place there were often problems with funding, as work with children and young people did not always transfer from children and families budgets.

The same as you? expectation that LACs would work with 50 families was viewed by most managers as unrealistic. This was particularly so, given the significant changes that individuals often wanted to make in their lives. Similarly, providing support in order to avoid crisis could often require longer-term intervention. It was seen as important that LACs could prevent people getting into crises, which could potentially bring longer-term savings for local authorities.

**Job Structure**

As already reported, there were significant variations between the status of LACs within local authorities. According to managers, this had come about for a variety of reasons, but largely due to the pragmatic approach to the implementation of the posts. In some areas there had been ongoing discussions about whether LAC posts should be advertised and recruited on set qualifications and knowledge base, or whether personal experience and personality should be key. Individuals and families had a key role in this process in some local authorities, less so or not at all in others. These factors had contributed to the wide variations in pay scales for LACs across Scotland, discussed in previous chapters. In one voluntary organisation, the line manager had previously worked as an LAC. She described being able to determine the LAC salary scale within the parameters of an allocated budget, something which was clearly not the case for managers located within statutory services.

Managers acknowledged that problems occurred where LACs were employed part-time, or their role was combined with another function (i.e. that of care manager). This tended to happen where available funding had been limited when the post was created, but generally led to confusion (for workers, individuals and families, and other agencies) resulting from a worker’s dual role.

Being located within the voluntary sector was identified as a potential drawback for LACs, given the importance of being able to engage with statutory services. However, they were consequently able to take advantage of some of the freedom that came from not working in the statutory sector.

**LAC Budgets**

As noted in Chapter 5, in some areas LAC budgets had been allocated to the post/s but due to financial constraints within the local authority, were later frozen or dissolved. Managers agreed that an independent LAC budget was important in theory, and it was helpful that LACs were able to manage their own budget, but this often did not happen in practice. It was suggested that there was a perceived
inequality where LACs had a budget but social workers, care managers and/or social work team leaders did not. One manager commented that this situation “does not go down very well”. Another manager commented that there had been a strategic decision not to allocate separate budgets to LACs in their local authority as social workers would have been “up in arms” if LACs had a budget while social workers did not. Again, this issue appeared to relate to the status of the LAC post and the seniority of the individual worker.

One manager suggested that LAC should be seeking alternative sources of funding for services for individuals and families, rather than relying on statutory services. More importantly, a number of managers expressed concerns that limited funding and cuts in local authority budgets may impact on LAC and any potential expansion of the service.

“The LACs, it’s a great idea, don’t get me wrong, it’s a super idea and there is an area of need out there but there’s a basic area of need there that has not been met at this time.”

**Accountability**

Levels of accountability varied between local authorities. In some areas, LACs were accountable to the individuals and families they worked with and to the agencies within which they were based. While a number of local authorities had established Steering Groups when developing the LAC post, many of these were no longer operational by the time the LACs had been appointed and were delivering services.

Strong networks among LACs led some managers to suggest that LACs had responsibility to each other and a number of managers certainly considered support from this source to be an important feature for individual LACs, especially those who were isolated geographically and/or in terms of their remit.

Line managers clearly had a responsibility to the individual LACs whom they supervised and although some expressed degrees of reticence over the clarity of the LAC role, they acknowledged their own responsibility for assisting individual workers to carry out their duties. Operational managers, who tended to work at a more senior level, did not always show the same support for the role of the LAC. They were often more critical, tending to consider the contribution of local area co-ordination in terms of overall service-provision within their local authority. Some operational managers clearly had a significant involvement in implementing LAC and were proactive in promoting this, while others were less enthusiastic. It appeared that, for some managers, their primary concern was focused on obtaining value for money. This perhaps goes some way towards explaining the views of a number of LACs who felt that managers did not always seem to comprehend the potentially distinctive nature of local area co-ordination, nor did they always appear supportive of their endeavours.

While local area co-ordination aims to be as un-bureaucratic as possible, managers indicated that this caused them a degree of frustration. It was pointed out that social workers and others were required to record the work that they did, and some
managers put some degree of pressure on LACs to do the same. It was considered important that individuals were accountable for their time – not least to illustrate the impact of their work for follow-up and monitoring.

Managers were very critical of the lead from the Scottish Executive in developing local area co-ordination. One manager described it as “appalling”, with local authorities required to “drive the service”. Some managers commented that they had felt pressured to adopt LAC but received very little guidance in doing so. Some resented criticisms that had been directed at their local authority, given the lack of clarity in determining aims and objectives of LACs.

“Either they want us to do it, in which case give us direction at the very start how you want us to do it, or it’s a recommendation and let us decide ourselves if we’re doing it or not, but don’t say one thing and change your mind and criticise us.”

Lack of additional funding from the Scottish Executive was viewed as particularly unhelpful – especially given the uncertainty of funding in some local authorities. It appeared to a number of managers that there was a lack of clarity in what the Scottish Executive was trying to achieve through local area co-ordination. However, it was suggested that the Scottish Executive could have a role in developing and overseeing a national LAC organisation, something which managers who were supportive of the ethos of LAC considered necessary.

LAC PRINCIPLES

Managers had varying degrees of clarity in their understanding of the principles of local area co-ordination. Regardless of this awareness, there was some concern that the potential achievements of local area co-ordination would be limited when there were staff shortages in other areas of service provision. It was acknowledged that LACs were often drawn into longer-term interventions/support for individuals and families, as well as tasks that were outwith their remit, in order to fill gaps in statutory services.

Some managers questioned the appropriateness of introducing to Scotland a ‘service’ which had been conceived for use in Western Australia. There appeared to be considerable awareness among managers that this would have its problems:

“I think that the model of social care delivery is different. I think kind of economically and socially, expectations are quite different and I don’t think you can really take Australia and draw comparisons with Scotland.”

Several managers expressed the view that Scotland had more of a ‘dependency’ culture than Australia, with the concurrent expectation from families that agencies would provide things for them:
“I think one of the really positive things about the whole LAC model is the idea of enabling people to solve their own problems and empowering them. And I think that’s one of the big changes that we haven’t really made.”

Measuring Effectiveness

It was recognised that measuring effectiveness was difficult due to the flexibility and independence of the LAC role. One manager described LACs as ‘free agents’, requiring a certain degree of freedom to be effective. Ongoing monitoring and evaluation was seen as somewhat problematic, and one manager commented that it was not in the LAC ethos to keep a ‘paper trail’. Nevertheless, this was seen as important for managers in order to monitor the progress of LAC. Some local authorities had commissioned some form of external evaluation, or evaluation was being undertaken from within their own service. Line management and supervision was viewed as a key method of keeping structures in place and monitoring work done. Managers commented that feedback from individuals and families was very positive:

“The soft feedback I get from a lot of people who use the LAC service...is that they really value it and for them, they feel their life has changed. In terms of being able to tick the boxes of people’s life outcomes being different I think that’s a much slower process.”

‘Soft’ feedback was very positive, but identifying longer-term outcomes was seen as more problematic. Some managers commented that they were awaiting the results of this evaluation, or evaluations conducted within their own local authority to assist them to determine the future of LAC.

It was suggested that the effectiveness of local area co-ordination was limited, in some cases, by unclear objectives and the lack of a coherent management structure. Certainly some lack of clarity about what the initial expectations actually were, meant that it would inevitably be hard to measure if they had been reached:

“Well I don’t think it can be [well embedded] because if you have potentially got 32 different variations of LAC how can it be deemed to be well embedded in wider service development and the national initiative?”

However, this manager subsequently acknowledged that it could be an empowering model if each area was able to adapt the post to meet local needs. In some areas there had been resistance to the implementation of LAC due to the financial commitment required, and confusion about the LAC role and how it would fit into systems such as care management and assessment. Furthermore, it was suggested that the same outcomes could potentially be achieved in different ways, through different posts:
“It’s the outcomes that are important, how those outcomes are achieved. You can achieve them through lots of different ways and through different posts rather than something specifically known as a LAC.”

Overall, it was suggested by managers that effectiveness was determined by the context, where LAC is located and services that workers could draw upon to support people.

Value for Money

There were mixed views among managers about whether local area co-ordination offered value for money. While individual workers were perceived to be making a difference and the service was generally valued, financial and staffing shortages in other areas influenced managers in their enthusiasm for LAC. With a shortage of care managers and money needed for basic statutory services, some managers inevitably viewed LAC as ‘added value’ or a ‘luxury’. One manager noted:

“Obviously I come from a structured social work background and I am looking for more care managers and make no bones about it, it would certainly make my life easier if I had workers and then had a LAC. It would be ideal because it would work so well and that’s the way it’s meant to work.”

