Bridging the Gaps In Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination

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Executive Summary

The transformative potential of second wave preventative interventions (Local Area Coordination, Neighbourhood Networking, place-based hubs, etc.), lies in their perceived ability to relieve demands and financial strain on formal services, while simultaneously developing more effective systems of support and empowerment for citizens and communities. Yet we lack a detailed comprehensive understanding of how, why and under what circumstances second wave prevention strategies can improve the lives of people who access health and social care services and/or reduce the need for statutory services.

The research focused on Local Area Coordination (LAC) because it is a unique example of prevention, embodying a clearly defined national model/set of principles. It is a 'strengths-based' approach (building on what's strong in people's lives and communities). Local Area Coordination is developed through partnerships between local councils and Community Catalysts CIC who are

the organisation in England and Wales responsible for developing the approach.[1] Local Area Coordinators work with people to build their vision of a 'good life' and prevent, delay or reduce the need for services. The study adopted a Participatory Action Research approach (Hall, 2005; Bradbury, 2015), which combined system and ward level research, alongside experiential in-depth life stories and a Nested Economic Study (Knapp *et al.*, 2010).

This study investigated whether and how LAC makes a difference for service users, what value it brings to local authorities as an early intervention/preventative initiative and how these outcomes can be evidenced. It examined how participants experienced LAC across four locations, how LAC engages, makes use of and contributes to community resources and the capacity of LAC to reduce engagement with statutory services. Four different locations were studied to capture how consistent the approach and outcomes were across different areas.

Key Findings

Qualitative Data Findings
The research identified key findings at public service system, community (selected wards) and individual (being walked alongside) levels. An overarching key finding is, despite our study sampling four differentiated local authorities and wards, there was significant consistency of findings on the operation, outcomes and impact of LAC. This indicates the importance of the LAC model and principles in producing consistent outcomes at individual, community and system levels. The central role of the LAC network in its implementation across local authorities around the 10 principles was accredited by teams as underpinning a consistency of the model and approach.

System Level Impacts
There is strong evidence that LAC acts both as a connector into communities for public services and as an advocate/conduit for individuals to engage with services. The positionality of LAC enables it to function as a bridge/connector between the public services, communities and individuals. LAC support has enabled people to better access services, rights and entitlements which have prevented people falling into crisis and requiring more support. Part of LAC's strength was that participants perceived it to be neutral or even 'separate' from the council.

The research found evidence of growing positive collaboration and the influence of LAC teams at system level with public services. Evidence existed across all four locations LAC had shaped public service cultures towards strengths-based working. However, gaps continue to be evident around value misalignment in terms of the capacity of public services to embrace preventative strengths-based and person-centred working and to understand the LAC offer.

Evidencing the impact of the LAC approach in a way that is recognised by the system is a key challenge. Traditional service measures appear inappropriate for prevention and strengths-based working due to the overreliance on linear, transactional models of problem - action - outcome. This was reflected in system level stakeholders discussing LAC impacts via deficit-based language, often focusing on how to identify problems and the ability of LAC to alleviate the burden on services.

There was strong evidence of LAC's capacity to bridge gaps in the public services system, particularly in relation to preventing crisis through early intervention, supporting people who do not meet statutory eligibility and supporting people 'trapped' in the system. A key factor in this is LAC's ability to facilitate ▸

access to services, to navigate the system and to increase awareness of rights and entitlements. This significantly reduces individuals' stress and anxiety through increasing their income levels and service support.

Community Level Impacts

LAC is uniquely positioned to play a mediating role between the council and communities, building bridges and repairing trust. LAC's strong presence on the ground in communities was identified as a key resource by system stakeholders, who perceived it as extending their reach into communities and individuals.

There was strong evidence of Coordinators' active engagement in the community and of supporting individuals to participate. However, evidence that LAC builds community capacity beyond introducing people to groups and supporting new groups to develop is more limited. The research found that LAC supports people to engage more with their local community with the evidence of the 'ripple effect' present in one third of life story cases. This compares favourably to national figures on formal volunteering which estimate that approximately 17% of adults volunteer on a regular basis, and is in line with figures for informal volunteering (33%) (NCVO Civil Society Almanac, 2021).

While there is evidence of LAC connecting people to their community, this did not immediately translate into evidence for reduced service use. Participants did discuss, however, reduced isolation, growing personal networks and increased engagement with community groups as key outcomes. While the findings suggest that formal service support remained a significant part of many participants' journeys, for others this did translate into reduced service use.

Individual Level Impacts

Understanding the relationships established between Co-ordinators and individuals reveals why LAC works for the individual and the pivotal role of time and trust. Time to build relationships is strong in life stories where consistency, availability, listening and trust were emphasised. Participants illustrated how relational trust was built through non-hierarchical person-centred ways of working with Coordinators as distinct from their experiences of public services. In fact, the value they attributed to LAC was often defined in opposition to difficult experiences with public services.

Outcomes and impact data at individual level highlights a strengths-based approach and the benefits it brings. Two key outcomes identified were 'feeling accompanied and reduced isolation' and 'fostering confidence and independence'. Participant data provided strong evidence that this enabled them to better cope with challenges, reduce their stress and anxiety and reduce their risk of falling into crisis.

Understanding when LAC doesn't work

The study collected and analysed data on unsuccessful introductions to try and explore potential reasons for this outcome. The majority of introductions which did not result in 'walking alongside', appear to happen relatively early in the relationship, either through non-engagement or an initial engagement being followed by no subsequent response. Interview participants discussed either not being able to engage with LAC (requiring more immediate crisis support), already receiving other support, or the type of support being offered by LAC was not what they expected or felt they needed.

Lessons from the Qualitative Comparative Analysis (QCA)

The QCA was undertaken to attempt to establish whether distinct pathways of activity could be identified through which LAC was able to achieve its aims. The QCA focused its analysis on a primary individual level outcome identified by the LAC teams: 'individual is in control of their own life and decisions'. While the analysis identified a range of activities undertaken by LAC around this outcome, three key outcome dimensions were identified which were core to the aim. At a system level, individuals described being able to navigate systems, alone or with support, in order to receive the support they needed. At a community level, individuals described receiving support from/within the community which helped to reduce social isolation. At an individual level, people described being more independent and in control.

The QCA identified the activity 'Coordinators advocating for an individual' to be present in most configurations of activities undertaken by Coordinators. However, this alone was not identified as enough to achieve a successful outcome; requiring a combi-nation of other activities alongside. The most positive outcomes were achieved through a number of activities being undertaken together, reflecting LAC's holistic, strengths-based approach. The data identified interactions between system, community and individual level activities, and that underlying background issues (such as ageing, trauma and health issues) influenced the mixture of activities that Coordinators utilised with an individual. As a consequence, the analysis was unable to identify a specific configuration of activities that would result in a particular successful outcome, or any one activity that was fundamental to all outcomes. Instead the success of the LAC approach involves drawing on a range of potential activities that are most appropriate in walking alongside that individual.

Although the individual level QCA has proposed some pathways to outcomes, the research raised questions over whether linear models such as those utilised in the QCA approach, are the most appropriate methods for examining data from strengths-based models such as LAC.

Cost Consequence Analysis

The Cost Consequence Analysis aimed to create a uniform framework for economic evaluation of LAC across the UK. A systematic review of previous LAC studies identified a range of outcomes across individual, community and system levels that were validated and enhanced through the qualitative life story data. The framework of costs and consequences at individual, community and system level is presented in full on page 41 of this report. It provides the first step in presenting a balance sheet of monetary quantitative and descriptive consequences for complex interventions like LAC. At present the limitations of existing data sets means that the research could only lay the foundations for a comprehensive economic framework that can create an accurate estimate of the costs of implementation and delivery based upon findings from all existing UK studies of LAC.

Building a strengths-based model

The research highlights the importance of not only examining the presenting issues that lead to individuals being introduced to LAC, but also the broader context of the individuals' lives. In this research three main contexts were discernible:

- People who were experiencing life changing issues related to ageing and the transition into older age.

- People living with lifelong physical disabilities and mental health conditions.

- People who have experienced a sudden traumatic event or a significant change in life circumstances.

These are the situations in which individuals are living on a day-to-day basis and provide the context for understanding why certain pressures or 'triggers' could lead them into needing support. See strengths based model on p.43.

Many of the 'presenting issues' amongst LAC participants represent pressures or 'triggers'. While these pressures may be the trigger for identifying a need for support (triggering an introduction to LAC), they are not necessarily the only, or even the primary, challenge facing that individual. Triggers impact at individual, community and system levels, and are often multi-faceted and interactive. Consequently, pressures from a trigger in one area can have a significant impact on pressures in another.

A key strength of the LAC approach lies in its positioning in a space between the public service system, the community and the individual, and its commitment to working to engage across all three levels. The LAC model enables Coordinators to devote time and resources to developing relationships and building trust across these levels. In this way, Coordinators create a 'boundary spanning' function, building connectivity across and in between individuals, communities and the system. By specifically creating time and space within the LAC role to facilitate this capacity building dimension, LAC fills the 'spaces in between' where connections get lost. This provides the foundation that enables Coordinators to successfully 'walk alongside' individuals.

The research identified a range of activities undertaken by LAC teams with individuals as part of 'walking alongside'. LAC's positionality enabled Coordinators to draw on activities that offer support at individual, community and system levels; drawing on a range of resources in identifying paths that could help support individuals.

People experience challenges in cycles rather than in neat linear paths. Contexts such as ageing or living with a long-term disability are not situations that can in themselves be 'prevented', or 'solved'. What is important is whether the support individuals receive enables them to better respond and cope with the challenges they face. The research demonstrates how, by developing a distinct set of activities tailored to the individual, LAC supports them to be able to better 'insulate' themselves against these challenges. Individuals described being more able to cope with future potential challenges; feeling they have the necessary knowledge, skills and support; with the underlying strength of LAC 'being there' to support them to achieve this. The uniques positioning of Coordinators alongside system, community and individual is key to LAC being able to deliver these benefits.

Policy Recommendations

These recommendations resonate equally for national and local policy decision-makers.

The value of 'being there'. The value of LAC 'being there' resonated throughout the research. Second wave prevention approaches, like LAC, offer a pathway to move away from intensive time-restricted support and to explore how longer-term, more holistic support can help to build insulators for individuals to feel better able to navigate challenges and reduce reliance on services through the confidence of knowing that support is 'there' if and when they need it.

Investing in preventative approaches that bridge individual, community and service systems. The positioning of LAC in 'the spaces in between' the system, individuals and communities offers significant learning for creating effective prevention. Working with people often missed, stuck or lost from services and community support reduces their risk of falling into crisis and requiring more extensive provision. By bridging the space, LAC provides resources to services, individuals and communities enabling better connections, insights and reach, and improved outcomes for individuals.

Investing in prevention is a strength not a risk. Within the current economic context of rising service demand, increased complex needs and budgetary restraint, investment in prevention is at risk. Many initiatives are facing significant cuts and reduced coverage. Viewing strengths-based preventative programmes as a safe place to cut is highly problematic and risks diminishing the impact of programmes best able to integrate support across services and sectors, and reach deep into communities.

Using the right tools to capture the impact of and evidence for second wave prevention. The research highlighted the limitations posed by traditional linear measures with limited applicability to social care outcomes. The strengths-based model developed from this research provides a frame for understanding how and why prevention works and what outcomes and impacts need to be evidenced.

Improving practice-based data gathering. Key to evidencing the outcomes and impact of prevention is ensuring that routine data collection focuses on the central questions and is completed consistently. Adding to this using participant journey or story templates can enable collective and comparable qualitative data that can offer a robust evidence base for shared impacts across individuals. The LAC network is an important vehicle for implementing consistent tools across member authorities.

Background to the Study

Public services are coming under increasing strain through the combination of rising demand and reduced resources. Against this backdrop, the UK Government posits prevention as a potential solution and key to transforming Adult Social Care systems. Paradoxically, the new wave of cuts to public services places prevention at a vital cross-roads leaving investors in public services facing a difficult decision: whether and how to use limited resources to fund prevention when those funds are needed to meet statutory obligations.

The Association of Directors of Adult Social Services eloquently summarise the challenges as being:

> Trapped in a vicious circle of having insufficient funds to be confident they can meet all their statutory obligations, whilst being unable to release funding to invest in approaches that might reduce the number of people with higher needs in future (ADASS 2019; p.25).

Despite this difficult landscape, forward-thinking local authorities are moving beyond 'first wave' approaches to prevention (reablement, signposting etc) towards 'second wave' strengths and place-based models (Local Area Coordination, Neighbourhood Networking, place-based hubs etc). Second wave prevention approaches encompass a broader commitment to promoting wellbeing and social connectedness for individuals and communities and understanding the associated benefits of this for public services. This shift has involved a fundamental rethinking of the function of local services and revisioning of the role and relationships between services, citizens and communities: 'a doing with' rather than 'doing to'; positioning local authorities as a *'place shaper'* rather than merely a provider of services (Lunt *et al.*, 2021; Tew *et al.*, 2021).

The Evidence Gap

The transformative potential of second wave preventative interventions lies in their perceived ability to relieve demands and financial strain on formal services, while simultaneously developing more effective systems of support and empowerment for citizens and communities. Yet we lack a detailed comprehensive understanding of how, why and under what circumstances second wave prevention strategies can improve the lives of social care users and/or reduce the need for statutory services. Existing research highlights the paucity of evidence on the outcomes and impact of preventative interventions. While the Social Care Institute for Excellence claims the argument for prevention in Adult Social Care is clear, there is little research underpinning what works – particularly in terms of economic evidence (Knapp, McDaid and Parsonage, 2011; Daly and Westwood, 2018). Consequently, the evidence is fragmented and contested due to its focus on small, isolated interventions and an absence of comparative data. This research addresses this gap through a detailed analysis of Local Area Coordination (LAC).

There have been 15 independent evaluations of 10 LAC programmes (LAC Network, 2023). Outcomes identified include: i) reduced demands on formal services; ii) reduction in evictions; iii) preventing crisis through early intervention and supporting people who do not meet statutory eligibility; iv) increasing individuals' knowledge and supporting empowerment; v) generating supportive relationships; and vi) generating better resourced communities (Community Catalysts, 2019). While informative, most of these evaluations have been undertaken during early implementation and within a single local authority site. Additionally the primary focus rests with identifying the outcomes for participants, rather than a detailed understanding of how these outcomes happen and what components are required. As such, better evaluation methodologies are needed.