One manager suggested that without a bottomless pit of funding it was impossible to carry out the ‘pure’ function of LAC.

“The issue is that in times of economic stringency [...] local authorities have to look at what strategic authorities are, and what are the areas of work where we absolutely have to deliver in terms of the statutory work. And anything else is a luxury; it’s the icing on the cake. And I think there is a danger that local area coordination could soon be the icing on the cake.”

Whether LAC was viewed as providing value for money or not, seemed to be linked to expectations of the service. One manager pointed out that any notions that LAC would save a lot of money were flawed and should be discouraged. Other managers indicated that LACs will be able to make contact with individuals and families who are not in contact with statutory services, but who may then be referred back to statutory services as a result of their contact with LACs. Another manager commented:

“It would appear to me from the evidence we have got so far that it’s an added value service. The people who are in contact with LAC, receiving a service, will also get a range of other services. And there is no evidence yet that LACs have reduced the workload or impact on the community learning disability team, or similar
services. (...) It doesn’t appear to have any impact on our existing teams and the workloads they have which is what we had hoped would happen (...) If you said to me what would I do, definitely, I would have preferred to have spent the money on additional care managers or workers in a community based team.”

Alternately, concerns were expressed by several managers that LAC could be seen as a cost-saving exercise:

“It was decided upon ultimately because the government felt it was going to be a cheaper option. And it was a financial decision rather than a value based decision. So these tensions are there all the time. On the other hand I do think that if given the right resources, given the right support I think families and communities can do an awful lot more for themselves.”

“I think we will get better value for money and better outcomes and I am hoping to start to see these coming through in the next 3-6 months but up to now I think I’ve been spending money which I probably in hindsight could have prioritised and spent somewhere else.”

**SUMMARY**

Managers stated that on reflection, they would have appreciated more time to help people understand local area co-ordination prior to its implementation. The complexity of the role and the need to let other service providers know what it entailed would, it was suggested, have made things easier in the longer term. Some managers also indicated that it would have been beneficial to seek the views of individuals and families about how they would like LAC to operate prior to putting workers in post. A number of line managers indicated they would have liked more time to prepare, consult with individuals and families, develop partnership working and adopt clearer lines of management.

Overall, line and operational managers had mixed views about the efficacy of local area co-ordination, although generally welcoming it. Those who were enthusiastic, were extremely so, largely attributing this to the skills and experience of the workers they had recruited into the post/s. Where others were more sceptical, this was often due to the shortage of other resources within the local authority and the requirement that they managed this shortfall. It was in such contexts that LAC was viewed as a ‘luxury’ rather than a necessary resource. Managers’ responses highlighted the importance of context and the impact this had on perceptions of, and support for, local area co-ordination. The responses from managers were pragmatic, they appreciated the support that LAC was able to offer but their views were located within a context where other services were perceived as under-resourced. In some cases, this would appear to impact on the support they felt able to offer local area co-ordination in general, and individual LACs in particular.
CHAPTER NINE  
ALTERNATIVES TO LAC: 
VIEWS OF AUTHORITIES WITHOUT 
LOCAL AREA CO-ORDINATION

INTRODUCTION

Seven authorities did not have LAC at the time of writing (hereinafter referred to as non-LAC authorities). As mentioned in Chapter One, although Scottish Executive statistical returns (Scottish Executive 2006a) report that, in 2005, 27 local authorities had implemented LAC, our research found only 25 such authorities, the remaining seven telling us they had no LACs. The aim of including these authorities in this evaluation was to explore the reasons for not implementing local area coordination; what barriers or pressures, if any, there may have been to implementing LAC; what alternative provision was currently in place; whether these authorities had any revised plans to develop LAC in the future and finally, what their concerns were, if any, about implementing LAC.

As described in Annex One, telephone interviews were conducted with managers from the seven local authorities which did not have LAC involvement at the time of the fieldwork. The interviewees were all at management level, comprising senior staff from adult services, community care, learning disabilities and development services.

During the course of the fieldwork for this evaluation, it was suggested by some non-LAC authorities that they should be more fully included – for example by being considered as case study areas in their own right, not least because, these authorities argued, they were achieving comparable outcomes to the LAC authorities, albeit offering such support and services via different channels. Careful thought was given to this suggestion and advice taken from the Social Work Research Centre Advisory Group. The strong consensus of opinion was, however, against including a non-LAC authority in the case study areas, partly because these were designed to explore what was distinctive about LAC, not to evaluate alternative ways of supporting people, and partly because there would have been methodological difficulties in drawing comparisons between areas with and without LAC: the study is not using an experimental design and it would be impossible to control for the wide range of variables present in ‘real life’ social settings of this kind.

Perceptions of the LAC role

Most of the respondents were familiar with the role of LAC and could identify readily the key factors associated with its ethos. The majority (five respondents) suggested that the role was to offer support and access to services for people and to build up links and relationships, not only with individuals and families but also with other agencies working in the locality. Integration and social inclusion were mentioned by four of the respondents and three suggested that choice and fulfilment were important aspects of the role that LACs could achieve for individuals, as well as developing their local networks and being a resource bank for information and
advice. Three respondents also mentioned that LAC should be able to either divert people from, or reduce the need for, mainstream services, as one respondent explained:

“... it is something that diverts people away from mainstream services, from social work services, if that’s not what they are needing, so it can actually help people see what’s around locally, help them accessing [services] without them necessarily needing to go to statutory services.”

One other respondent implied that LAC should be separate from the statutory sector for similar reasons:

“... the LAC would be separate to [social work], wouldn’t be managed within that sector, it would be kept out of that because they get pulled in to day-to-day stuff probably, so it would be a discrete function.”

Such a ‘discrete function’ would have the capacity and autonomy to work more proactively with individuals, families and agencies, to promote change and to co-ordinate or facilitate supports or services. One respondent described the role in the following way: ‘influencing and shaping the way communities and services develop to respond to what people want’. It was thus implied that the LAC role should be as much about campaigning and building capacity more widely as about co-ordinating opportunities or services on the ground.

Most respondents were familiar with the guiding principles of LAC and found them not only useful but complementary to the ethos of social work more generally. The main principles mentioned were inclusion, support, information sharing, valuing people’s needs and wishes, enabling them to ‘live the life they want to lead’, making community links and building capacity, equal partnerships and working with people with all types of impairment, from the cradle to the grave. However, all the respondents could envisage problems in implementing LAC, as discussed in the final section of this chapter. Meantime, the following section on why LAC was not implemented in these authorities will go some way towards highlighting what those problems may be.

The rationale for alternative provision

It should be noted that one authority had previously employed a LAC but discontinued this resource while another was about to implement LAC. Nevertheless, of the seven non-LAC authorities, five said they had wanted to develop LAC posts based on the recommendations of The same as you?, but that either there was no money available at the time, or creating such posts was not a priority within the Council more broadly. One authority had gone to great lengths at the time of the The same as you? recommendations to consult widely, both within the local authority at senior management level (health and social work) and with neighbouring authorities who had experience of LAC, about the possibility of implementing it. They had earmarked the monies required and were in discussions
with Eddie Bartnik’s team in Western Australia when it became apparent that an unusually high and unexpected number of children with profound impairment and/or complex health needs were leaving school that year and would require all the resources that had been set aside for the potential LAC project; thus the plans for LAC had to be subsequently shelved.

Two of these authorities have since tried to match the ethos and remit of LAC through existing structures and within existing budgetary limits:

“We have spent quite a bit of time trying to look at the principles [of LAC] and how we might still try to provide local area co-ordination or the aims of local area co-ordination without actually having a co-ordinator in post.”

Both these authorities had identified the additional supports or services that might be needed in order to fulfil the basic requirements of LAC. These included: personal life planning; information and advice; a ‘transitions’ social worker; a supported employment scheme and leisure services.