Study Focus and Design

This study investigated whether and how LAC impacts upon the lives of people who engage with the service and the communities in which it operates. Data gathering took place between July 2021-June 2023 and thus operated during the later stages of the Covid-19 Pandemic and throughout the Cost-of-Living crisis. The research focused on LAC because it is a unique example of prevention, embodying a shared model/set of principles. The model is defined as a practical assets-based approach working with targeted (socio-economically deprived) neighbourhoods with people who are: i) new to services; ii) have existing and sometimes long standing service histories; or iii) have become disconnected from services. The model focuses on 'walking alongside' individuals and families:

> To build their own vision for a good life, … drawing on family and community resources, before considering commissioned or statutory services' (Community Catalysts, 2019, p. 6).

Key to preventative approaches like LAC is how they develop relationships and build capacity over time. To examine this the research worked with four established LAC sites where participants, stakeholders and LAC teams were able to reflect over time upon impacts, benefits and limitations. The research built upon and extended the existing evidence base by conducting the first multi-site comparison of LAC, using a combination of qualitative and quantitative methods replicated across four sites.

The study adopted a Participatory Action Research approach (Hall, 2005; Bradbury, 2015), which combined system and ward level research, alongside experiential in-depth life stories and a Nested Economic Study (Knapp *et al.,* 2010). A Participatory Action Research approach was valuable for this project because it prioritises working with professionals, communities and individuals in research and producing outcomes that benefit all partners not just academic knowledge. The involvement of people who participated in LAC was embedded into the project; both through their membership on the Advisory Board and through the primacy of the life story data which reflected their voices, experiences and perceptions.

Research Methods
The project applied a complex mix of qualitative and quantitative methods. It began by running a series of workshops with the LAC teams in four sites (n=12). [2] During these workshops the research and LAC teams co-designed logic models. This data covered the operation of LAC, its values and processes and its positioning within the wider public services and community systems. During this phase, two further forms of ▶

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[2] In two of the sites, where the LAC teams were too large to run a single session, two sets of workshops were undertaken.

data gathering were conducted: i) analysis of LAC team secondary data (both descriptive quantitative and short qualitative participant stories); and ii) semi-structured individual interviews were conducted with LAC stakeholders from each site including a mixture of 'supporters, fence sitters and critics' (n=30). The rich, in-depth system level data was then analysed in two ways. First, a Qualitative Comparative Analysis (QCA) was undertaken utilising the logic models to create a comprehensive theory of change which was tested using primary evidence from individual, system and ward level data (Pfandenhaur *et al.*, 2017; Pattyn, Molenveld and Befani, 2019). The rich experiential system level data was then used to compare against the life stories using thematic coding of emerging themes (Mason, 2002; Ritchie, Spencer and O'Connor, 2003) and an inductive thematic analysis (Braun and Clarke, 2006; McShane and Cunningham, 2012).

The second phase involved working within four wards–one in each site–to conduct a workshop with local stakeholders (n=4) and life story interviews with people who participated in LAC (n=48: 12 in each site). Ward sampling criteria were based on reflecting a typical LAC ward, representative of the core characteristics of the local authority area and/or all the wards where LAC operated (in two sites LAC was available in all wards). The project purposely sampled four distinct wards with differentiated socio-demographic make-up, social-private housing/mixes, age cohorts and, where possible, ethnically diverse. Life story data was analysed by combining life story synopsis with thematic coding techniques. We were also given access to secondary data on cases where LAC had not worked for certain individuals which was analysed by developing a coding schema based on point of exit and presenting issues. These first two phases of the project developed system level, LAC network in place and life story data.

The final phase of data gathering was the Nested Economic Study. This built on the findings derived from the qualitative processes outlined above and developed a framework informed by health economics to identify and map the costs and consequences of LAC. It also utilised other methods including a systematic review of existing research and secondary analysis of quantitative data. This distinctive combination of methods was designed to produce a more extensive examination of the effectiveness of LAC; both in terms of its capacity to deliver benefits to people, families and communities and as a preventative and capacity building approach.

Research Questions Examined

This study investigated the following research questions:

1. Does LAC make a difference for service users? What are the benefits for individuals and communities? Are there unintended outcomes?

2. What value does LAC bring to local authorities as an early intervention/preventative initiative and how can this be evidenced?

3. What is the capacity of LAC to reduce engagement with statutory services and what are its limitations?

4. How do participants' experiences of LAC vary across locations? What capacity does LAC have to meet the needs of service users in other locations?

5. How does LAC engage, draw on and contribute to resources within the community?

6. What is the potential for scalability of the LAC model beyond current localised initiatives towards broader national application?

Part One
Qualitative Data Findings

Part one draws together the qualitative data findings from the series of workshops with LAC teams (n=12), semi-structured interviews with LAC stakeholders (n=30), workshops with local stakeholders in the four wards (n=4) and the rich life story interviews with LAC participants (n=48). These findings are compared across data sources and sites and presented along three dimensions: system, community and individual. What is striking in the findings is that despite sampling four distinct and differentiated local authorities and wards there was significant consistency of findings on the operation, outcomes and impact of LAC. This indicates the importance of the LAC model and principles in producing consistent outcomes at individual, community and system levels. The central role of the LAC network in its implementation across local authorities around the 10 principles was accredited by teams as underpinning a consistency of the model and approach.

Study Focus and Design

This section examines the ways in which LAC teams interact with, and influence, the wider local authority system. A key dimension of the LAC approach is the ability of LAC teams to embed within the system and to be able to influence other services to engage with strengths-based approaches.

1. Ways of Working

Two key themes were identified: i) LAC as a conduit between services and the community; and ii) enabling access to services at system level.

(i) LAC as a conduit between services and the community
All groups identified the importance of collaboration between LAC and service providers (system level stakeholders n=14/30: S1=4, S2=5, S3=4, S4=1, ward level stakeholders n=4/4). [3] Strong relationships were enabled by clear demarcation of roles and responsibilities and playing to each other's strengths.

> You find that common ground and crossover that certainly helps to make it a more positive working relationship, and, you know, you can then be thinking, rather than, oh, we're working at odds, it's we can work together, and you've kind of got double the resource (S3INT5, System Level Stakeholder).
>
> it's actually built on individual relationships, so a good LAC and a good housing manager are going to have, you know, a mutually beneficial good relationship (S2INT7, System Level Stakeholder).

Both LAC teams and stakeholders discussed how LAC's positioning within community spaces enabled new routes for services to engage. Stakeholders from all four locations (n=14) discussed how LAC extended their reach and complemented their work. This data was only discussed by one S4 stakeholder with most of the data coming from (S1=4, S2=5) and S3=4). Key examples shared were: responding to the needs of people they couldn't easily reach (S2 and S3); serving as conduits for local community knowledge (S1, S2 and S3); and engaging with people for indefinite periods of time (S1 and S3).

> They've [LAC] been involved where actually we've struggled to get people to come into the building, so quite often we'll say we'll come and do a home visit … we need to see what's going on in there. …sometimes that's difficult for them and that's quite often where the LAC will encourage them to come in and see us and sometimes bring them to an appointment and get them ready to make that step (S3INT2, System Level Stakeholder).
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> There's some of the good news stories that you hear, and then you hear, as I say, from the Coordinators themselves about what they do And they speak to individuals, well, on the park bench scenario …it does tend to complement our low, low level of policing (S4INT4, System Level Stakeholder).

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[3] n= is understood as the total number in that part of the sample and S1, S2, S3, S4 indicates the distribution across sites.

> They're really good at, I guess, identifying early warning signs with people... things that we miss sometimes... I think some of our service users probably feel more comfortable talking about things that are difficult with the Coordinators than they might necessarily do with us (S1INT3, System Level Stakeholder).

> Because it's got clout. You've got to understand all those little nuances within the council, how everything fits together, and that takes time (S2FG3, Ward Level Stakeholder).
>
> The statutory services have to trust the person as well, and that trust has got to go both ways, and the strength of the Local Area Coordinators is that people know they're actually part of the council services ...and I think that is really, really important. And I absolutely agree, it couldn't be done by a voluntary organisation (S1FG3, Ward Level Stakeholder).

(ii) Enabling access to services at system level

The life story data suggests that for many people, formal service support is a significant part of their journey. For $^2/_3$ of participants (n=32/48: S1=9, S2=8, S3=9, S4=6) support received included accessing welfare rights and public services. Examples include form filling, support to attend appointments and make phone calls, connecting to the right service/contact, informing about services and rights and advocacy. In some cases, this was seen as a process of collaboration.

> She's like being like a spokesperson, like getting in touch with my rent officer, and so we're sorting that out, and so like that's been a great help (P7, S4).
>
> Let's look at the form together. What do you think you should write here? What do you think would help here? And then because I was more mentally prepared, I was able to express myself better (P11, S1).

LAC Managers reflected on how LAC's formal home is less important than having a shared vision and building relationships across the system:

> If you've got those relationships in the system, you're going to be naturally more collaborative, and if you've got a common set of values that anchor this system as well, again, that enables an individual, a team, an organisation to work in that values-based way that's going to enable those outcomes to be achieved, really (S1, LAC manager).

The life story data appears to reflect the complexities in the way that LAC interacts with the service system. There is limited evidence in the data to support claims that LAC has re-duced participants' accessing support services. However, there is strong evidence that it has enabled people to better access the support that they are entitled to. In many cases this may well have helped to prevent individuals from falling into crisis and requiring more extensive formal support (as evidenced in the Outcomes section below).

(ii) System demands and value mis-alignment between LAC and public services

Evidence of LAC directly influencing council systems was more limited. Moderate evidence amongst system level stakeholders was found in all locations (n=12/30: S1=4, S2=3, S3=4, S4=1) regarding capacity issues limiting the ability of teams to collab-orate with LAC. Stakeholders in S2, S3 and S4 discussed how their departments were currently too busy firefighting other issues to concentrate on developing collaborations. One third of system level stakeholders (n=9/30: S1=2, S2=1, S3=2, S4=4) reflected that resource constraints and the national policy en-vironment meant person centred work was not possible within their own teams which could lead to tension between the LAC approach and service priorities.

2. Relationships

LAC teams and both ward and system level stakeholders discussed: the placement of LAC within the public sector and wider system; where value is created through alignment; and the barriers to effective collaboration at a system level.

(i) The location of LAC

Perspectives varied around the optimal placement for LAC within the system (whether in Adult Social Care, Communities, or Public Health). Ward level stakeholders in all sites (n=4/4) agreed that LAC was best located within the local authority, rather than within the VCFS, as they could have a stronger influ-ence and reach due to their positioning within the system.

> There's been quite a bit disconnected, I would say, between their development and us in Adult Social Care. I think from what I understand about LAC work it would have been better if we were developing alongside one another...there are good cases that they join work, but I think some of it comes down to personalities and the senior management on the LAC side (S1INT2, System Level Stakeholder).

In some cases this was related to value-misalignment between some services and LAC (n=9/30: S1=2, S2=1, S3=2, S4=4). For example,

> Health are... they're trying to fix a system which, you know, people have been trying to fix for decades. And I do feel sorry for them, but they're just not... they're not in the room.... you know, just got worn down by it all, and actually, you know, they're massively in the Covid thing now, and now they're in the bed blocking crisis (S4INT2, System Level Stakeholder).

(iii) Value created through alignment

A small sample of system level stakeholders (n=6/30: S2=1, S3,=3, S4=2) shared how when value bases align, this creates a solid foundation for working together. The community embeddedness of LAC was seen as a key dimension of this.

> I think a lot of newer services are having to think about, you know, how do you adapt things to people's needs rather than almost forcing people into the box? I think that's probably the beauty of the voluntary sector that the Local Area Coordinators often link into, is you've got kind of more... there's more sort of openness and a willingness to try something new (S3INT5, System Level Stakeholder).
>
> the warden of a care home ... met with me and one of their gentlemen, and just listening to me have the conversation with him about, 'look, tell me what you're passionate enough about to do something about', you know, 'what would get you out of your room and into the community?', and at the end of it she said, 'my god, I've never asked anyone that question', and she's been a warden for over 20 years ... It's not rocket science what we do, you... whether you're a social worker, a GP, it doesn't matter what role, you can ask a positive-based question... Yes, you've got your assessment to complete or, you know, you've got your tick box to complete, but actually, you can still have that same conversation (S4, LAC Manager).

The capacity to make spaces for open and honest dialogue was identified by both a small number of system level stakeholders (n=6/30: S1=2, S2=1, S3=2, S4=1) and Coordinators in S3 and S1 (n=6: S1=1, S3=5) as a channel for developing a shared understanding of LAC. These participants acknowledged that even when relationships are strong, there can still be disagreements. Some system level stakeholders (n=8/30: S1=1, S2=1, S3=6) identified a key role for LAC in facilitating links within the system between strategic and operational levels. This was prominent in S3 due to its size and scale, where fostering relationships across services and districts can be more challenging. Here Coordinators were perceived as playing a key role:

> Local Area Coordinators have a really good working relationship with the voluntary sector. They also have a really good working relationship with our district and borough councils as well, which is really important for us because at a very senior level we have lots of friction between upper tier and lower tier authorities. So the fact that it works so well on the ground is a real positive, and Local Area Coordinators very often sit at the heart of those relationships, and help to steer and influence discussions (S3INT4, System Level Stakeholder).

Importantly, even the most critical of system level stakeholders (n=3/30) acknowledged that strong relationships exist with Coordinators on the ground.

> Certainly, our staff and lots of voluntary organisations have really, you know, positive working relationships with some of the Local Area Coordinators, but probably not the model more generically. You know, there's really good and bad experiences (S4INT5, System Level Stakeholder).

Even where direct alignment was limited, strong evidence for complementarity was found. System level stakeholders (n=12/30), LAC teams and ward level stakeholders across all locations identified the ability of all parties to recognise and play to each other's strengths as key to effective relationships. They highlighted how LAC's non-time limited way of working provides support to services who do not have that capacity, enabling them to flag concerns and at times being stakeholders' 'eyes and ears' in the area. In return, stakeholders are able to offer their resources and specialist information to Coordinators.

> I think there's something about the reassurance as well, that there is a role there, there is a person there, and it is a person that you speak to. And I think as well from a... looking at a kind of organisational point of view in terms of you are limited. And what LAC allows is for that connectivity to happen and that reassurance that it will. Although there's capacity challenges and there's limitations, it offers reassurance (S1FG3, Ward Level Stakeholder).
>
> The LAC can tell us... three people, they're suffering the same issue. But they're not strong enough to talk to us directly, they don't want us to approach them, so then we can then share the information with the LAC and say, well, look, can you just pass on then That we are working for that in this area, this is what we're doing, this is the facilities we have, if they're ever interested, feel free to pass it on. And it may be that the LAC gets that trust and confidence then for the individual to say, I will phone the police (S4INT4, System Level Stakeholder).

System level stakeholders (n=12/30) discussed how the availability and visibility of LAC teams played a part in maintaining positive relationships. They noted in particular the LAC presence in communities and across services means that stakeholders know who to contact.

> If we've got a LAC in a particular area of the borough... I know that there's going to be an appropriate link between a frontline officer, whether that's benefits, whether that's housing, whether that's financial hardship, [...] or whether it's linking them into the voluntary and community sector sort of infrastructure that's there in that locality. I know that that will be happening (S3INT7, System Level Stakeholder).

Blockers to effective relationships across the system

Salience is limited in this data, but three key themes emerge around a disconnect in approach, information and role.

(i) Misalignment of strengths-based approach with traditional transactional approach:

Some stakeholders saw strengths-based approaches as ineffective in solving particular problems, e.g. anti-social behaviour. LAC teams identified the more clinical approach of 'list, solve, close' as running contrary to their holistic approach. Equally some stakeholders perceived the unwillingness of Coodinators to adopt a more clinical or transactional approach as restricting collaboration.

> I think we sit in a difficult place within the system. Because starting from the point where the individual is at is counter-cultural to the way that most of the other services in the system work ... so I think it's really difficult for organisations to grasp what Local Area Coordination is (S2, LAC manager).
>
> Our services were very much wrapped up in, 'OK, what's the thing that needs to be achieved and how do we get it done?' So certainly in terms of housing management, you know, if somebody's not paying Their rent, our support offer would very much be about we need to find a way to get you to pay your rent....it did create tensions ... particularly if we were asking... 'can you help us get John Brown to pay his rent?' And we often got told, 'no' [laughter] and we were a bit like, what do you mean? 'Well, what is it that you do then?' (S2INT7, System Level Stakeholder).

> Social workers are natural problem solvers and fixers, really, I think, in many ways... although we try and work in a strengths-based way, because of time pressures, if they're not hearing back or things like that, they'll get in and do it themselves (S1INT2, System Level Stakeholder).

(ii) Disconnect around information

System level stakeholders (n=4/30) reflected on what they perceived to be a relatively 'one-directional' process of information sharing, pointing to occasions where they felt Coordinators provided responses that failed to clarify issues or were unconducive to collaborative working.

> I had a meeting this week at which a patient was raised by a social worker... when it came to the LAC she refused to say anything. She said, 'I'm not allowed to discuss this patient, I can't disclose anything, I'm sorry.' But actually, in a multidisciplinary meeting the point of this meeting is to support that person. What are you doing here if you're not prepared to share with us what we're sharing with you? (S2INT5, System Level Stakeholder).

These comments were only identified from a small minority of participants and appear to contradict those of other stakeholders, outlined above, who identified engagement with LAC as a positive conduit to more extensive community knowledge and engagement.

(iii) Disconnect regarding role of LAC (n= 8/30: S2=3, S3=3, S4=2)

Coordinators spoke of having to manage the expectations of other services and misunderstandings about what LAC can provide. This, it was suggested, could result in attempts to align LAC with other service pathways, seeking to add value to their own services at the expense of the effective implementation of LAC. This was reflected in a perception of inappropriate introductions (where there is a lack of understanding of what LAC could do for individuals) and an offloading of cases onto LAC (complex needs and where prevention is not possible). Some system level stakeholders (n=8/30) saw this as an example of Coordinators refusing to take advice since it did not fit in with the LAC 'vision'.

> I think some people in the local authority are sort of wondering what [the Coordinators] do, you know, they haven't got a kind of target in the same way as other people, they haven't necessarily got a kind of this will be the outcome for somebody, or the output, so I think that's been a bit of a head change for some... (S3INT3, System Level Stakeholder).

> because [the NHS] see all community work as being the same and we say, well, it isn't, you know, we've got community workers that work in our health improvement team and our health promotion team that do very different things to our Local Area Coordinators (S3INT4, System Level Stakeholder).

Overall, the data shows a strengthening of relationships over time, as both the LAC teams and stakeholders build connections and shared understanding about LAC. However, the data demonstrates that there are still gaps in understanding and points of disconnect, especially with other services who have to function within a framework of strict time restrictions, targets and output measures.

3. Outcomes and Impact

The research sought to identify outcomes and impacts at system level that were attributable to the presence of LAC. The research explored a range of potential impacts on the system, including: integrating system change towards prevention; plugging gaps in the system preventing crisis and the need for statutory services; and improving access to services.

(i) Challenges of Evidencing System Level Impacts
All LAC teams discussed the challenges posed when evidence is driven by traditional, transactional service measures that aren't necessarily suited to the prevention and relational ways of working underpinning LAC. These issues were also reflected in system level stakeholder interviews across all four sites (n=11/30). Two key themes emerged; stories as only partial evidence and the emphasis on demonstrating value for money and reduced service use.

(ii) Stories as only partial evidence (n=6/30: S1=1, S2=2; S3=2, S4=1):
LAC teams and system level stakeholders discussed how stories are better suited to demonstrating the lived experience impacts of LAC. While the value of stories was widely accepted by all system level stakeholders, some still stressed the need for other forms of evidence, particularly numerical measurements and especially when convincing decision-makers.

> Convincing the accountants, you're never going to win them over with hearts and minds, it's hard numbers … Some people will never be convinced, because they want to see, £1 in and £2 out, but unfortunately it's not that straightforward, is it? (S2INT6, System Level Stakeholder).

> This is probably the issue across the board, is that you've got the people with funding and controlling budgets like numbers, and with this kind of work you haven't always got clear numbers…The difficulty is with kind of all of these initiatives, how do you really measure? You can only measure kind of any reduction in those individuals, but I don't know if you can capture it overall …I think it's a difficult one, with any service where you're looking to reduce the pressure on a statutory service it's difficult to measure …it's always going to be more qualitative because you're following individuals' journeys (S3INT5, System Level Stakeholder).

(iii) Capacity of LAC to prove value for money or reduce service use (n=8/30)
There were mixed opinions about LAC's impact on other services and value for money. While some system level stakeholders felt LAC reduced the strain on their services, others were unconvinced about the cost-saving impact (linked to issues of the counter-factual and evidencing causality).

> We increasingly have to show value for money, and it's just so difficult with a programme like LAC because if you're really close to it you can see the value that it's creating, but for other people, you know, our director of finance or… other people in the authority that are not close to it don't see it, don't understand how it works, and because it's not a service and it's not creating a saving, it's really difficult to be able to evidence its viability (S3INT4, System Level Stakeholder).

> I think it's hard to evidence that what happened or any growth is a direct linkage to Local Area Coordination (S2INT6, System Level Stakeholder).

Identified Impacts

(LAC teams n=4/4; system stakeholders n=12/30: S1=4, S2=3, S3=4, S4=1, ward level stakeholders n=4/4). While life story data did not provide explicit focus on system level outcomes, their stories did demonstrate how LAC helps individuals to better access services.

(i) The influence of LAC in shifting public service/organisational culture

Common across all locations, stakeholders described LAC as being part of a cultural shift towards working flexibly and holistically in a person-centred and place and strengths-based way. This represented nearly two thirds of total stakeholders (n=19/30: S1=6, S2=4, S3=4, S4=5). This was described through two perspectives. Firstly, those who perceived a change to be taking place of which LAC was a part (n=9):

> We increasingly have to show value for money, and it's just so difficult with a programme like LAC because if you're really close to it you can see the value that it's creating, but for other people, you know, our director of finance or… other people in the authority that are not close to it don't see it, don't understand how it works, and because it's not a service and it's not creating a saving, it's really difficult to be able to evidence its viability (S3INT4, System Level Stakeholder).
>
> I think it's hard to evidence that what happened or any growth is a direct linkage to Local Area Coordination (S2INT6, System Level Stakeholder).

Second, those who identified LAC as a catalyst for other organisations to make this shift more prominent (n=10).

> We were doing monthly joint meetings to discuss cases at a more senior level … to develop our approach, … Through working with Local Area Coordination and looking at people holistically we're using that provision [to jump the queue for housing because of individual circumstance] a lot more, … Local Area Coordination has been an influence on us making that journey, to a point where we're much more sort of person-focused (S1INT7, System Level Stakeholder).
>
> The mirror that holds up to all the ways in which other services have become overly constrained in their ability to do that [deliver value to people]. … really, it's speaking very loudly about what else is not working in their whole social welfare structure that we're all kind of… I was going to say swimming in, but it can feel like drowning in, quite a lot of the time, yeah (S4INT3, System Level Stakeholder).

(ii) Preventing crisis & need for statutory services

The majority of system outcomes discussed by LAC teams, system and ward level stakeholders coalesce around prevention. LAC teams focused on reducing dependence on services and enabling access to lower level support to prevent crises. Stakeholders across all four locations shared how LAC reduces engagement with statutory services through prevention and providing routes to 'refer' repeat returners whose issues are

not necessarily medical. Stakeholders discussed how the LAC approach reveals underlying causes of problems, which enables prevention (n=10). LAC's impact in reducing the demand on services was more evident among health and social care stakeholders (n=8). Stakeholders frequently utilised 'deficit' language in describing what LAC offers, often focusing on how to identify problems and its efficacy in relieving the burden on other services.

> We increasingly have to show value for money, and it's just so difficult with a programme like LAC because if you're really close to it you can see the value that it's creating, but for other people, you know, our director of finance or… other people in the authority that are not close to it don't see it, don't understand how it works, and because it's not a service and it's not creating a saving, it's really difficult to be able to evidence its viability (S3INT4, System Level Stakeholder).
>
> I think it's hard to evidence that what happened or any growth is a direct linkage to Local Area Coordination (S2INT6, System Level Stakeholder).

(iii) Plugging 'gaps' in the system

Coordinators across all sites (n=4) discussed the impact of LAC in extending the reach of services by facilitating access to support. This was strongly evident within the life story data (n=32/48 2/3 of sample: S1=9, S2=8, S3=9, S4=6,). Similar processes were discussed in stakeholder interviews, but often this was interpreted through LAC's ability to plug holes in the system and stopping people 'getting lost' or 'falling through the cracks' (n=14: S1=4, S2=5, S3=4, S4=1; ward level n=4/4). System level stakeholders identified examples where LAC helped to address long-term challenges, working with people who had been 'in the system' for significant lengths of time. Having no time limits and eligibility criteria for working with individuals, it was suggested, made LAC more able to address long-term challenges (n=8/30).

> We've seen some real changes with people who have been living really, really difficult lives for a long, long time, and have been… you know, they've been able to move on, with the support of Local Area Coordination (S1INT7, System Level Stakeholder).

Participants discussed their exclusion from services e.g. through fees being introduced, not being able to work with learning disabilities or restrictive eligibility criteria. These reflections offer important insights into what makes LAC distinct and unique, and why they felt it worked so well for them.

> I've also had statutory services, including the health service, saying to me the Local Area Coordinators are really useful, they pick up the problems ...they're acting as gatekeepers and making sure the right person gets to the right service (S1INT6, System Level Stakeholder).
>
> We are able to refer into LAC, whereas previously that person would have probably been lost in the system ... they don't tick the right boxes for mental health, ... it makes the roles, the Coordinator roles, invaluable. They're helping people who without help wouldn't be able to manage, wouldn't be able to maintain independence. ... that person suddenly gets an order of things and somebody there to help them (S2INT5, System Level Stakeholder).

(iv) Access to services/capacity to navigate/awareness of rights and entitlements

The life story data highlights how LAC teams act as a conduit to services, supporting and enabling navigation, in turn maximising income and reducing worry, insecurity and financial anxiety. Two thirds (n=32/48, S1=9, S2=8, S3=9, S4=6) of participants reported increased service access, awareness and capacity to navigate and understand the system. This was particularly evident amongst older people and those living with disabilities. The majority (n=25/48) identified that they had accessed welfare benefits and forms of one-off support which they had previously not been able to, or were unaware of including PIP, Attendance Allowance, DIA, and tech support with disability. They identified key impacts as increased income and reduced stress and anxiety.

> [Coordinator] helped with my medication, she helped me go to groups, she helped me out with my social security, she has helped me sometimes with the council problems I've had ...I'm not very good when it gets to money. She is very good at helping me fill forms. And if she doesn't know... she probably knows someone who can help me (P8, S2).
>
> what happens is sometimes I can panic, I get things growing in my head and I overthink, and [Coodinator]'s very good at sort of saying, well let's sort this out. Like for instance, I panicked about my electric bill, about EDF not long ago, and I'm going 'I can't do this', she gets the phone out and she helped sort it out. (P2, S1)

> I found it a struggle to meet the requirements, when it came to paperwork, such as proof of tenancy. It felt like a credit check/assessment being done on me. I'll be honest, without guidance of [LAC], I don't know where I'd be. I've got paid so much for disability living allowance. But, for travel allowance, I get a petty £9. Without [Coordinator]'s help, I'd be unable to know how to fight this, or where to draw the information from (P4, S3).

Community level findings

This section examines the ways in which LAC teams interact with, support and work alongside the local community. The ability to build relationships was identified as key in bridging the gaps between the community, individuals, service providers and the local authority. A key dimension of the LAC approach is the ability of LAC teams to embed themselves within local communities and to help build and enhance community capacity.

1. Ways of working/ building community relationships

Two main themes were identified as key to working with communities: being locally embedded in place; and supporting the building of community capacity.

(i) Being locally embedded

Being locally embedded, also described as being 'place-based' and 'in and of the community', was a frequently cited principle by LAC teams across all four sites. This was identified within nearly a third of system level stakeholder interviews (n=9/30) but was a more significant theme within ward-level stakeholder data, where data emphasised the importance of Coordinators' active presence on the ground.

LAC teams explained that being present in the community enabled them to connect more directly with people who might need support but who weren't necessarily identified by other services. In some cases this unique positioning allowed them to play a mediating role between the council and communities, being 'more aligned with the people' and repairing trust. This is supported by life stories, which highlight the perception of LAC being perceived as neutral, or even separate, from the council; with a number of participants making strong distinctions between their Coordinator and their experience of other public services (for more detail see comparison between LAC and other services).

> I know [Coordinator]'s council and anybody could ring the council, but just because [Coordinator] was there you just felt you had that extra support because she was a voice of the council as well… but [Coordinator]'s in a different category, as a friend (P2, S3).

All LAC teams talked about community as a key source of introductions. The proportion of life story participants who were introduced via formal or community routes was 50-50 in S1, S3 and S4, but skewed towards professional introductions in S2 (see also secondary data analysis section in Part Two).