The remaining two authorities felt that their existing services did not need any specifically LAC-oriented additions but could nevertheless replicate LAC. In one authority, a review that had taken place prior to The same as you? had resulted in changes being made to adult services and staff were moved from day services to community bases and their remit changed to providing a direct community support service to individuals and families. Although these staff continued to have links with day centres, they were based in social work offices, in small teams, and their work included organising care packages, volunteering work for individuals, health and fitness opportunities, higher education and independent travel training. Because of this change of emphasis, it was not felt appropriate to make further changes towards a LAC approach without first letting the community-based support teams ‘bed in’ and test out their effectiveness. However, there was also a presumption at that time that LAC may not be necessary given the wide-ranging remit of the new teams:

“We felt that actually local area co-ordination wasn’t really adding anything in particular to what we already had... we have toyed from time to time with just renaming them local area co-ordinators, but that would be slightly, you know, we know that they are not entirely because, as I say, they [currently] offer a direct service. But [they] do have a kind of community building role, they do work with the private sector and they do try and stimulate opportunities in the community. So... we felt that we were probably going to be able to evidence the same outcomes as a local area co-ordinator... We built up our care management team... and they do a lot of co-ordination, for example, around services for people with learning disability and they link with day centres, the voluntary sector, a fairly flourishing voluntary sector... and the private sector too. But apart from that, we have invested quite a lot in advocacy you know, so if you put all that together, it kind of fits very largely into the local area co-
ordination role. There is probably not... a lot left over for an LAC to do."

In the other authority, there were already staff in post who were deemed to be doing very similar work to that proposed within LAC. They had a worker who focused on young people in transition, supported employment services for people with learning disabilities and local day services:

“We don’t have local area co-ordinators but we do have local area co-ordination. We agree wholeheartedly with the tasks and with the role that was ascribed to local area co-ordinators but what we didn’t do was go down the route of appointing that person because what we feel is we’ve got a range of key posts which were in fact already in place... we haven’t appointed a local area co-ordinator, we’ve changed our structure such that we think we’ve done it in a more far-reaching way.”

Barriers to implementation of LAC

The main barrier to implementation of LAC in the authorities that would have liked to implement it was predominantly financial, not least, they said, given the original suggestion by the Scottish Executive that the recommendations of the *The same as you?* should be adopted within existing budgets. Despite acknowledging the role of the Change Fund, local authorities often had different priorities, a moratorium on new posts, or a preferred need for additional social work staff.

One of the smaller authorities also suggested that LAC was not attuned to the rural and cultural demands of that particular local authority, which seemed ironic given the Western Australian LAC experience which suggests that rural areas can benefit greatly from LAC. In this particular rural authority, specialist services have to be accessed through the more urban centres within neighbouring authorities because demand within the authority cannot justify an in-house service. However, accessing such specialist resources from elsewhere in Scotland can be costly, not least in terms of travel.

As well as the rural nature of an area being a barrier to LAC, as cited above, another authority also suggested that the LAC ethos itself was a barrier because of the costs involved in implementing it along the lines of the Western Australian model. For example, the Australian model suggests that the premises should be separate from social work and local to the communities served, but this incurs additional expense in finding an office (or several offices) outwith social work premises already in operation within the relevant communities. It is also advised that the management and supervision of LACs should be kept separate from local authority control, and again this was seen as an additional strain on limited resources.
The perceived need for LAC

When asked whether they thought there was a need for LAC in the future in their respective local authorities, three respondents argued that there was a need; two that there was a need for the functions, although not necessarily for the posts per se; one suggested that there was no need, because they were providing a similar service already; and one was not sure, preferring to wait until the outcome of this current evaluation. Indeed, several respondents mentioned the evaluation as being potentially pivotal in their future plans for LAC.

For one of the authorities that felt there was a need for LAC, the reason given was partly around the limitations of existing services to be able to provide the LAC role in full, given their small size and limited resources, as illustrated in the following quotation:

"Without a local area co-ordinator... what would be hard to deliver is the outreach, although we are clear that we want our transitional worker to do that, but certainly not at the level that a local area co-ordinator would do, if they were free from assessment and care management in particular. And I know that trying to sustain both has been found not really workable elsewhere. And the long term one-to-one relationship with wider numbers of people, we know that that's going to be difficult without a co-ordinator."

For those who deem resources to be a problem, one answer has been to try to fulfil the functions of LAC without actually employing additional staff with a specified LAC remit. As seen above, a couple of these authorities feel that they are adequately fulfilling the role under a different name, and one further authority implied a similar logic when its representative said:

"I think undoubtedly there’s a need for the functions. Now whether that’s, you know, actual appointed posts or whether it is, you know, identifying these functions and looking at where and how they’re carried out... Yes, I do believe quite, quite firmly that we do need, you know, the functions, the ethos, the principles of local area co-ordination."

This particular authority also reported, along with one other, that individuals and families had raised the issue of why local area co-ordination was not available in their local authority, although perhaps not necessarily specifying LAC by name. In consultation exercises, individuals and families had identified gaps that LAC would be best able to fill:

"Service users are quite clearly telling us and so are the families that they need or would like, you know, less professionals involved in their life and... a better relationship with their, they’re still calling them their ‘care managers’ because that’s all they know or whatever, but what they’re basically saying is they need, they need, you know, more contact, more regular contact with the same person, and building up a relationship, getting to know them better or
whatever, so there is a lot coming back about the need for that function.”

Pressure to implement LAC

Four local authority respondents stipulated at interview that they felt under pressure from some quarters, notably the Scottish Executive, to implement LAC. Other sources of pressure that were mentioned included individuals and families and elected members. As reported in Chapter One, following the Short Life Working Group’s survey of implementation in 2002, the SWIA contacted non-LAC authorities to investigate what their future plans might be. The Scottish Executive received sharp criticism in two cases in particular, with one respondent commenting that there were 29 recommendations in The same as you? and some were as deserving of, or conceivably more urgent than, implementation of the LAC recommendation, and were also equally eligible for Change Fund resources.

There was also concern from this same respondent about the wording of the statistical return forms that the Executive requires local authorities to complete annually viz a viz implementation of The same as you? recommendations. She perceived this as implying that, if the LAC box was not ticked, then the inference was that the work being done in that authority was ‘at best inappropriate or at worst inconsequential’. This may explain some of the discrepancies, noted above, in the most recently published statistics. This local authority representative had felt under undue pressure from the Scottish Executive following heated conversations with various civil servants about why they had not implemented LAC even though the authority had received money from the Change Fund and whether in fact it understood the implications of The same as you? in relation to LAC:

“There was a lot of pressure about ’you are not following the recommendations in The same as you?, you’ve got money from the Change Fund, you should be doing this’. But I’m saying, The same as you? says a lot of things, The same as you? talks about employment, The same as you? talks about integration. What we are saying is that we are looking at these and prioritising what we are doing with the amount of money that we’ve got.”

A second local authority felt similarly under pressure from the Scottish Executive’ This respondent concluded that: “there was no doubt the Executive, I think, were not particularly happy with our stance on LAC”. It will be recalled from Chapter Five that in a number of authorities where LACs suggested that senior managers were not committed to LAC, and they themselves felt unsupported, it was also said that LAC had been introduced to ‘satisfy’ the Scottish Executive.

23 This group noted the absence of LAC in one local authority’s inspection report and recommended that this be reviewed.
Future plans

Four of the seven authorities suggested that they would continue to pursue the possibility of implementing LAC in the near future – one of these authorities was due to put a contract out to tender at the time of interview and the second was preparing the workforce to meet the demands of LAC in principle if not in practice:

“We’ve been re-skilling our workforce big time, you know, for the past three years and looking at things like community mapping, community presence, community integration, you know, and focusing on the enabling role and not doing things for people and taking control, but allowing people to take as much control as they can and doing things with them and just helping [the staff] support individuals and families to decide what their needs are and to choose their own supports.”

The third was waiting to see the results of this evaluation as well as to monitor their current arrangements, whilst the fourth was in further discussions with their elected members to possibly develop LAC involvement with an existing user-led network. The two authorities who felt that their existing structures and staffing arrangements could replicate the LAC role at the time of The same as you? recommendations, were currently planning to develop and improve their programme within the local communities that they served. The seventh authority intended to move their community-based support teams out of social work premises and into more independent and localised offices, thus adhering more closely to the LAC ethos.