System level data provides some evidence of LAC increasing community connections (n=9/30. Stakeholders across three areas spoke of how LAC's presence helped to extend their reach, through LAC sharing local knowledge about community spaces, services, support or activities which can help to support individuals.

> In our rural areas, … and it's even more difficult now with less public transport, the only way that we can provide services is you take services to communities, and we can't do that for everything. … where we can't have frontline officers and access to services all of the time. … it works best, I'd say for us, in terms of added value, in those rural areas where we can't have a physical presence (S3INT7, System Level Stakeholder).

Similarly, ward level stakeholders noted how the embeddedness of LAC created a conduit of knowledge that enabled them to reach and support individuals (n=4/4).

> She's been able to bring those people into us… unless you knew the person yourself, they wouldn't have come along on their own. So that's sort of enhanced it, really, it's enhanced our work (S2FG3, Ward Level Stakeholder).
>
> Just that font of all knowledge, knowing the people, knowing the area, knowing the connections, almost in my mind kind of a signposter (S2FG3, Ward Level Stakeholder).
>
> If you want an image, you see merry-go-rounds at fairs, yeah, the horses go round. Unless you've got that fulcrum in the middle pulling everything together, you've got a bunch of horses running off in different directions. That's the difference it takes (S4FG5, Ward Level Stakeholder).

LAC teams in all sites reflected how their local knowledge enabled them to connect people together, via community groups and activities, or just by making connections between individuals. This was confirmed by the life stories with almost half of participants highlighting the role that their Coordinator played researching, identifying and introducing them to local activities and people (n=20/48: S1=3, S2=6, S3=6, S4=5).

Being embedded in communities connected strongly to the perception of Coordinators 'being there': being present and available within the community. The availability and contactability of the Coordinator was emphasised by system and ward level stakeholders (n=12/30, n=4/4 respectively) as key to connecting with LAC. This was enabled by their consistent visibility in the community.

> There's always been a Coordinator present in the [Social Prescribing] training days. Well, that to me shows they're well connected. They're in there, they're present… the surgeries, the practice managers and the staff know there's a Coordinator and how to get hold of them (S3INT1, System Level Stakeholder).
>
> Obviously there's great work going on in the voluntary sector, but sometimes it is just closed doors when you want something in the local authority. So, you haven't got that door bashing down to do here, because you've got a Coordinator (S4FG5, Ward Level Stakeholder).

(ii) Building community capacity

LAC teams emphasised how being community embedded was an essential prerequisite to building community capacity, enabling them to understand the area and build networks while simultaneously supporting and mobilising community residents. The research found limited supporting evidence from the other data sources to corroborate this. Data was partial and uneven across system level stakeholders. Three stakeholder interviews from the VCS expressed concerns that Coordinators were not always contributing to building community capacity, but some were drawing from or failing to connect to existing resources and infrastructure (n=3/30: S1=1, S2=1, S4=1).

> They're not delivering service and they're not setting things up… I would say it isn't LAC delivering the outcomes, it's the third sector… (S4INT5, System Level Stakeholder).
>
> When she came down she pissed everybody off with her council attitude… It was like, can I have this for free, can I have that for free… which did come from her senior sources, but it just rubbed people up the wrong way. So when she said she was coming down she'd pop in for one minute, you'd see her in the foyer and she'd go off again, so there's no willingness to engage with us, to see how we were (S1INT5, System Level Stakeholder).

The data did identify concern amongst some system level stakeholders in two sites (n=6/30: S3=2, S4=4) who perceived that LAC was often trying to replicate what VCS groups were doing in the community, putting future funding and existing commissions at risk.

> The voluntary sector think that Coordinators interfere with what they're commissioned to do… they think it's a bit of a threat. And that's very often because the Coordinators are very successful at doing that stuff at grassroots, because they're part of the communities, whereas this specific organisation is seen as an organisation and they come in and they try and make them do things that they don't want to do. So there is some friction there (S3INT4, System Level Stakeholder).
>
> The most obvious one is the [VCS organisation], that organisation as a group has for a long time, and probably still does, experience LAC as a threat, or treading on toes, or stealing all the money or, you know, straying into territory that's our territory, or a duplication, or all of those kind of things (S4INT6, System Level Stakeholder).

A small number of participants perceived their Coordinator as a well-connected 'community person', with one location predominant (n=10/48: S1=1, S2=1, S3=3, S4=5). However, participants did highlight examples of Coordinators empowering individuals to take a lead and pursue their ideas to support their community.

> Bad leaders create followers, good leaders create other leaders, and she creates other leaders. She's done it for people with varying disabilities, she's made them feel like community leaders. That's a wonderful thing to do (S4FG5, Ward Level Stakeholder).

Examples were evident across all four wards of how Coordinators had supported participants to create and manage their own community groups and initiatives (n=15/48, $\frac{1}{3}$ of the sample: S1=4, S2=4, S3=2, S4=5). Of these participants, four were introduced to their Coordinator for other reasons and subsequently took on a community leadership role (n=4/48: S1=1, S2=2, S4=1); reflecting a transition from receiving support to providing support for others. While the numbers of cases of community leadership remain relatively small, this cannot be seen as necessarily a reflection of a failure within LAC to foster this capacity, given that 35/48 participants were supported to engage in their community in some way, shape or form. It also compares favourably to national statistics on volunteering which estimates that 17% of the adult population undertake formal volunteering regularly (NCVO Almanac 2021). For the remaining 13 participants community engagement was not something that they identified as a priority.

2. Outcomes and Impacts

The research examined a number of areas for potential impact from LAC's embeddedness within the community: reducing service use; redirecting people towards community support rather than formal services; and building community capacity.

(i) Reducing service use by redirecting to community support and resources

There was limited evidence in the data regarding the potential for LAC to redirect towards community support and reduce reliance on formal services. A small number of system level stakeholders discussed LAC's potential to reduce service use by supporting people to find their own solutions and 're-lieve the burden' on health and social care services (n=8/30). While life story participants did not explicitly link LAC to reduced service use, they did identify reduced isolation as being an outcome of increasing their social connection, growing personal networks and getting involved in community activities through LAC. This included building new friendships and sharing problems and experiences. (n=30/48, S1=6, S2=6, S3=7, S4=11). Some linked this to improved mental health. These impacts were also identified by the ward level stakeholder focus groups (n=4/4).

> She's [Coordinator] just quietly defusing bombs before they blow up so you don't see the damage (S1FG3, Ward Level Stakeholder).
>
> I think I would've been asking for more support from my GP because I would've got myself all worked up and anxious as things like the PIP… and everything else that I needed, things would have got to me, do you know what i mean, but she's took that away from me that anxiety, [Coordinator]'s took that away from me, so therefore, in a way, she's unburdened the health service (P2, S1).

(ii) Directing people to community solutions

Support to access community solutions was significant within both the ward level stakeholder data (n=4/4) and the life story data (n=26/48: S1=5, S2=6, S3=5, S4=10). Within the life stories, this number sits on a par with those who discussed receiving support navigating services (n=32/48). As Section One and Three highlight, whilst community solutions feature in many of the life stories as key to improving their situations, it is not always evident that this route necessarily alleviates requirement for formal services. The data suggests that for many people, formal service support remained a significant part of their journey alongside stronger engagement within the community.

> It's about understanding the individual, and that's what [the Coordinators] are very good at doing, [is]... understanding root causes...once you understand the root cause, and then you can try and look at unpicking that and to see, well, what do these people need? Why are they being antisocial? Is it because they don't have an outlet, do they need a gaming community, do they need to go to a coffee morning...and...Local Area Coordinators...are very good at identifying those things and then referring them on or signposting or, you know, or creating something that will help that cohort (S3FG5, Ward Level Stakeholder).
>
> it's like you look forward to it every week... you are always looking forward to meeting the people. And it pushes you to go on and carry on in life (P4, S1)
>
> I enjoy the [local group] - they're ever so friendly there...It gives me a reason to get up in the morning, yeah (P1, S3).

> P11 (S1) linked her increased confidence to an ability to provide support to others in her community. P11 said that 'you naturally become a Local Area Coordinator yourself, recommending groups, activities and people to others.' P11 sees this as the way Coordinators build community strength. Her enthusiasm for LAC is such that she talked about how she has connected friends in other areas to their Local Area Coordinators.
>
> a bit shy, I suppose, really. Yeah, lacking in self-confidence...my self-confidence has gone up 2,000 per cent, absolutely. I feel more confident about going along to, say, a new group... Whereas previously, you know, I would think twice about it, you know. (P1, S4)

Individual level findings

At the heart of the LAC model is the focus upon walking alongside individuals to help them to move towards their vision of 'a good life'. This section focuses upon the distinctive ways in which LAC works with individuals. However, the impact and effectiveness of these processes can only be understood fully within the context of the system and community level actions highlighted above in the previous two sections, as none of these activities function in isolation.

1. Ways of Working

(iii) Ripple effect of building community capacity
All four LAC teams discussed community impact in terms of the 'ripple effect' of building community capacity: supporting one person to be an active citizen in their community who goes on to support many others.

> There might be one of you as a Coordinator in an area, but you might on a good day have 20 or 30 damn good active citizens and volunteers. If you can use some of your time to support each of them, they spread, you know, it's that exponential growth of how many people they can help, but you're one, and you're part of that pyramid (S1, LAC 2).

A small number of system level stakeholders across all locations discussed this in terms of a 'multiplier or pyramid effect' increasing broader capacity and engagement within communities (n=9/30). Ward level stakeholder focus groups discussed the ripple effect in terms of the development of 'local champions', who through their commitment and passion, enthuse others to engage with the community.

Life story participants reflected on how Coordinators played a key facilitating and connecting role, enabling individuals to either take part in community activities (n=20/48) or, in nearly one third of cases, to volunteer or run groups themselves (15/48). Participants identified both community level impacts but also personal benefits.

This section seeks to break down the key aspects underlying the principle of 'walking alongside'. 'Walking alongside' is a central concept of the LAC approach, designating the relationship between Coordinators and the citizens they work with. All four LAC teams emphasised how the core LAC values and principles shape their practice and consequently the way that they operationalise 'walking alongside'. LAC teams and system level stakeholders directly articulated the concept of 'walking alongside' in similar ways. However, life story participants did not directly refer to being 'walked alongside'. Instead, their reflections on the relationship with their Coordinator offers rich insights on how 'walking alongside' is experienced and articulated by individuals. The following themes were identified as central to the concept: time as an enabler; being person-centred; and adopting a strengths based approach.

(i) Time as an enabler
There was a recognition amongst all LAC teams, a small number of system level stakeholders across three sites (n=6/30) and ward level focus groups (n=4/4), that time played a key role in enabling Coordinators to develop relationships with individuals. This commitment of time was strongly evident within the life story data, with most participants reflecting ▶

on the consistency, availability and accessibility of their Coordinator, when compared to their experiences of other services (n=26/48: S1=6, S2=7, S3=7, S4=6). Crucially, this time was seen to translate into the Coordinator 'being there' to listen, creating trusting relationships and helping individuals to feel that their Coordinator was trustworthy and dependable:

> She took the time to understand me and my problems, which I wasn't getting from anywhere else (P4, S3).
>
> I think that [Coordinator] is more relaxed because she hasn't got an agenda, it's just purely to help us. I'd say, yeah I've never felt under pressure with [Coordinator], or judged (P9, S4).

In S4 and S1, Coordinators discussed how time and flexibility allowed them to create 'safe waiting spaces'.

> We never leave them, we're not a referrer ... they'll pick up the phone and you won't have heard of them for four or five months...that's the beauty of what we do, is we don't forget that person. ... But the point is, we are there (S4, LAC 6).

The research did not find strong examples of 'safe waiting spaces' across the participant sample and there was limited discussion of this concept from either system or ward level stakeholders. However, some stakeholders described how LAC could 'step in' when other services were unavailable that could potentially be interpreted as 'safe waiting'.

(ii) Being 'person-centred' and respecting individual agency

All four LAC teams identified the importance of respecting people's natural authority and agency over their own lives as a key principle of 'walking alongside'. They emphasised how the LAC approach focused upon facilitating independent decision-making, building people's confidence, supporting them to find out information for themselves and valuing their insight and choices.

> We don't work from a position of power, we work from a position of alongside, as ordinary people, not experts (S4, LAC manager 1).

These values were echoed in both the system and ward level stakeholder data and the life stories. Within the stakeholder data, participants highlighted the focus on person-centred working, supporting individuals to action their own goals and aspirations (n=15/30).

> The walking alongside, it's not their job to sort someone out,... it's their job to help that person work out how to sort themselves out, and then to not lead them there but also not sort of walk along behind them (S1INT8, System Level Stakeholder).

Life story participants talked openly about how their Coordinators worked in a person-centred and non-hierarchical way (n=20/48: S1=6, S2=2, S3=5, S4=7), and how this helped them to feel at ease:

> Because she's put herself over more as not somebody that's in authority, she comes in on the same level as what you are, and she's got that personality which puts you at ease (P11, S4).
>
> There are very few [Coordinator] in the world and there are more of the other kind who are self – sustaining ... [Coordinator] is one of those unique people who actually cares and is in that for the right reasons, and it's a unique post and it's a unique thing and she's got that through hard work and she is also uses it in the right ways, not there to tick boxes, not there to create the portfolio and she certainly knows that people like me are at times at such a low place (P8, S1).
>
> They support me through everything really, my mental health, my anxiety... they get how I work as well, ... and [Coordinator] knows how I work ... the fact that she's seen me from a young age and saw me growing up as well, she knows how I am. She knows how I work as well, she knows how I, you know, ... run my head really she just gets me.... she just gets me 100% (P11, S3).

Choice and agency were discussed by one quarter of life story participants, across all four locations (n=11/48). This occurred mainly where participants identified their Coordinator as like a mentor, a coach, or a guide. Importantly, these participants emphasised supportive and guiding relationships, but with a fundamental respect for their choice.

> Sometimes I think she suggests things and I think 'oh no, not suitable' and she's fine, you know, takes it on board... she always says, you know 'if you change your mind, I'm here and it's always open' so that's pretty good, there's no pressure (P9, S).
>
> She's [Coordinator] constantly warned me that if I kept going back to [ex-partner] one of us is going to end up dead... she gives me a choice, and a bit of advice of what she might think. But the choice is mine (P6, S2).

While the LAC teams consistently emphasised that their role fostered independence through 'not fixing' or 'doing for', a small number of participants across all four locations (n=13/48: S1=2, S2=5, S3=4, S4=2), described their relationship with their Coordinator in ways that could be interpreted as 'doing for'.

> She does act like a support worker to me, all the things that she does and the advice she gives is what my support worker used to do anyway (P7, S4).
>
> I am sure there may be some people she deals with actually take on board her advice and then just get on with it and do it themselves. And I am fairly certain that's exactly what I would have done five or ten years ago. But now it's got to a stage where I have got memory problems (P4, S3).

As these quotes illustrate, this kind of narrative was often associated with people facing complex health issues which may have hindered their potential for acting independently and 'doing for oneself'.

(iii) Adopting a strengths-based approach
Building on the themes highlighted above, LAC teams made common reference to the strengths-based nature of LAC, with Coordinators across all sites focusing on people's skills and strengths rather than deficits or 'presenting issues'. There was a strong emphasis across the teams on supporting people before problems escalated and formal service support was required. As highlighted in Section One of the report, system level stakeholders discussed how LAC's strengths-based approach was influencing public service cultures and organisation.

> It's not all being about problems, and especially locating problems with the individual, it's about seeing everybody as of equal value and even highlighting to people, not in a patronising way, over time, you know, the things that they're good at or the things that they've got going for them, those assets, if you like …the gifts, skills, talents, the things that they can do for themselves (S2, LAC 2).

While life story participants did not use the language of strengths-based working or explicitly focus on skills development, as the following section on outcomes and impacts at individual level demonstrates, participants did explain the value that a strengths-based approach brought to their lives, e.g. building confidence, independence, community connectivity.

2. Relationships

Understanding the relationships built between Coordinators and participants helps us to shed light on why LAC works for that particular person. All four LAC teams talked extensively about the importance of the relationships that they build and how these underpin walking alongside. 'Being human' was identified as key in enabling Coordinators to create reciprocal relationships, sharing something of themselves in order to build lasting, trusting bonds.

> I think we are… allowed to be vulnerable and human, … and I think you don't find that in service delivery models…, there's much more stricter professional boundaries (S3, LAC 9).

The importance of trusting relationships was discussed by a minority of system level stakeholders; predominantly those close to the LAC programme (n=7/30). This emphasis was also evident among ward-level stakeholders (n=4/4), who reflected on the importance of long-lasting relationships of trust that are built over time.

> I think in a way you're [the Coordinators] a sort of safer option, aren't you? Because some folks can feel quite fearful of social services, particularly if they've been in difficulty in some way, you know, they might be frightened they'll end up taken to care or something, whereas you're sort of more of a neutral person and a safer option (S2FG3, Ward Level Stakeholder).
>
> You have to somehow get into these people's trust and into their lives then, and that's how you help, and that's how [Coordinator] does such a fantastic job at it (S4FG5, Ward Level Stakeholder).

While many of the characteristics outlined above were key components of these relationships, this section focuses upon how participants experienced these relationships. Strong and trusting personal relationships with Coordinators were pivotal for the majority of life story participants (n=40/48). Core descriptions of the relationships with Coordinators included: a) personal relationship/family/like a friend; b) a mentor/coach/guide supporting their independence; and c) community engager/capacity builder, d) doing for/fixing.

(i) Personal relationship/family/like a friend (n=28/48, S1=6, S2=10 S3=5, S4=7)

Comparisons were made with family relationships and friendships. Participants described their relationships using phrases such as being 'nice', 'friendly', 'approachable', 'informal', 'non-judgemental', 'listening', 'dependable', 'supportive' and 'trustworthy'. The person-centred approach of LAC and its informality can lead to blurring the lines between professional and personal. Participants understood that this was a professional relationship but that it was experienced more like a friendship because of the human connection between themselves and the Coordinator.

> Obviously she's not a friend, but it feels like she is a friend, but obviously you, I know that she is a professional (P9, S4).
>
> He became a friend to the family. Sometimes we sit down… and he likes chatting about his family… and he's got a son in the Army… there's a connection there because I was in the Air Force… So we'd become good friends (P9, S3).

(ii) A mentor/coach/guide (n=11/48: S1=3, S2=2, S3=3 S4=3)

A number of participants described their relationship as supportive but guiding, with boundaries similar to that of mentor or coach. To some extent, these stories reflect the balance that Coordinators described navigating, encouraging participants to push their boundaries. Examples of this included stepping outside of their comfort zone to attend a new group, start a new hobby, engage with a service or volunteer, all whilst also respecting the individual's agency and final decision.

> I would say that a lot that has to do with [Coordinator] is about her personality. She can be forceful but at the same time, …kind. I think that's a good balance. … She had to be firm with me a few times when I didn't do anything. She doesn't get nasty or angry though. She would just encourage me to go on (P8, S2).
>
> It's being smart enough and compassionate enough to realise what people's strengths are and playing to them… she's also smart enough to realise you can't push people to do something they're bad at, why not push people to do something they're good at (P3, S4).

(iii) Community engager/capacity builder (n=10: S1=1, S2=1, S3=3, S4=5)

A number of participants identified the main relationship with their Coordinator as focused upon engaging and developing community relationships. Here, emphasis was placed on community knowledge, connectedness and trust in the Coordinator's ability to encourage and support participants to engage in community activities. In some cases this led to participants taking on roles that they would not have had the confidence to do before.

> I thought, oh, that's great, you know, someone's interested in what I do, and I was able to share that with her. And from that, you know, I thought, oh, well, if [Coordinator]'s interested in it maybe other people would as well. She said, oh, can you do me a favour, how do you feel about doing this or that… which I don't mind, you know, it involves me more in the community then…. As long as I can do it, do what she asks, I feel quite chuffed actually, yeah (P1, S4).
>
> I would say that he's the guy to help if you are having any kind of issues… you can obviously relate to him… If you have any other interests that you may want to take up on, if you speak to [Coordinator], he can give you all the information and details to help you out (P3, S3).

3. Outcomes and Impact

The impacts of LAC on individuals was evident across all data sets. The data highlighted the following central themes: a) being accompanied and reducing isolation; and b) fostering confidence and independence.

(i) Being accompanied & reducing isolation

Being accompanied (n=35/48) and being less isolated (n=30/48) were discussed by life story participants as highly valued outcomes. Consequently, participants felt less alone and the sense of 'back up' gave them confidence and prevented them from falling into crisis. They discussed being better able to cope with challenges and of experiencing reduced stress and anxiety as a result.

> It gives you a good feeling, it's something to fall back on. Hopefully you won't need them, but the fact that they're there if need be is a good thing (P6, S1).
>
> It's a lifeline if you like, for people like us who don't really know where we're going or what we can do. He's a lifeline (P6, S3).

Increased confidence and independence developed from feeling accompanied, having that trusting relationship with their Coordinator and being supported to engage. Importantly, they attributed the relationship they had built with their Coordinator as preventing them from falling back into crisis.

> She has given me like a sort of a source of fuel to continue with my life, not to give up to, to be active to, to have my life settled. So my mental health, my psychological state... progressing in a such good way... I don't want to even imagine my life without [Coordinator] (P12, S4).
>
> I haven't got any confidence at all, to be honest. But I think she gives me that bit of confidence to know that I can do it on my own... and then if you can't do it on your own you will tell [Coordinator], 'You know what? I've tried it five, six times, and I couldn't make it'... then she will help me (P8, S2).

> I was a mess, 9 months ago. And now, with the help, I've stopped drinking. I wasn't an alcoholic, but I was drinking way too much. I was drinking to the extent that I was blacking out, so it wasn't safe.... I'm a lot stronger, I wouldn't say I'm fixed, I'm stronger, I can get through each day without a drink. I try to motivate myself by doing things, doing stuff in the garden, to keep busy (P11, S2).

(ii) Fostering Confidence & Independence

Both Coordinators and participants discussed how LAC enables stepped changes/accompanied support to engage and build relationships. Increased confidence and independence was identified by the majority of participants but was connected to a range of different experiences. As highlighted above, some participants talked of how their confidence had grown through community engagement, with some taking on community leadership roles, experiencing increased self-esteem and 'feeling good' (n=12). For a large cohort, increased confidence was connected to being better able to cope with challenges they were facing with mental health and/or disability issues (n=27/48: S1=7, S2=10, S3=4, S4=6). A small number of participants (n=5/48) also discussed how this increased confidence and independence had helped to reduce the burden on their families and resulted in improved family relationships. Over ³⁄₄ of participants discussed independence and confidence interchangeably (n=39/48), For some, as above, it was about someone 'being there', while for others it focused on how LAC had helped them develop purpose/make changes in their lives e.g to look after themselves or achieve goals/aspirations.

> I'm still very very prone to depression and anxiety ... But I know now that I've only got to pick up the phone to [Coordinator]... I know it sounds silly, I'm afraid to be asking my daughters... I feel like it's pressuring them, I know they've both got high pressured jobs... but instead, [Coordinator] said 'ring me instead'... It's different, I can turn to her and I don't just have to rely on my daughters, you know (P8, S4).
>
> Well, it sort of has changed my life ... It helped me get my confidence to go out of the house...It helped me build my confidence up applying for that job,... [Coordinator] gives me confidence about me going into town, sometimes, sometimes I don't feel like going into town, but she gives me confidence going to town (P12, S3).

Summary

The above data highlights the importance of LAC operating across three distinct but interrelated levels. Significant in these findings is the connecting role that LAC plays between the levels of system, individual and community. This is vital to injecting community insight into the system, connecting individuals to their rights and services, extending the reach of services into communities and connecting individuals into their communities. Also significant is the influence of LAC in shifting public service cultures towards strengths-based working. While the research highlights the complex interaction of roles and activities undertaken by LAC, there is a significant challenge in evidencing the impact of these processes within traditional linear and transactional service models. However, the data illuminates the important role that LAC plays in 'plugging the gaps' in public services provision, preventing crisis through early intervention and supporting people who slip through the net and end up trapped in the system.

Participants did not use the language of skills and strengths instead of deficits and problems. Yet, outcomes and impact data at individual level highlights a strengths-based approach and the benefits it brings. Two key outcomes identified were 'feeling accompanied and reduced isolation' and 'fostering confidence and independence'. Participant data provided strong evidence that this enabled them to better cope with challenges, reduce their stress and anxiety and reduce the risk of falling into crisis.

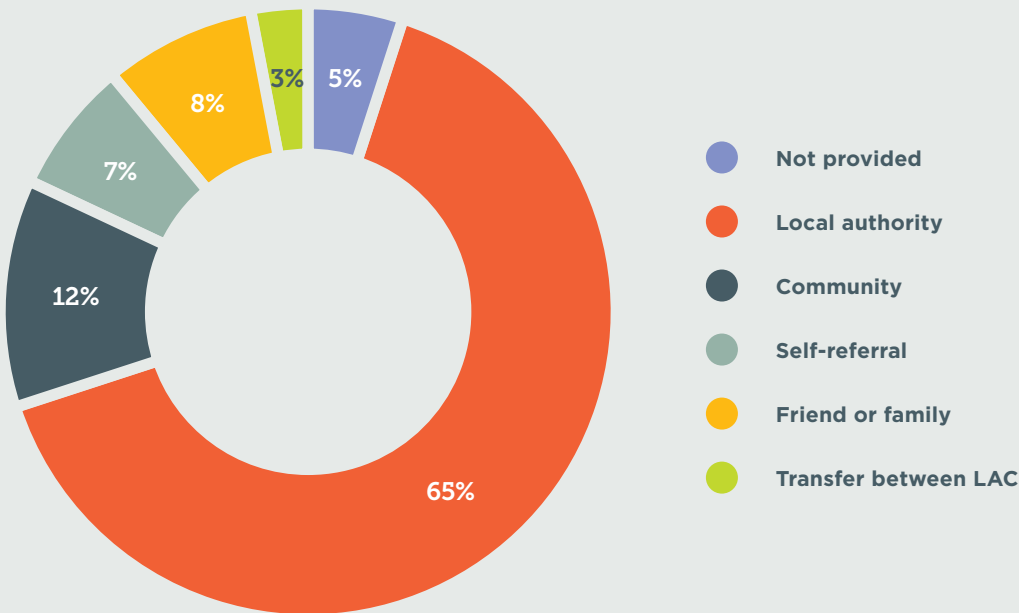# Data on Participants For Whom LAC Has Not Worked

The study collected and analysed data on introductions which had not been successful to try and explore potential reasons for this outcome. Examples of failed introductions/non-engagement were also compiled from case notes from S2 and S4, with the addition of additional summary data from S3. A total of 60 cases were submitted. (S4=10, S2=22, S3=28). In addition seven interviews were conducted by the research team with participants where engagement with LAC provision ceased (S1=2, S2=1, S3=1, S4=3). A coding schema was developed for this data and key findings are outlined below. As the number of cases provided are relatively small and inconsistent across locations, the discussion is predominantly descriptive and exploratory, regarding any major inferences that can be attributed for non-engagement.

Introduction routes
Across the three sites 65% of non-engagement introduction routes were from statutory services. This varied significantly across individual sites with 72.7% in S2, 67.9% in S3 and a much lower rate of referrals from statutory services in S4 at 40%. The second most common route for referrals across all sites is the community at 12% of cases.

Figure 1: Introduction route total for all sites

- Not provided
- Local authority
- Community
- Self-referral
- Friend or family
- Transfer between LAC

Activity and responses
In the majority of cases, non-engagement happened within the first few phone calls or visits. Initial contact or attempts to contact and no further engagement accounted for 56.7% of all cases. There were five instances where workers were unable to engage with potential participants at all (8.3%) and eight instances where contact was made and no support was wanted (13.3%). However, the most common response was an initial meeting followed by no further engagement (25 cases or 41.7%). In the remaining cases, there were instances of 'walking alongside' in 16.7%, followed by relationship building into communities in 8.3% of cases. 'Incorrect expectations' about the service accounted for 20% of cases. There was also significant variation in the amount of participants with 'incorrect expectations' about the nature of LAC. This was 32.1% in S3, 13.6% in S2 and 0% in S4.