Reservations about LAC

All seven authorities had reservations about LAC, although more so from a practical rather than a theoretical perspective. Individual comments are listed below, before describing a more substantive concern of several respondents:

- Whilst it would be preferable for a voluntary organisation to take the lead role in relation to LAC, the local authority may fear losing control over the process;
- LAC should not duplicate work that is done – or should be done – by other professionals;
- It is important, but difficult, for LACs to have an exit strategy in direct work with individuals and families;
- LAC would require more creative ways of working where one staff member is covering a wide geographical area, or alternatively there should be enough resources made available for a greater number of LACs to cover each locality;
- LAC should neither be associated location-wise with social work, nor be managed by social work, but such autonomy might create a tension with the need for an LAC budget and for accountability;
- “To offer services other than social work services which respond to the individual’s needs is a very long, slow process [and] the whole person-centred ethos… is hugely expensive”.
Several respondents pointed out that in the UK the governance of social work and community care, and the structure of social work provision, are markedly different from that in Australia. One respondent commented that whilst Australia may have been starting from a limited service base, not least in rural areas, there are already structures and services in place in Scotland to offer a five-day a week service to many individuals and families. This intensity of service is also under increasing pressure from the growing number of children coming through the system with complex levels of need. There was concern that not enough thought had been given to how LAC would fit with such existing services, or indeed whether, as one respondent feared, LAC implementation – especially the community capacity building element - might result in the withdrawal or streamlining of existing social work services:

“I do wonder about the capacity of communities, families, etc. to provide the range of support opportunities for people with learning disabilities that allow us to do away with the kinds of services that we have been providing.”

Finally, one respondent had concerns about how the Social Work Inspection Agency would fit with a purist LAC model, given the principles of LAC being contrary to the more bureaucratic procedures inherent in local authority social work:

“The LAC role is meant to be somebody who doesn’t get caught in the bureaucracy and that raises questions about things like SWIA. We’ve got to evidence everything and one of the things I remember from LAC seminars was Eddie Bartnik talking: ‘we don’t keep case records, don’t keep files on people, don’t need admin staff basically, you just need a phone’... and you wouldn’t take sort of detailed referrals, you wouldn’t be doing full assessments, you wouldn’t need this chain of paper... and that’s of course the first thing when you get inspected by SWIA or whoever, you want some of those case files.”

As previous chapters have shown, some of the difficulties anticipated by these respondents in relation to implementing LAC have indeed been encountered elsewhere in Scotland.

SUMMARY

This chapter has examined the views and concerns of local authorities without LAC in relation to supporting people in the community in the most appropriate and person-centred way. Whilst all the seven authorities represented in this chapter were positive about the ethos and principles of LAC, many had concerns about adopting the model in practice, not least in transplanting it from Australia to Scotland where different social, cultural and governmental structures were in place. However, whilst the majority of these authorities either had specific plans or hopes to implement LAC in their authorities in the foreseeable future, others felt that they could take on board the recommendations of The same as you? in relation to LAC
without necessarily creating posts with that title. This issue of the ambiguities involved in adopting, wholesale or otherwise, the values and practices of LAC within existing structures will be explored further in Chapter Ten.

Barriers to implementation within these non-LAC authorities have tended to be practical rather than ideological, with budgetary constraints and embedded bureaucratic structures being the two particular concerns for respondents. Pressure from the Scottish Executive, coupled with a seeming lack of forward planning regarding introducing LAC into existing local authority social work settings, have resulted in some animosity and anxiety amongst the non-LAC authorities with regard to the overall ethos and rationale for LAC in Scotland.

As mentioned earlier in this report, it was not possible for this evaluation to more fully explore the work being done by the non-LAC authorities in relation to support and capacity building for individuals, families and communities. However, alternative ways of supporting and promoting the inclusion of people with learning disabilities could usefully be explored in any further research commissioned by the Scottish Executive as well as comparing the views and experiences not only of former non-LAC authorities which had subsequently recruited LAC workers, but also former LAC authorities which had subsequently ceased to employ LACs. Those kinds of comparisons might address the concerns voiced above about how to measure effectiveness of LAC versus other forms of support as well as enable a fuller picture to emerge about the distinctive features of LAC that have so enthused both professionals and the public alike in the current LAC authorities in Scotland.
CHAPTER TEN  CONCLUSIONS AND IMPLICATIONS
FOR POLICY AND PRACTICE

INTRODUCTION

The aims of this study were to:

- examine lessons from the implementation of LAC across Scotland
- explore (in broad terms) the outcomes of LAC work
- assess the scope for its future development.

As this report illustrates, there is considerable variation in the implementation and operation of local area co-ordination across local authorities, with a number of authorities choosing not to use this model of provision. Where LAC has been implemented, the expectations of local authorities, managing organisations and LACs themselves can be seen to vary considerably. LAC is intended to operate as a ‘process’ rather than a ‘service’, with the emphasis on community building rather than service development. There have been a number of difficulties which have accompanied conceptualisations of this.

Some LACs attempt to adhere as best they can to the values and principles of local area co-ordination as first envisaged. For others, emphasis is given to adapting the original aims and objectives of local area co-ordination and applying them pragmatically to the local context. There is enormous variation in almost every aspect of the organisational arrangements for LAC in Scotland. While flexibility was seen as an important part of the LAC role, some of this diversity was seen by respondents as indicating a departure from the principles and ethos intended to underlie LAC and was experienced as problematic by many LACs. This included LACs who were satisfied that their own practice followed the LAC ethos but who nevertheless were critical of deviation from the original model in other local authorities. These distinctive practices have ranged from the practical to the conceptual.

For both ‘purists’ and ‘pragmatists’ (by no means mutually exclusive groups) the LACs represented in this study appeared committed to supporting the individuals and families they worked with, to enhance their lives. Similarly, as our case studies illustrate, regardless of the variations in implementation and operation of local area co-ordination, individuals and families agreed that this resource had made a positive difference to their lives. What remains unclear is the extent to which the positive changes which people referred to had come about due to local area co-ordination per se, or as a result of the commitment and support provided by these dedicated workers. It may be that the flexibility of the LAC role and opportunities for innovative working practices provided workers with an environment in which they made full use of their skills and knowledge. Nevertheless the broader context within which LAC is located has had a significant impact on both implementation and operation, as this evaluation has illustrated. The three aims outlined above are discussed in turn.
Implementation of LAC

In 2002, the Short Life Working Group on LAC (SLWG, 2002: 1) expressed concern that:

“Local area co-ordinators will be performing very different functions in different areas and in some cases may not be following essential principles.”

The survey conducted by SLWG (2002) revealed that:

- Coverage of some local authority areas was patchy
- Elsewhere, local area co-ordinators were supposed to cover large areas and/or populations
- Some were targeting specific population groups and/or excluding children
- The relationship between LAC and care management remained unclear
- Some LACs had no basic facilities such as a phone or a desk
- In some cases, line management arrangements undermined LACs’ independence. In others, the LACs’ organisational base distanced them from individuals and families
- In some areas there was a watering down of both the role and the underlying principles and values of LAC.

The difficulties identified in 2002 do not appear to have been completely overcome despite the significant increase in LAC appointments during the interim period. Indeed, as this report has illustrated, all the difficulties identified four years ago still pertain. Although most LACs now have basic facilities like a phone or desk, two were still using their own homes as a part or full time office base.

The need for standardised pay scales was identified by about two thirds of LACs as an issue which needed to be addressed. It was one of the issues attracting most agreement among the sample, concern about current inequities being voiced by respondents irrespective of their current level of remuneration. This study would support that view: LACs need complex and diverse skills, the ability to be self directing and highly motivated and the confidence and authority to challenge other service providers, sometimes at managerial level. Yet it is difficult for LACs to obtain credibility in a professional environment if their post is not appropriately acknowledged and remunerated.

This evaluation has highlighted the broad view expressed by respondents that LAC should be extended to include all age groups and people with all types of impairment/mental health issues. LAC has an important role in providing a service for people who may not otherwise be able to access relevant support: there was wide appreciation of the way that LAC supported individuals with Autism and Asperger’s syndrome where other forms of support are minimal. Similarly LAC was seen to be preventive, providing support before situations perhaps escalated and statutory service provision was required.
LACs identified several distinctive features of their role, noting the importance of its person centred value base (although many other workers in human services would lay claim to that). The non-bureaucratic and preventive aspects of LAC and its remit to challenge where appropriate were also highlighted. All the LACs agreed on the importance of promoting inclusion, but there were different understandings of what that meant and how it should be achieved. Most were wholly supportive of the LAC ethos - indeed for some it almost seems to be a more of a vocation than a job. However, a small minority thought there was an idealistic, even an unrealistic, strain within the ethos.

Some LACs struggled at times with the emphasis on promoting family support which, for a range of reasons, was not always feasible or desirable. As the case-studies have highlighted, there were often real issues for families in terms of day to day survival, often impacting on their ability to be open to accessing services or resources aimed at supporting them to plan in the longer-term. Nevertheless, the work which LACs carried out with families should be seen as important, clearly leading to the development of expertise around negotiation of roles between individuals and families.