Figure 2: Participant responses

Legend:
- Not provided — 2%
- Engaged with LAC — 3%
- No Response — 8%
- Arrangements made but cancelled — 12%
- No support wanted — 13%
- Incorrect expectations — 20%
- Initial meeting but no engagement — 42%
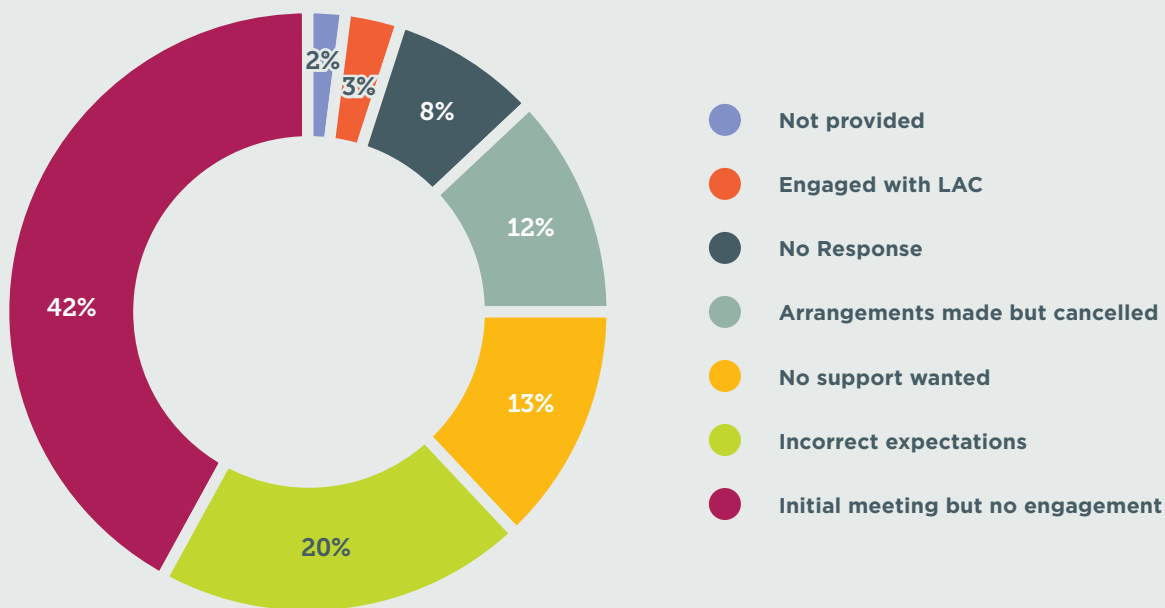
Brief engagement followed by ceasing contact was the most common outcome for those who chose not to participate at 53.3% of cases. It was not always clear whether cases had been left open or closed but reported instances of 'no engagement and case closed' was the next most common outcome at 21.7%. Cases referred back to the introducing agency represented 11.7%. Cases categorised as 'Referred back as unsuitable' also varied across sites, 21.4% in S3 but just 4.5% in S2 and 0% in S4.

The interviews highlighted the importance of consistent support and a longer-term relationship. In some instances it may be that LAC is the most appropriate programme to be able to offer this but in other situations a longstanding relationship may already exist with another worker/service. What was deemed important across the majority of responses was the need for consistent support from a service and someone with whom they felt they could build a trusting relationship. In two instances, the interviewees already had access to someone providing a similar role to LAC and with whom they had a long-term relationship. One interviewee was receiving the support they needed from this source and the other while appreciating the support received, continued to have unmet support needs.

The interviews also revealed that communication and understanding about the purpose of LAC is important, particularly in setting out what the role is and is not. This aligns to the quantitative data which also shows a significant percentage of cases where 'incorrect expectations' was a reason for non-engagement. Furthermore, early exploration of what a successful engagement may look like for the individual could be important to avoid 'incorrect expectations' and disappointment or a breakdown in communication or engagement.

Overall the data on non-engagement, while limited, suggests that most failed introductions appear to happen relatively early in the relationship; either through no engagement or an initial engagement being followed by no subsequent response. A significant number of these cases were the result of local authority service introductions. This could be seen to substantiate the claims in other aspects of the research, regarding local authority services seeking to offload cases and not always understanding what support LAC could offer. Few of the non-engagement cases provided ever reached a stage of regular 'walking alongside'. Data suggests that the reasons for this were that people were either not in a position to be able to engage with LAC (requiring more immediate crisis support), that other support was already being provided, or that the type of support being offered by LAC was not what the individual expected or felt that they needed at that time.

Part Two
Analysing LAC Processes

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Aim

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Qualitative comparative analysis (QCA) was developed by Ragin (1994) within political science but interest in the approach has grown and it has been proposed as a method for supplementing process evaluations for complex interventions. As reported by Byrne (2013), the effects of a complex intervention may accrue through a combination of components, and the intervention may only work because different components interact with the system or context in which the intervention sits. In the case of LAC, it is important to understand not only whether particular activities in conjunction result in a particular outcome (e.g. signposting and walking alongside individuals as they engage with services leading to more confidence in engaging with services) but how other activities or contextual factors interact to lead to (or block) these outcomes. QCA could potentially provide a way of assessing causality due to its ability to model complex situations and allow for the comparison of outcomes that result from different combinations of actions and contexts across cases. QCA uses set theory and qualitative data to explore the relationship between what happens (referred to in QCA as conditions) and outcomes, by identifying the conditions required for a specific outcome to occur.

As there were only four sites in the study, the QCA focussed on the activities that Coordinators engage in when working with people introduced to them for support and does not examine the resources;/inputs required to deliver results. However, these are included in the theory of change model.

The aim of the QCA was to try to identify pathways through which LAC achieved its outcomes. This was achieved through the development of a logic model populated using primary data from the four LAC teams, which was then tested using primary data collected through the life stories, stakeholder interviews and ward level focus groups. The stages of the QCA were:

• Development of a prototype logic model

• Agree outputs/outcomes to use in the QCA

• Produce a theory of change model from the logic model and agree the conditions (activities) that would be included as predictors in the QCA

• Populate the model using primary evidence collected from stakeholder interviews/focus groups and life story interviews.

(i) Logic model development
Workshops were run with each of the LAC teams at the start of the project to develop a series of logic models (Kellogg, 2004) that aimed to describe how the Coordinators believed they achieved their intended outcomes (describing inputs/resources, activities and outcomes that occurred at individual, community and system level). The activities element of the logic model was split into 'interim' activities which reflected what the Coordinator needed to do before they engaged with individuals (e.g. getting to know the community) and 'activities' the Coordinator undertook with the individual, such as signposting and advocating as this better reflected the data. The logic models were then merged to create a comprehensive theory of change model representing the activities and pathways to impact identified by each site (De Silva *et al.,* 2014).

(ii) Refining the theory of change model (WP3)
The research team worked with the LAC teams and key stakeholders to select two outputs that would be the focus of the QCA (one individual level and one community level output). The model was then tested using primary evidence collected from stakeholder interviews/focus groups and life story interviews.

Individual Level Output variable - The teams agreed that 'Individual is in control of own life and decisions' should be the individual level output. The output was described as present or not (1/0). For the QCA this was reframed as 'What combinations of activities are present in cases where individuals feel they achieved their goal of being in control of their own life and decisions'. The LAC teams selected variables that they felt were core to achieving the agreed output, and a refined theory of change model developed (Figure 3). Due to the small sample size available the QCA focussed on the activities the Coordinators did (in blue), termed conditions within a QCA and their relation to the output (in grey).

Figure 3: Theory of change model for individual level outcome

Resources	Interim activities	Activities	Mechanisms	Outcome/output

Reflective space and peer support

Helps ensure relationships are managed well and do not become dependent

Capacity crisis within public services

High level of introductions means can't spend time sufficient time with each

Other services misunderstanding role of LAC

LAC keep people afloat until public services can engage with person who needs staturory services (and maintain support post referral into services)

Individual is in control of own life and decisions

Introductions - triggered by specific issues(s)

Being there

Being a safe waiting space - being available when person is ready.

Building trusting and purposeful relationship with individual to identify root cause(s) of issues they face and support them to develop their vision of a good life.

Signposting to services and sit while person engages.

Introduce individuals to community groups/people and support to develop own network of informal support (and prevent/reduce need for Stat Services)

Being an active sounding board - supporting consequentialist thinking but not intervening (*"I know what I need..."*)

Working within LAC values and principles

Allowing time to walk alongside (person and family)

Not fixing - supporting people to recognise their natural authority and make changes for themselves.

Person-centered - no agenda

Acknowledging strengths

Open door - person can re-engage when need to (support when needed)

Personal background and history

Building relationships with community resources (community groups, leaders, businesses)

Management support: Trust and permission from Leadership - not time limited involvement

● **Barriers**　● **Mechanisms**　●● **Context**　● **Activities/Interim Activities**　● **Output**

During the preliminary data extraction, it became clear that a site level analysis would not produce a good model because there was too much data redundancy; i.e. all conditions were present at all sites, so could not be used to identify the combination of conditions that contribute to the outcome. The range of reasons that individuals engage with the service also varied significantly, and their personal profiles differed markedly too, making the cases potentially too heterogeneous for a site level analysis. As the analysis was purely exploratory the decision was taken to adopt an individual-level approach.

Community level output variable -The teams agreed that *'Community groups better connected to each other and to the community'* should be the community level output. This was reframed as *'What combinations of LAC activities are present when respondents feel that Community groups LAC work with feel better connected to each other and the community'*.

Figure 4: Community level theory of change model
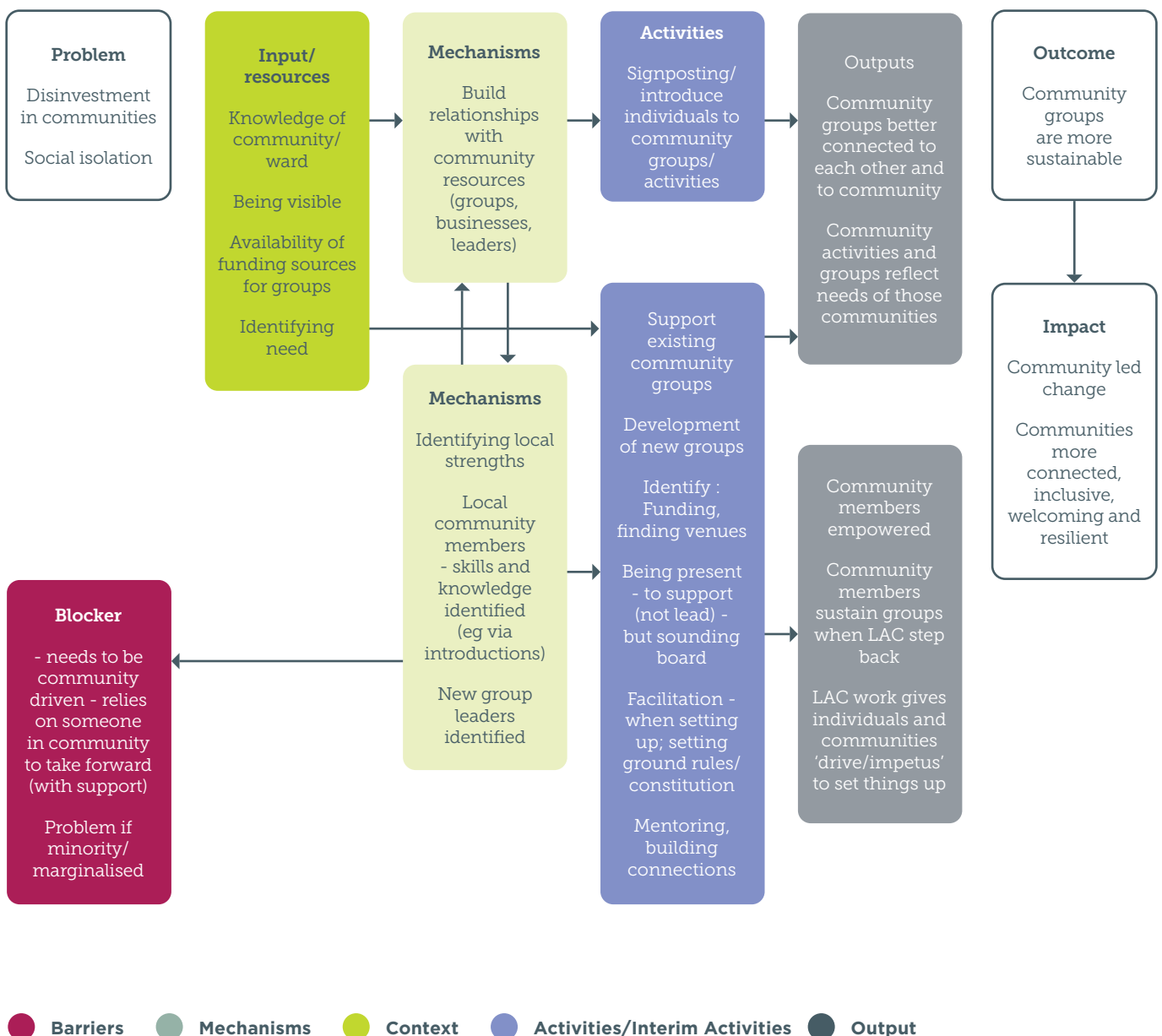
Results

Below is a summary of key results from the QCA

Individual QCA

Focussing on individuals as the case level, three key output dimensions were identified: 1. system level – the person can navigate systems (e.g. health systems) independently and receive support; 2. community level – the individual receives support within/from the community to reduce social isolation; 3. individual outcome – the person feels they can be more independent. 30 individuals' life stories were mapped to an outcome/goal related to 'being in control of their own life'. Individuals had been involved with LAC for between 3 months and 8 years so for some individuals, their original reason for presentation had been superseded by later issues/concerns they had experienced and received support for. Most individuals described more than one issue that triggered a crisis and engagement with LAC. In addition, all described background health and wellbeing issues that did not specifically bring them into contact with LAC but that potentially interacted with the issue they presented with, triggering them into needing support (e.g living with a long term health condition, being bereaved or experiencing mental health problems).

(i) Able to navigate the system and receive support - 8 individuals (6 female, 2 male, aged 20 to 57 years old) described situations they faced where they needed to navigate systems to resolve their problem(s). No single approach utilised by LAC resulted in people being able to navigate systems and receive support. Signposting people to services was most consistently associated with a positive outcome and was used in 6 out of 7 configurations. Signposting was almost always used in conjunction with other forms of support, such as acting as an advocate and/or sounding board.

(ii) Reduced Social Isolation - 19 individuals (13 female and 6 male, aged 32 to 85 years) reported that they were introduced to LAC because they were experiencing social isolation and that their goal was to become less isolated and/or more engaged with the community. Individuals came with a history of living with other health challenges, including physical/mental disabilities, past trauma, depression/anxiety or bereavement. No obvious configuration of activities was associated with positive outcomes. The main way in which LAC tried to reduce social isolation was to facilitate introductions to community groups (6 out of 11 configurations). For two individuals reducing social isolation did not involve signposting or introductions, but simply the Coordinator visiting them in their own home.

(iii) Personal Independence - 26 individuals (19 female and 7 male) provided data for the model 'Personal Independence'. The largest single configuration (8 cases) showed a pathway to independence that involves Coordinators acting as an advocate for the individual, but that advocacy alone is insufficient as none of the configurations include only advocacy as a condition associated with this goal being achieved. Advocacy seems to be a strong predictor as it is part of all successful configurations. In contrast, acting as a sounding board was not always associated with positive outcomes.