This evaluation has highlighted ongoing inconsistencies around LAC. In only five authorities did LACs consider their job was clearly defined and understood, while those in nine authorities reported it was ill defined and not fully grasped by managers. About two thirds were aware of ongoing confusion and/or tension between the LAC role and that of social work/care management, although the relationship could work well where activities were accepted as complementary. In some areas, LACs have been drawn into care management procedures and it appears that in at least three authorities, LACs acted as care managers for part, or all, of their role. It was considered important by LACs that their role had the potential to support and complement care management but should be recognised as being of equal status. Some people pointed to Changing Lives, the report of the Review of 21st Century Social Work (Scottish Executive, 2006c), arguing that the future direction for supporting people outlined in that document has many parallels with local area co-ordination. There remain however, some ambiguities surrounding the relationship between LAC and care management which need to be clarified.

The case studies highlight the contribution that LACs can make to statutory practice such as formal assessments, ensuring they are needs- rather than service-led. However, an examination of LAC practice also raises questions about who should work with individuals and families who may not otherwise receive any other form of statutory assistance, such as those featured in the Dundee case study, who, on the face of it, are living and ‘coping’ independently but whose lives appear to be materially and emotionally impoverished, open to risk and exploitation on a number of fronts. Working with individuals and families who require intensive ongoing support was something of a dilemma for LACs in areas where community-based services were limited.

Despite the difficulties identified in relation to the implementation of LAC in some local authorities, the benefits of the LAC role have been highlighted throughout this
Importantly, as Chapter Two has illustrated, LAC fits neatly with current policy developments and practice initiatives and embodies many of the themes which have been recently explored on policy agendas.

Given some of the ambiguities about the LAC role and remit in some areas, managers generally recognised the need to help people understand local area coordination prior to its implementation. Making other service providers aware of the complexity of the role and what it entails would, it was suggested, have made things easier in the longer term. Some managers also indicated that it would have been beneficial to seek the views of individuals and families about how they would like LAC to operate prior to putting workers in post. As more LACs are recruited, and existing LACs have the opportunity to publicise their role and ethos more widely, it is likely that implementation issues may be lessened and effective operational frameworks developed - if some of the difficulties identified are addressed at managerial level.

Outcomes

Despite the difficulties in implementation reported above, there was strong evidence of a range of positive outcomes for individuals and families. LACs cited significant improvements for individuals and families in accessing services, enabling greater choice, building capacity (both within families and communities) and raising awareness of disability, improvements which they believed had not or could not have been made without the additional support of LACs. Three main areas of achievement were identified by LACs – a better quality of life for people, specific differences in individuals’ lives, and particular areas of work, such as transitions to adulthood, where they believed they had made an impact. LACs suggested that their ability to provide individuals and families with more and better information could lead to improved outcomes. In this sense, it was suggested that LAC can reduce the need for substitute care services and that LAC, by making significant differences to individuals’ opportunities, should not be seen as simply the ‘icing on the cake’.

The four case-studies presented illustrate the operation of LAC in four distinct contexts: rural settings; urban settings; across traditional service user groups; and managed within the voluntary sector. They are not intended for direct comparison, and although representative of particular LAC contexts, the distinctive nature of LAC practice in each local authority limits any opportunity to claim generalised ways of working across Scotland. Nevertheless, in addition to highlighting pertinent issues in each setting, the case-studies provide evidence of a range of relevant outcomes. The findings from the four case-studies suggest that LACs were highly valued by all respondents, including individuals, their families and other agencies; individuals and families in particular reported that LAC had made an important contribution to their lives. Generally, it was found that individuals gained improved access to services, support and information as a result of their contact with LACs. In some cases, inter-agency cooperation was enhanced and community capacity building was seen as an important aspect of the overall work of LACs, although at different stages of development. Additional outcomes for individuals and families include the following:
• Having time to build relationships with individuals and families, help them to identify their own needs and accordingly, to work toward change in their lives
• Supporting individuals to actively engage in their local community
• Assisting individuals and families, through networks established by the LAC, to mutually support each other
• Helping individuals and families to engage effectively with other agencies
• Enabling individuals and families to believe they have someone working in a professional capacity who is ‘on their side’
• Bringing together individuals and families from diverse backgrounds and different life experiences to work together to reach solutions within their local communities
• Ensuring people have access to support and services, are better informed, have more choice of activities and some increase in availability of flexible supports such as holidays and day and leisure opportunities.

In Queensland, Australia, Chenowith and Stehlik (2001) identified a number of outcomes for communities from capacity building, namely heightened awareness of disability issues, leadership development among people with learning disabilities, their families and allies, the establishment of support groups, links with other disability agencies and groups, and economic development. The last point relates to the increased numbers of people staying in their local communities rather than moving into residential or institutional settings elsewhere which, the authors suggest, also encourages the return of others who had moved away. Overall, the Scottish LACs spent relatively little time on community capacity building. In only six of the 24 authorities did LACs claim to have made significant progress in that area but where this did happen, it appeared to make a considerable impact on the experiences of individuals and families. Elsewhere, apart from lack of time and the fact that community building is a long term process, a lack of interest and sometimes resistance were reported among some local communities. Where progress had been made, this may be linked to more welcoming communities, the LACs having a strategic base in the area, their previous knowledge of the locality and/or their community development background.

**Scope for Future Developments**

Bartnik (2003) concluded that although LAC was highly valued by service users in Western Australia, its full potential remained unrealised. LACs were being asked to carry out an increasingly diverse range of tasks and this was reducing their ability to concentrate on the core functions – and perhaps values - of the role. Indeed Bartnik suggested that this may threaten the medium to long term sustainability of LAC, unless steps were taken to refocus the programme on its original principles, goals and functions. This is an important point, given that this evaluation has identified similar problems in Scotland. In order to obtain and monitor effectiveness, it is crucial that the correct structures are in place in relation to both the implementation and operation of LAC.

As summarised above, this research has identified many strengths within LAC, ranging from specific examples of good practice in work with individuals and families to some exciting and innovative approaches to community capacity
building. The findings point to a variety of positive outcomes for those concerned. These achievements can be attributed to a number of factors but many of those involved have highlighted the LAC ethos as the bedrock which informs and inspires their work. At the same time, the research has raised some thorny questions about certain aspects of the LAC ethos as it relates to the cultural, structural and political context of Scotland as opposed to that of Australia. In thinking about the future scope of LAC within the Scottish context, many respondents suggested a need for debate at national level about how this approach can best take account of these differences, for example:

- Scotland has a much better developed service infrastructure than rural Australia and a pride in collective provision to meet social need. Some people will always require a high level of formal (state) support. There is a need to consider how best to develop LAC without risking a reduction in the provision of social work and health services to those who need them.

- The LAC role is values-based with preference within the original principles of LAC to promote family support as opposed to using services. While most families undoubtedly play a vital role in supporting their disabled members, and LACs have an important role in harnessing these relationships, in other cases the support on offer will be inadequate, inappropriate or – importantly – not what the individual him/herself wants. In a minority of cases, families may be neglectful or abusive. As LAC continues to develop in Scotland, there may be a need to reflect on and review the appropriate level of focus on family support.

- Again, while many communities are welcoming and supportive, the history of social work and community work suggests there is a limit to how far some deprived neighbourhoods can offer sustained help to their most vulnerable members. This research, and many other studies, has shown that disabled people, especially those with learning disabilities, are subject to a high degree of bullying and harassment as they go about their local neighbourhoods. Therefore, while there is a need for LAC in Scotland to develop its focus on community capacity building, this needs to take a realistic approach.

Taking such considerations into account, the findings of this research have nevertheless highlighted the important benefits of local area co-ordination and the potential that this resource has to impact on the lives of individuals and families. In considering a way forward for LAC in Scotland, a number of points have arisen from this evaluation. If LAC is to be effective as an agent for far reaching and long lasting change, both at the micro level of individuals’ lives and at the macro level of service provision and philosophy, then the number of LAC posts across Scotland needs to be increased. In addition, geographical and demographic constraints on the LAC role were uncovered: notably that they did not have a remit to work in certain communities or with all age groups and impairments/needs.