Community QCA

QCA requires cases where the output is achieved/not achieved, to determine the associated configurations. However, the life stories, stakeholder interviews and stakeholder workshops failed to provide evidence where any of the outputs identified in the logic model were linked by evidence to the activities described, making it impossible to undertake the QCA. There was good evidence for some activities, with strong evidence from all data sources for the work LAC does to signpost individuals to groups, and support existing community groups, but this did not vary across sites, making the factor redundant in the analysis (Simister & Scholz 2017).

Discussion

When Coordinators act as an advocate for an individual, this was a necessary step to move that individual towards their goal of independence, as it is present in the majority of configurations where there is a successful outcome, but it is not in itself sufficient to achieve an outcome; i.e. the outcome can occur as a result of other conditions (Rihoux & Ragin 2009), including ones which are in all likelihood not captured by the QCA. The pathway was less clear when considering the outcomes 'being able to navigate systems' and 'reduced social isolation', where both positive and negative outcomes seemed to result from a range of activities, and in some cases the same activities resulted in both positive and negative outcomes for different individuals. Signposting was rarely used in isolation, but when it was it was not associated with positive outcomes for individuals.

The pathways identified suggest that those who were socially isolated did not do well when signposting to services was used unless this was in conjunction with other approaches. Given the contextual starting point of those being walked alongside (i.e. past history of trauma, ageing, long-term conditions, ▶

mental health issues), it is not surprising that a nuanced approach is needed to support people to achieve their goals. In most of the successful configurations a positive outcome resulted from two or three different approaches being adopted by the Coordinator, reflecting the holistic, strengths-based approach, whereby the individual has the power to say how they want to achieve their goal(s).

The study found no evidence to support a link between the activities undertaken by Coordinators and the outcome 'community groups being more connected'. This does not mean that there is no relationship, but that there was insufficient evidence of the outcome within the data to test in a model. There was some indication from the interviews with people who had set up community groups that working with LAC was a positive experience, and there was evidence that individuals were better linked together (e.g. a person from one group was now connected to someone from another group), but not that groups were better connected.

Overall, we found the strengths-based approach adopted by LAC to be at odds with the way in which QCA works. QCA is equipped to examine how different activities are necessary to achieve a successful outcome but requires one outcome to be modelled and implicitly takes a deficit model (an implied problem to be resolved; activities (conditions), mechanisms, outcome) setting out the causal chain between these to tease out which factors are at work. In contrast, LAC's strengths-based approach proposes multiple pathways can result in multiple outcomes with activities (conditions) negotiated between the Coordinator and the individual.

The life story data described a range of underlying (background) issues such as ageing, trauma, and long-term health conditions (mental and physical). It is likely that these influ-enced how the LAC engaged with an individual and meant that multiple activities (conditions) were often utilised to support the individual to achieve their goals (person-centred approach). Consequently, the combination of conditions that work to good effect with 'this' individual, may not be successful in another case, creating a huge number of possible configurations leading to the same result, and similar configurations leading to different results. LAC cannot alleviate all the issues (background factors) that individuals present with, but these are likely to influence the approaches Coordinators employ when supporting the individual to become more able to respond to challenges.

The process highlighted how the data do not fit with a traditional theory of change model that maps a generally linear relationship between activity, mechanism, and outcome. Instead, the data identified multiple activities that can result in multiple outcomes, with interactions between system, community and individual level activities making the theory of change model complex. Although the individual level QCA has proposed some pathways to outcomes, it may be that the QCA approach is not the most appropriate method for examining data from strengths-based models such as LAC. Initiatives such as LAC are dynamic, and the context for engagement can be as significant as the specific reason for the introduction and the actions undertaken. All the life story cases we included in the analysis were complex. Many individuals had been with LAC for several years and it could not be determined from the life story data the order of some events, so determining 'when' an activity had taken place, and its relation to the outcome of interest was blurred, and as described above, multiple activities could result in multiple outcomes. If QCA is to be attempted in future, comprehensive longitudinal data needs to be available from the LAC teams on those who engage with LAC, (and those who disengage) both individuals and communities, with clear outcome data.

Exploration and analysis of secondary LAC case study data

To complement the QCA, the research team analysed a sample of stories collated by three out of four locations: S1, S2 and S4. Given that all locations collected and recorded stories in different formats, lengths and detail, the research team developed an exploratory coding schema to enable comparison of stories both within and across locations. A framework was devised to link the individuals' narrative to the logic models co-designed by the LAC teams. The coding framework focussed upon the issues addressed by LAC support, specific actions which were taken and their short and medium term outcomes.

A sample of 30 stories was selected for each of the three LAC locations (n=90). The sample was chosen purposively so as to ensure that it was robust and that it adequately represented the cases based on their age, gender (though not disclosed for some cases) as well as a cross-section of the wards. Stories were then coded against the logic model. The three LAC locations were coded as S1, S3 and S4. Codes were also assigned to each category described in the logic model as outlined in the table below:
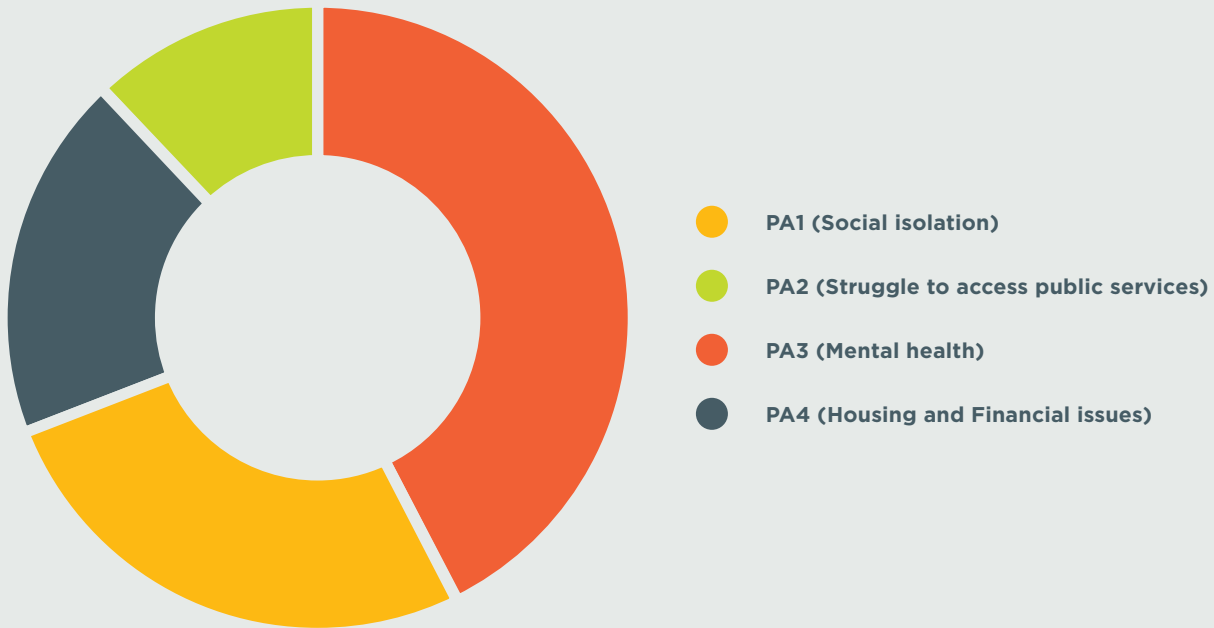
Table 1: Secondary analysis of LAC case study data

Problems addressed	Activities	Short term outcome	Medium term outcome
PA1 Social Isolation	**A1** One to one work with residents (Walking alongside)	**STO1** Improved ability to use available skills, information and support.	**MTO1** Increased ability to self-manage and navigate systems
PA2 People struggle to navigate public services	**A2** Recommend, signpost, refer to and support people to make use of community resources.	**STO2** Better able to navigate systems.	**MTO2** Improved well-being and sense of value
PA3 Mental and Physical Health	**A3** Advocate for referral into statutory services	**STO3** Less isolated	**MTO3** Improved relationships with professionals
PA4 Housing and Financial issues	**A4** Sounding board for individuals-	**STO4** Learn new skills	**MTO4** Skills/resilience developed
	A5 Make introductions	**STO5** Develop natural supportive relationships	**MTO5** Individual less likely to fall into crisis
	A6 Frequency and duration of engagement not determined (Tailored)		**MTO6** Increased participation in community
	A7 Relationship building into communities		

Problems Addressed

Across all locations, mental and physical health issues were the most prominent problems addressed. Nearly 43% struggled with problems of mental and physical health followed by social isolation (26%), financial and housing issues (19%) and struggle accessing public services (12%).

Figure 5: Problems addressed - Across all regions

- ● PA1 (Social isolation)
- ● PA2 (Struggle to access public services)
- ● PA3 (Mental health)
- ● PA4 (Housing and Financial issues)

Closer examination of the story data reveals that it was difficult to place the problems presented by individuals into narrow categories in most cases. The problems, as defined by individuals, are spontaneous and hence one category often connects to others. For example, a significant number of people who have reported themselves as being socially isolated have also shared that they have struggled with mental health issues and vice versa. Similarly, the data suggests a potential link between housing and financial issues and mental health.

Within each of these core domains a range of sub themes emerge. An example of how these can be further broken down is given for the cases coded against mental and physical health below.

Figure 6: Sub themes for mental and physical health

- ● Trauma
- ● Mental health issues
- ● Physical health conditions and mobility
- ● Disability
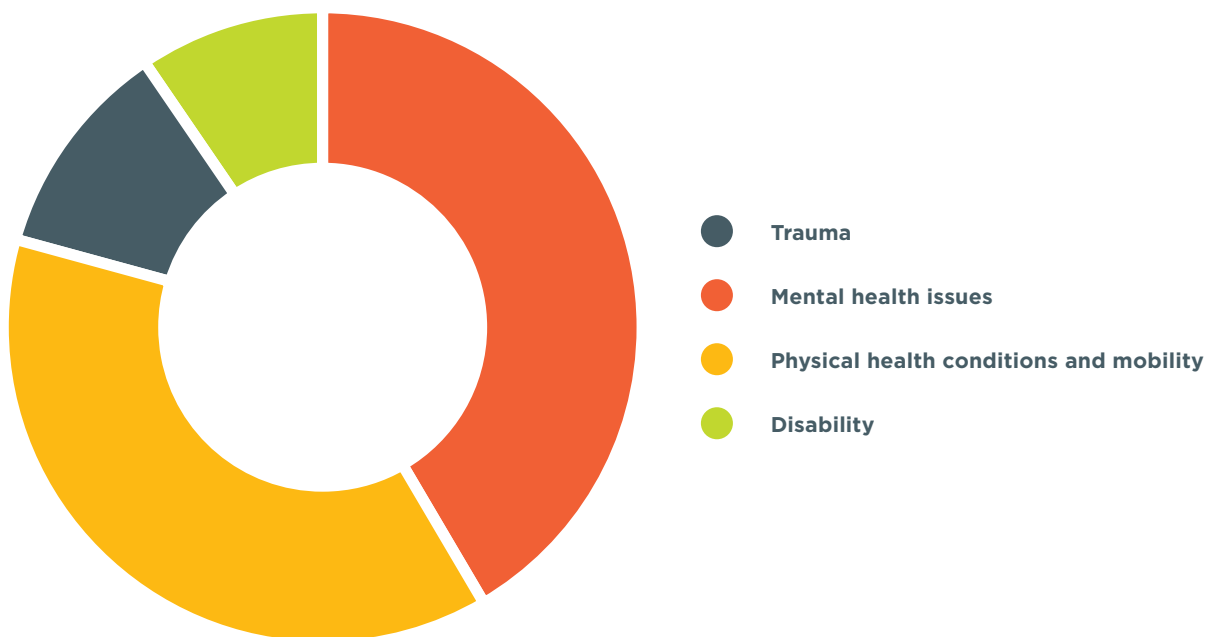
Within these categories cases were as follows: mental health (37 cases), physical health and mobility (33 cases), trauma (10 cases) and disability (8 cases). Though individual experiences differ, their stories fall within the scope of the following sub-themes. For 25/37 cases within the mental health sub theme, anxiety and depression featured as the most prominent issues. Anxiety and depression were attributed to various causes including: financial pressures, family issues, bullying, physical health condition, reflected below.

> R had moved in with his brother and wife last October. This was going well until lockdown when they had a fall out and they had not spoken to each other for 6 weeks. When his sister in law spoke to another colleague she said the situation was having a negative impact on her mental health and relationship with her husband (S1).
>
> While they were on the phone, the Local Area Coordinator asked how C was coping. She said she was struggling to care for her mother as well as dealing with current stresses that were going on in her own life (S1).

Physical health conditions often linked to transitions into older age and included issues relating to memory, mobility and physical health problems.
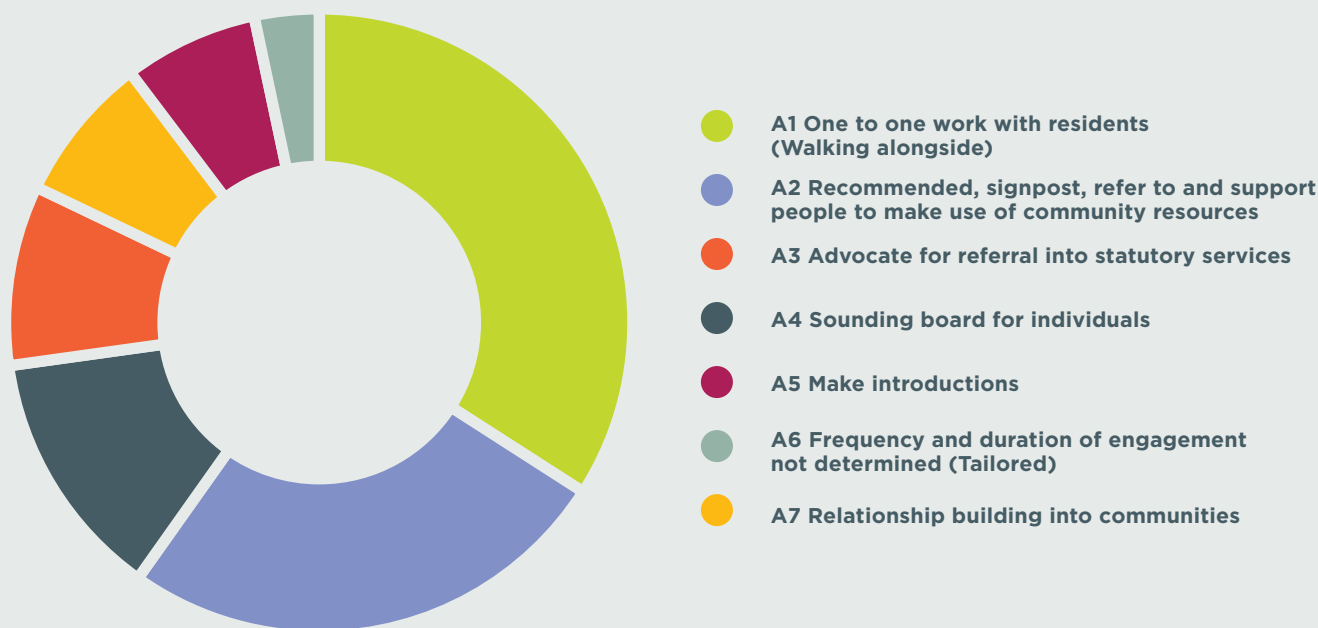
> AW with her husband. They are both in their 80's and moved to be closer to family. AW has health issues, mobility and heart condition and her husband has dementia. AW is his main carer (S3).