It was evident from some managers’ comments that LAC posts were already seen as using up scarce resources that could perhaps be more usefully deployed elsewhere. Others who in principle supported the expansion of LAC nevertheless did not
foresee new posts being created, at least in the short term. Financial constraints were perceived as a real barrier among those authorities which had not implemented LAC. Therefore, to safeguard and promote the implementation not only of LAC but also of the principles underlying *The same as you?*, a ring fenced fund (or ring fenced part of the Change Fund) for financing new LAC posts could be considered. This could be based on a formula which takes account of population size and the likely number of individuals and families LACs will work with in each authority. It was suggested by one respondent in this study that 35 is an appropriate maximum number of people for LACs to engage with. Such a development could also address the often short term, insecure nature of current funding for LAC posts.

Although a couple of respondents thought that the provision of LAC should be made a duty for local authorities, this research does not have enough positive evidence to support that view. This is not due to negative findings about LAC but primarily because it was not possible, in the course of a relatively small scale and largely qualitative evaluation, to compare outcomes in authorities which did and did not have LAC. This would require the commission of research to compare outcomes in authorities with and without LAC.

The findings also suggest the need for the Scottish Executive to issue updated guidance on the implementation of LAC in Scotland. This could include:

- A restatement of the ethos and values of LAC, taking account of the Scottish context.
- A clear statement about the differences between LAC and social work or care management, including the need to avoid inappropriate use of social work systems such as formal referral and allocation procedures, and inappropriate use of LACs to carry out social work tasks.
- A clear statement about the differences between the roles and responsibilities of LACs and care managers, which also highlights the benefits to be gained when the two work alongside each other in complementary fashion.
- A focus on the community capacity building aspects of LAC and a move away from long-term intensive work with families and individuals.
- Encouragement to locate LAC posts outwith social work premises. Some authorities may favour an easily accessible shop front, other community venue or voluntary organisations (whether or not the LACs are employed by a voluntary agency). However, if LACs are to challenge and help change statutory services (as the ethos and practice expectations would suggest), it may be more effective to locate them in local authority community learning or recreation and leisure departments.
- A requirement for future LAC appointments to have a relevant qualification, such as community development, community education, youth work, social work, social care or health-related. Local authorities could support LACs currently in post without qualifications to obtain one.
- A starting salary commensurate with that of basic grade social workers/care managers, possibly with a qualification bar, and progression to an advanced salary scale, commensurate with senior social workers, for those with appropriate qualifications and experience; and then to Head of Service scales where appropriate.
• An adequate infrastructure for LAC posts, including a budget sizeable enough to cover LAC training and developmental needs (but see also, below, our separate recommendation regarding future funding of the Action Learning Sets), to secure the basic requirements needed to do the job, and to purchase small amounts of support for individuals and families on a one-off or short-term basis.

• A remit to work with people of all ages from cradle to grave.

• A recognition that LAC can bring benefits to people with a wide range of needs and conditions, and encouragement to ‘widen the net’ beyond those with learning disabilities.

• A proposed target number of individuals and families for LACs to work with.

• LACs should be supervised by a senior manager with relevant qualifications and practice experience, who has received appropriate training (see below). Supervisors should also act as supportive ‘critical friends’.

• LACs should be closely involved in setting up a reference group to advise on their work, with strong representation of individuals, family members and community representatives.

Most LACs were appreciative of the support and training received through the Action Learning Sets run by SCLD but meeting the attendance costs was an increasing problem for local authorities: several were considering no longer paying for LACs to attend. SCLD already runs the ALS at a loss. Therefore it may be useful for the Scottish Executive to consider funding the training in its entirety, making it free to local authorities who would then only have to pay for accommodation costs where necessary. SCLD could then give further consideration to holding some of the training in a more northerly setting, so that certain authorities are not bearing the brunt of travel and subsistence expenses.

A few respondents argued for LACs to be employed by a single national body such as SCLD. Again we do not have sufficient evidence to indicate that either local authorities or voluntary agencies are the most appropriate employers, nor can we predict the advantages or otherwise of a national employer. However, if LACs are to be recognised as skilled professionals carrying a range of responsibilities, then it seems logical that they be required to register with an appropriate professional body: for example, the Scottish Social Services Council or Community Education (both of which would need to develop an appropriate registration framework for LACs).

To support authorities in implementing any revised guidance, and to further promote the development of LAC across Scotland, a funded National Development Worker post may be worthy of consideration. In addition, the post holder could have responsibilities for linking the strategic development of LAC with ongoing initiatives in other policy arenas.

Key to success in driving forward LAC in Scotland is the commitment of senior managers: this study has identified a mixed picture in that regard. Therefore the Scottish Executive might consider inviting senior managers to a half day seminar, with input from SCLD, to discuss the benefits and achievements of LAC, their concerns about it and how best to tackle these.
Finally, we return to a comment made by one of our respondents. In order for LAC to prosper and flourish across Scotland, and continue to bring much needed support to individuals and families, it must be consistent, resourced and valued. The proposals outlined above set out how this could be achieved.
REFERENCES


Ferguson, I (2005) *From Participation to Personalisation: New Labour’s Next Big Idea?* Departmental seminar paper, University of Stirling: Department of Applied Social Science


Midlothian Social Inclusion Partnership, Socio Demographic Profile of Midlothian, March 2005


Scottish Executive (2004a) Circular No. CCD 1/2004, Direct Payments Policy and Practice Guidance Update,


Stirling Council (2005) Job Description, Local Area Co-ordinator. (used for recruitment purposes)


ANEX ONE

METHODS

Literature and Policy Review

To identify material, systematic searches were carried out of a number of databases, including ISI Web of Knowledge, Social Care Online, CSA Illumina (Sociological Abstracts), scottishresearch.com and Psychinfo. Abstracts were obtained for relevant publications, or where more information was needed in order to decide whether or not to include the material. Overall, very little research was found. In addition, the LAC network in Scotland was asked to supply copies of any completed local evaluations.

Meetings with key stakeholders

During the early stages of the research, informal meetings took place with a number of key stakeholders to inform them about the study and/or seek their advice. These were Lisa Curtice (Director of the Scottish Consortium of Learning Disability), the LAC Network Evaluation Sub-group and the ADSW Learning Disability Committee. The research team also attended two days of Action Learning Sets for local area co-ordinators run by SCLD in December 2005.

Information-gathering Sheets

Information sheets (see Annex Two) were distributed to all local area co-ordinators in Scotland, seeking basic background information about their post. Forty-four completed forms (from 24 authorities) were returned. Data were analysed using SPSS.

Interviews with local area co-ordinators and managers

Drawing on the literature review and advice from local area co-ordinators, interview schedules for local area co-ordinators were designed (see Annex Three) and piloted in one authority in December 2005. (Data from this interview were later included in the analysis). At the time of writing, 25 authorities have LAC, one of which declined to take part in the study. Interviews were conducted with local area co-ordinators in the other 24 authorities. In those areas where more than one person wished to take part, joint interviews were held, the highest number of respondents being three. A total of 35 local area co-ordinators were interviewed. Most interviews lasted between an hour and an hour and a half. With respondents’ permission, interviews were tape recorded and fully transcribed.

An interview schedule for managers (see Annex Four) was piloted in the same area as the LAC interview. Data from this interview are included in the full sample. We then interviewed managers in half the remaining authorities that have local area co-ordinators. In all, including one authority with two separate projects (and thus two managers), and excluding the authority which did not take part, this amounts to 14 managers in 13 authorities. These authorities were selected on a random
(alphabetical) basis and comprise a mixture (again, randomly selected) of local area co-ordinators’ line managers and those with responsibility for making major decisions about LAC in the authority. Most interviews with managers lasted about an hour.

At the time of writing, seven authorities do not have LAC, all of whom agreed to participate in the study. A shorter schedule was developed and piloted with one (see Annex Five). It was e-mailed or posted in advance to all respondents and an arrangement made to phone them at a mutually convenient time when the interview could be tape recorded using telephone audio recording equipment. Interviews lasted between 20 and 30 minutes.

Case studies

The aims of the case study visits were to explore the views and experiences of service users and their families about LAC; in each area, to explore the implementation of LAC in relation to the criterion for which it was selected (see below); and to gather evidence about the outcomes of LAC for individuals, families and communities. Drawing on ‘desired outcomes’ in the Queensland LAC programme (Chenowith and Stehlik, 2002) and those identified by Curtice (2003) as likely to show if LAC has been successful in Scotland, the aim was to seek examples of the following:

In relation to individual service users and families:

- More people having access to support and services
- More people knowing where to go to get information and support when needed
- People having more choice in relation to where, when and how their support is purchased and delivered
- People having more social activity, friendships and relationships
- Increase in availability of flexible supports such as holidays, day and leisure opportunities.

In relation to communities:

- LAC raising awareness of disability issues in the community
- Leadership development among service users, families or their allies
- Development of support groups
- Developing links and networks across disability agencies and groups.

Case studies were conducted in four areas, selected on the following criteria:

- A rural setting
- An urban setting, preferably where local area co-ordinators are working with some people from black and minority ethnic communities
- A voluntary sector employer
• The range of people local area co-ordinators work with, in terms of service users and age groups (the key here being that local area co-ordinators should work across traditional boundaries)

Each case study also explored community capacity building. Data about these various aspects of LAC had been collected through the Information Sheets and interviews. Where more than one authority met a criterion, we invited one of our colleagues to randomly select one, on an unseen basis.

Each case study area was visited by at least two members of the research team for two to three days. Our approach was based on that used in a review of day opportunities for people with learning disabilities (Cole et al, 2006). This involved a mixture of observation and interviewing. Topic guides were developed for local area co-ordinators, managers, service users, parents/families and community groups, along with consent forms and a framework for analysis.
ANNEX TWO  INFORMATION SHEET TO BE COMPLETED BY LACs

EVALUATION OF LOCAL AREA CO-ORDINATION IN SCOTLAND
Information gathering through LAC network prior to interview
(one form to be completed by each LAC in an authority, please)

Please return to Kirsten Stalker at kos1@stir.ac.uk or
The Social Work Research Centre, University of Stirling, Stirling, FK9 4LA
by Friday January 13th.

ABOUT YOU
Name

Job title

Local authority

Employer

Professional qualifications

Areas of previous work experience

Previous relevant experience (e.g. informal caring, as a service user, voluntary work)

What did you do immediately before taking up this post?

ABOUT YOUR POST
How long have you been in post as a LAC in this authority?

How were you recruited to this post?

What induction did you have to the LAC role?

What training have you had since being appointed?

How many LAC posts are there in your authority?

Is your post full time or part time?

Where is it based? (sector/ setting)

Would you mind telling us the salary or salary range for your post?

Where does the funding come from?

Is there a steering group (or equivalent)?
If so – who sits on it?

WHO YOU WORK WITH
What service users group(s) is your post aimed at?

Who can use the service (e.g.: age/ type of need etc)?

How many people living in the area you cover fall into that group?

How big is the geographic area you cover? (approx. square miles)

What is its population?

How many families are you actively working with just now?

How many individuals (not included above) are you actively working with just now?

How many of these people currently have care managers/ social workers?

How many community groups are you actively working with just now?

Are you involved in any group work? If so, please give brief example.

Roughly what percentage of time do you spend in contact with (a) individuals … %  (b) families … %  (c) community groups … % and (d) other service providers….% ?

BUDGETS & RESOURCES
Do you have access to budgets or other resources for your work?

If so – where do these come from?

What do you use them for?

How much can you access?
  Budget £…
  Other resources? Please specify

Is it adequate?

MONITORING & RECORDING
Do you collect data relating to your work on an on-going basis?

If so, what about?

In what format?

Has LAC been evaluated in your authority?
If so, was this an in-house or independent evaluation?

Please could you give us contact details (name, address, telephone and e-mail) for (1) your line manager and (2) the manager who is responsible for deciding whether or not there should be LAC in your local authority. (We may invite one of them to take part in an interview for the study).

Many thanks for answering all these questions.
If you wish, please send us some or all of the following:

- a copy of any evaluation of LAC in your authority
- a short ‘story’ about your work, illustrating either supporting an individual or building community capacity. (Please change all real names or other identifying details).
- examples of information leaflets about LAC or other publicity material
- a copy of your job description.
ANNEX THREE INTERVIEW SCHEDULE FOR LOCAL AREA CO-ORDINATORS

Evaluation of the Implementation of Local Area Co-ordination in Scotland

Interview schedule for local area co-ordinators

NB: Refer to completed information gathering sheet as appropriate

(For the tape) Local authority and number of local area co-ordinators being interviewed

Day to day working
Can I begin by asking how clearly the LAC role is defined in this authority?
If appropriate - Has this presented any challenges for you?

How did you first set about your role when appointed?
- in relation to working with individual and families
- in relation to working with communities?

How do you find/ recruit people (service users) to work with?
Do other workers/ agencies introduce or ‘refer’ people to you? (if so, which workers/agencies?)

Can you describe a ‘typical day’ as a LAC?

What barriers have you come across as a LAC?
How have you tackled them?

Have you experienced any conflict of role as a LAC? (eg: being drawn into care management/ social work, being expected to take on other duties or tasks)

How well developed are partnerships with other workers/ agencies?

Do other agencies have a good understanding of the LAC role?

Practicalities
Can I ask about your office base – how appropriate and useful is your current location?
And why?
If appropriate – Would another location work better?

How useful has been the training you’ve had for the LAC role?
Do you attend/ have you attended the Action Learning Sets run by SCLD?
How useful have you found them?
What further training or development needs do you have (if any)?
Who are you accountable to as a LAC? *(prompt: managers/ steering group/ service users/ community)*
How well do these arrangements work?
How (if at all) could they be improved?

Can you describe your supervision arrangements?
How useful are they?
How (if at all) could they be improved?

**Reflections on LAC**
What aspects of LAC have worked well in this authority?

What aspects have been slower or more problematic?

How has LAC impacted on the individuals you work with? (please give an example)

How far do you think LAC has made/ will make a difference to communities? (please give an example)

Is there anything distinctive about its implementation in this authority?

Are there any changes or improvements you’d like to see in the implementation of LAC in this authority?

Could you reflect a little on the principles underlying LAC? How useful have you found them?

In this authority, how far has it been possible to remain close to the LAC ethos?

Have you found any problematic aspects of the LAC ethos?

What lessons have you learnt about how best to implement LAC practice?

How would you like to see LAC develop nationally?

Is there anything else about LAC generally that you’d like to comment on?

**Thank you very much for taking part in this study. We plan to carry out more detailed case studies of LAC in five authorities. Is that something you would be willing to consider taking part in?**

**You will receive feedback about the findings of the study once they have been cleared by the Scottish Executive.**
ANNEX FOUR  INTERVIEW SCHEDULE FOR MANAGERS

Evaluation of the Implementation of Local Area Co-ordination in Scotland

Interview schedule for managers

About your post
Local authority; agency; your job title?

What is your role in relation to LAC?

How long have you had this role?

What are your responsibilities in relation to LAC?

Do you have previous experience which is relevant to LAC?

Have you had any induction or training about LAC?

Appointment of local area co-ordinators
When did this authority first appoint local area co-ordinators?

Why did it decide to do so?

Was any time spent laying foundations for LAC prior to filling posts? (ie: putting structures in place?) (probe: how much time? what development work took place?)

What aims and expectations did the authority have for LAC at that point?

What factors influenced decisions about the remit of the post?
  • size and nature of target groups?
  • geographic location?
  • office base?
  • grading the post(s)?

With the benefit of hindsight, would you do anything differently now?

Have any changes been made to LAC since it was introduced to this authority?

Accountability
Who is the LAC(s) accountable to? (prompt: supervisor/ steering group/ wider community)

How well do these arrangements work?

Do service users have a role in advising or managing LAC? (if so, please explain)

Funding
How is the LAC post(s) funded?

Do you think LAC provides value for money? (if so, please give an example)

**Implementation of LAC**
How do you assess the effectiveness of LAC in this authority?

How would you describe its achievements so far?

What barriers have there been (if any)?

How have these been tackled?

How well developed are strategic links between LAC and other local agencies?

Is there anything distinctive about the implementation of LAC in this authority?

How would you describe the relationship between LAC and care management?

**Reflections on LAC**
Are there lessons from LAC for other areas of policy and practice?

What do you think of the principles underlying LAC? How useful do you consider them?

Do you see any problematic aspects in the LAC ethos?

How well does the Australian model of LAC fit Scotland?

How helpful has been the policy lead on LAC from the Scottish Executive?

In your opinion, how well embedded is LAC within wider service developments and initiatives nationally?

**Future plans**
How far has LAC met the authority’s initial expectations?

Do you plan to continue or expand LAC in this authority? (if so, in what ways/ how definite?). If not, could you explain why?

Do you have any suggestions for changing/improving LAC in the future? (locally/ nationally)

Is there anything else about LAC or related issues that you’d like to comment on?

Thank you very much for taking part in this study. We plan to carry out more detailed case studies of LAC in five authorities. Is that something you would be willing to consider taking part in? You will receive feedback about the findings of the study once they have been cleared by the Scottish Executive.
ANNEX FIVE  INTERVIEW SCHEDULE FOR MANAGERS IN AUTHORITIES WITHOUT LOCAL AREA CO-ORDINATION

Evaluation of Local Area Co-ordination in Scotland
Telephone questionnaire for local authorities without LAC

Begin by explaining there are no right and wrong answers

Is there a need for LAC in this authority?
How do you know this?

(If there is a perceived need) What is the nature and extent of this need?

Why does this authority not have local area co-ordinators?

Are there any particular barriers preventing the authority from implementing LAC?
If so – please explain

What discussions have there been within the local authority about LAC?

What discussions have there been with other local agencies about LAC (if any)?

Have you been under any pressure to appoint local area co-ordinators (eg: from Scottish Exec/ users and carers/ staff)?

What discussions have there been with the Scottish Executive (if any)?

(If there have been) How useful were these discussions?

What potential is there for future development of LAC here?

Would LAC bring any benefits to individuals and local communities in this authority?

Could you reflect a little on the principles underlying LAC? How helpful/appropriate do you consider them?

Do you see any problematic aspects in the LAC ethos?

Is there anything else about LAC, or related issues, that you would like to comment on?
ANNEX SIX   THE TEN PRINCIPLES OF LAC

1. As citizens, people with disabilities have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.

2. People with disabilities, often with the support of their families, are in the best position to determine their own needs and goals, and to plan for the future, whether as self-advocates or supported by advocacy.

3. Families, friends and personal networks, which may include support workers, are the foundations of a rich and valued life in the community.

4. Supports should be planned in partnership with individuals and others important to them, including their family.

5. Access to timely, accurate and accessible information enables people to make appropriate decisions and to gain more control over their lives.

6. Communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers. Inclusion requires changes in many areas of community life and mainstream public services including transport, leisure and employment.

7. The lives of people with disabilities and their families are enhanced when they can determine their preferred supports and services and control the required resources, to the extent that they desire. Individuals should be at the centre of decision-making about their lives.

8. Local area co-ordination enhances support systems. All services and supports, whoever delivers them, should aim to achieve a good life for people with disabilities, should recognise and support the role of families, carers and their supporters and should be able to demonstrate that the service they give to an individual is available, consistent and of high quality. Local area co-ordinators are an integral and strategic part of the network of publicly funded services that demonstrate society’s commitment and responsibility to support all people to fulfil their potential in the community.

9. Partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of people with disabilities. Investment in building the capacity and resources of communities is essential to enable inclusion.

10. People with disabilities are citizens and have a life-long capacity for learning, development and contribution. They have the right to expect that services and supports should respond to their changing needs and aspirations and they should have the opportunity to contribute to society through employment, public service and by other valued means.
ANNEX SEVEN  A DAY IN THE LIFE OF A LOCAL AREA
CO-ORDINATOR
- by Sylvia Thomson, Fife

A Day In The Life Of A Local Area Co-ordinator

Whilst having a shower at 7 a.m. the LAC remembered she still had to type up an introduction to an article prepared by John. The article was to be submitted for publication in a local magazine. John had multiple sclerosis and had been struggling to come to terms with this. Now after a few months of chatting to his LAC he had got his life back together. He no longer needed a social worker and he was even doing voluntary work and helping people with mental health issues. He had written about his experiences for a local magazine and the LAC had said she would work on the introduction and let him see it first thing this morning. By 7.55 a.m. the completed version was emailed to John. She said she would see him later at St Paul’s Church and he could give her his opinion about the introduction.

Arriving at the office at 8.20 a.m. the LAC began preparing information to take with her on a Home Visit she was due to make at 9.30 a.m. There were also various “office” phone calls and emails to be dealt with. The LAC prioritised them and tried to deal with those that required immediate attention but time and circumstances were against her. At 8.45 a.m. she received a phone call from Amanda, a lady in her mid-thirties with a physical disability, learning and mental health difficulties. Amanda was crying and very upset. She had received a Court Summons for non-payment of money and was very frightened. Someone from a money-lending company was also coming to see her later this morning and she didn’t know what to do. The LAC spoke on the phone to her for about half and hour and arranged to see her at 10.30 a.m. that morning.

At the first Home Visit the LAC discussed information about some taster classes on Complementary Therapies and Numeracy and Literacy that she had sourced out for Mary, a young 17 year old girl with mild learning disabilities. She also gave her information about a Youth Club and an organisation called The Place, which is a Youth Health and Advice Centre for people aged between 12 and 25. She listened to Mary and to mum’s concerns about Mary and suggested they look over the information. The LAC used her mobile phone to set up appointments at the Learning Centre for the taster classes that Mary wanted to find out more about and arranged to take Mary there next week.

Back in her car the LAC scribbled some brief notes in Mary’s “To Do” list and her “Information Sheet” then arrived at Amanda’s at 10.30 a.m. The next 2½ hours were spent listening to Amanda, giving her hugs and cups of tea and reassuring her that she would not go to jail. At the end of that time an appointment had been made to see the Money Advisor at Citizen’s Advice. The LAC then supported Amanda to complete some housing forms and while they
were doing this, the representative from the money-lending company called at the house. With the LAC’s support Amanda was able to explain her financial situation to him and he said his company would not be writing to her or giving her any further harassment.

The LAC dashed back to the office, scribbled some notes in Amanda’s sheets, grabbed a sandwich and then headed back out. She had promised to hand in some Local Area Co-ordination leaflets to the Local Area Office in Cadham and she wanted to pop into the Community Centre there just to keep in touch with the Centre staff and see if there were any new initiatives happening. After doing this the LAC called at Ronnie’s house in Cadham for a pre-arranged visit at 2.30 p.m. but there was no answer. Ronnie had learning disabilities and was struggling to live in his own tenancy. The LAC made a couple of phone calls to try to locate him, called through the letterbox and eventually put a note through the door to say she had been there and she would phone him later.

The LAC went back to her car. She knew that a mountain of non-LAC work was waiting to greet her in the office. There was a large pile of information, publications and other material to be read. There were several Health Department bulletins, Information Services bulletins, Social Work Key Activity Reports, Minutes from Extended Management meetings and other correspondence in the emails that hadn’t been looked at yet. The pile was growing by the day! It can all wait, she thought.

Instead of returning to the office the LAC went to Age Concern to make enquiries about their advert for Volunteer Drivers as she had someone who had been expressing an interest in this. While she was there the LAC phoned the person who was able to speak to the Transport Co-ordinator at Age Concern. A time was arranged for her to come down, have a chat, and get more information. The LAC then popped into St Paul’s Church Hall to catch up with John. He was there as a volunteer helping out in a Mental Health Group that was hiring the hall at that time. He had wanted her to pop into the Group for a while for a cup of tea and a chat as they were having problems with their committee.

Now back at the office at 4.15 p.m. The LAC wanted to phone James to make sure everything was in place for his Presentation Dinner tomorrow evening. She had introduced James to another man who was willing to befriend him and he was pleased to have been invited by James to go with him to the Dinner. She also had information she had to source out for an Information Assistant in Enquiry and Information and a couple of letters had to be done to accompany some LAC literature that she had promised to send out. Finally, she tried to contact a Volunteer Co-ordinator to get more information about a project that she felt might be of interest to other people she was supporting.
Just as she was ready to leave the office at 5.20 p.m. her phone rang. It was Tom’s mum and dad who were interested in any information she had about Person Centred Plans with a view to possibly having one done for Tom. The LAC had been trying to arrange a time she could meet with the family to give them this information. Everyone would be at home tonight. Would 7.30 p.m. suit to come over? Certainly. We’ll have the kettle on, for you coming, they said. The LAC put together the information she would need for that evening. She checked her diary for tomorrow. There wasn’t a lot of writing on the page, but that didn’t mean anything!

The LAC left the office at 5.45 p.m. her mind in a whirl already thinking ahead to her visit that evening and work she had to do tomorrow. She had to find activities for an 11 year old boy with autism, find out about parenting classes for a family, attend a school drop-in and sort out paperwork for the extension of the Complementary Therapy pilot. One thing was for sure; no two days were ever the same in this job.

As she walked to her car the LAC reflected again how fortunate she had been to be given the opportunity to support people in this way. Maybe tomorrow she would be able to find the time to tackle all those bulletins, publications and Minutes as well. But there again, maybe not!

The End