People also described struggling with mental health issues as a result of trauma (10 cases) which included surviving abuse.

> LG explained she had been in an abusive relationship with her ex-partner. LG discussed how she had been smoking cannabis excessively, which had impacted on her behaviour and lifestyle. She also reflected how this had impacted negatively on her mental health causing high levels of anxiety. (S1)
>
> LF is a single lady who lives on her own in the village. She suffers from PTSD from childhood experiences that continued into adulthood. (S3)

Across the cases, most activities focused on LAC working one to one with individuals, walking alongside to support them with achieving their idea of a 'good life' (35%). This is followed by Coordinators actively recommending, signposting and support-ing individuals to make use of community resources (26%). Mak-ing introductions, relationship building into communities and tailored engagement were the least cited activities identified across the data.

Figure 7: Activities (Person Level) - Across all regions

- A1 One to one work with residents (Walking alongside)
- A2 Recommended, signpost, refer to and support people to make use of community resources
- A3 Advocate for referral into statutory services
- A4 Sounding board for individuals
- A5 Make introductions
- A6 Frequency and duration of engagement not determined (Tailored)
- A7 Relationship building into communities

Links Between Issues Addressed and Types of LAC Activities

Building upon the above analysis, the research sought to examine whether any patterns could be identified within the data regarding activities undertaken and presenting issues. The graph below attempts a visual representation of the interlinks between these categorisations.

Figure 8: Problems addressed and LAC activities
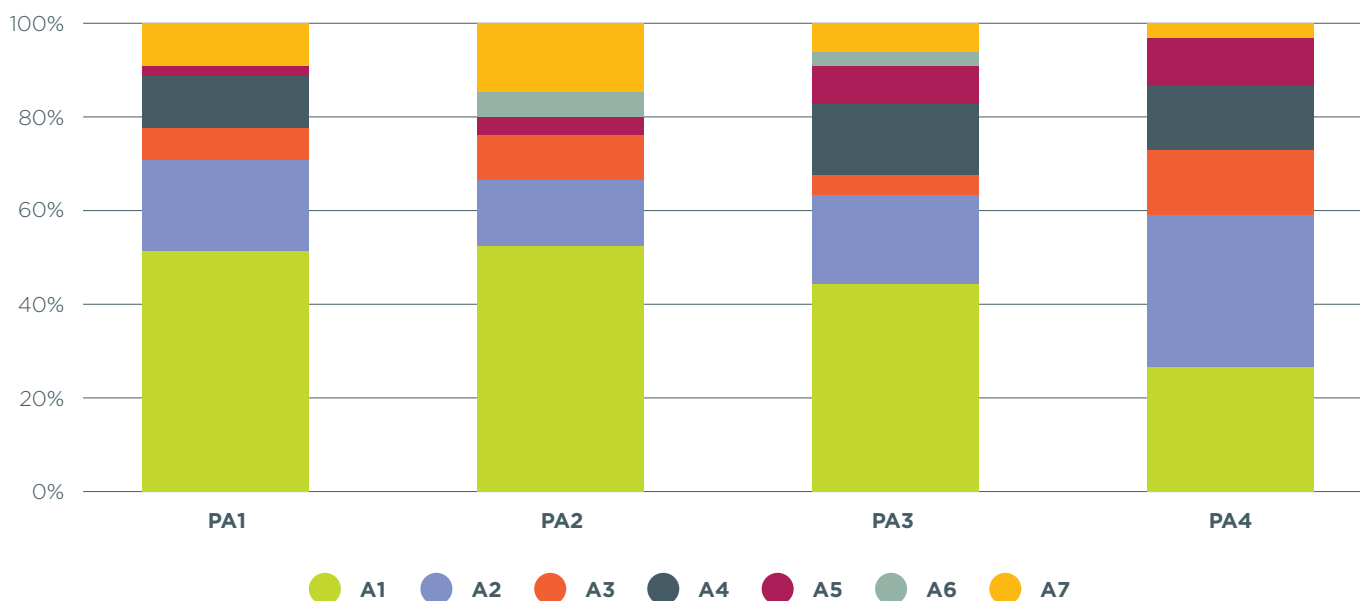
See Secondary Analysis of LAC case study data: Figure 5 for key.

Walking alongside the individual (A1) was the most common activity for three categories of presenting issues (social isolation PA1, people struggling to access resources PA2 and People struggling with mental or physical health issues PA3). For individuals who reported housing/financial issues (PA4) as their primary problem; referrals, signposting and supporting the individual to access community and public resources (A2) were the primary activities. This was also the second largest activity for the other three categories of problems addressed (PA1, PA2 and PA3). Advocating 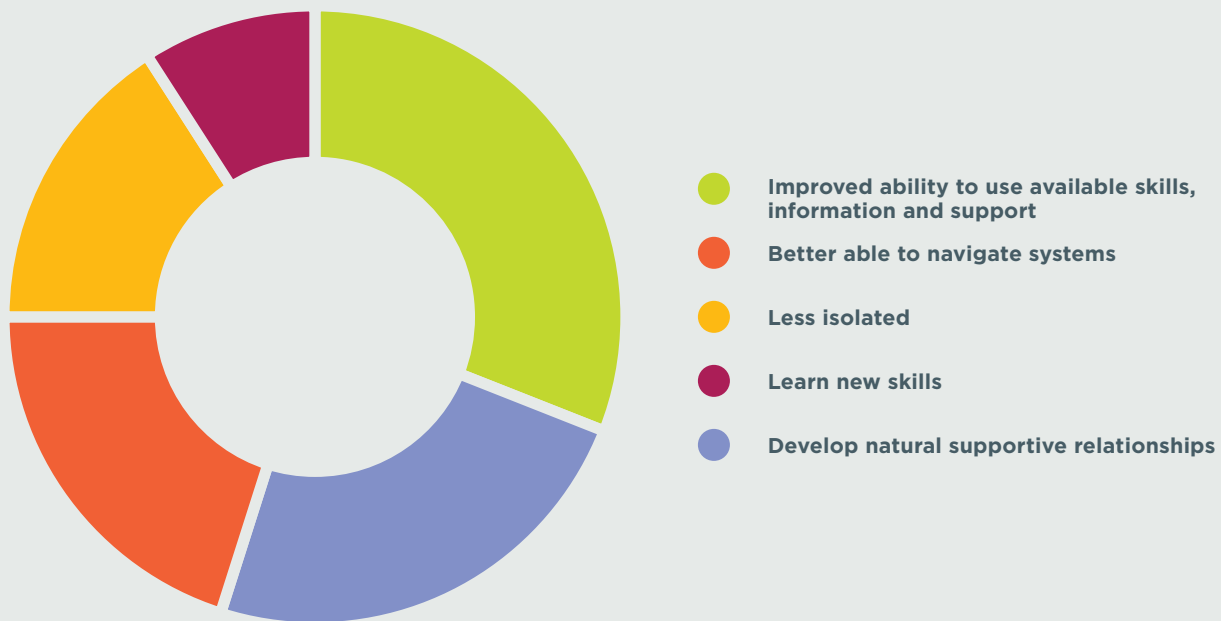for referral into statutory services was the strongest activity in addressing housing and financial issues, and for addressing people struggling to access public services. LAC serving as a sounding board for individuals (A4) was quite strong in relation to mental and physical health issues and also for housing and financial issues. Making introductions (A5) has been employed by LAC as an activity to address mostly mental and physical health issues as well as housing and financial issues. Building relationships into communities (A7) was a strong activity for people struggling with mental and physical health issues and social isolation.

Short term outcomes

The largest proportion of individuals (52 cases) identified as a short-term outcome, an improved ability to use the available information resources and support. This was followed by an improvement in their capacity to develop nurturing relationships (39 cases). 33 individuals expressed that they were better able to navigate public services and 27 expressed feeling less isolated as a result of engagement with LAC. Similar to the primary data, learning a new skill was the least evident outcome (15 cases).

Figure 9: Short-term outcomes - Across all regions

- **Improved ability to use available skills, information and support**
- **Better able to navigate systems**
- **Less isolated**
- **Learn new skills**
- **Develop natural supportive relationships**

Within the theme 'improved ability to use available skills, support and information' cases identified how individuals experienced improved confidence to overcome challenges. Individuals were better able to cope with their immediate problems and to move forwards. LAC's constant support also positively influenced individual outcomes as they were assured that they were not alone.

> The Coordinator's knowledge of a broad range of subjects and contacts in services ensured the resident felt more connected, confident and reassured that help & support is available (S1).
>
> She now has better access to information needed to help her make decisions, seek the right help and support and has people she can trust to turn to when having any future bad days (S4).

Individuals identified new friendships resulting from increased connectivity to their community through activities like coffee mornings, online zoom interactions etc. This has had a positive impact on individual wellbeing.

> When P moved in, and being a person centred person he introduced himself to J and his wife. They both hit it off and told each other their respective stories. It was this common ground that seemed to let their friendship flourish (S4).
>
> A said that she was overwhelmed with all the kind offers and generosity of people she had never met. A added that she was very much looking forward to moving into her new home due to the kindness shown to her (S3).

Connecting LAC Activities to Short-Term Outcomes

The graph below examines the relationship identified between short-term outcomes and the activities undertaken by LAC teams.

Figure 10: LAC activities and short-term outcomes
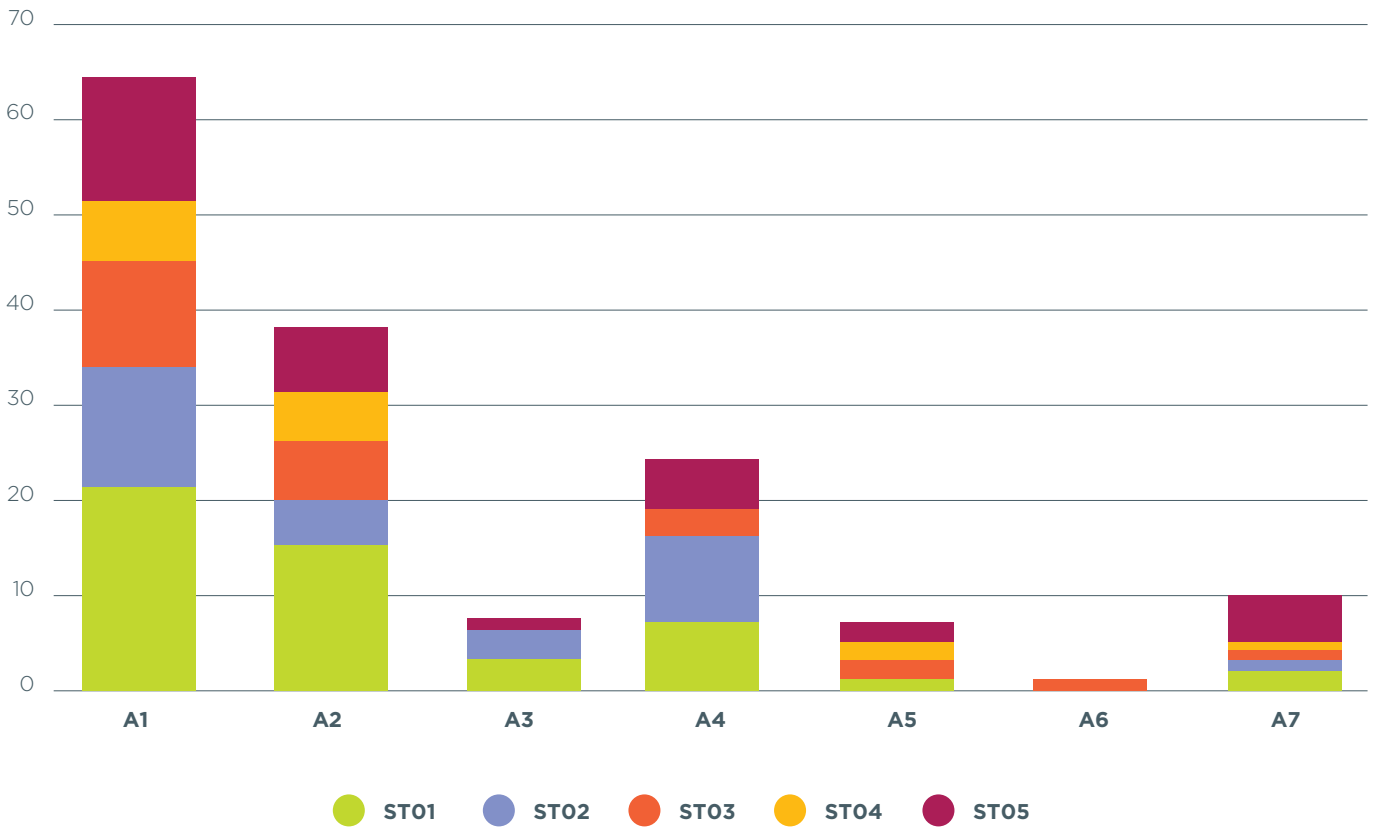
See Secondary Analysis of LAC case study data: Figure 9.

As stated earlier, walking alongside, referring, signposting and supporting individuals to access services and serving as a sounding board are the most prominent activities undertaken by Coordinators. These activities are strongly connected to individuals' ability to use available skills, information and support. Higher number of individuals stated that they were better able to navigate systems as a result of the Coordinator's role as a sounding board. Almost equal numbers of individuals reported better ability to navigate systems and less isolation due to being 'walked alongside'. Reduced social isolation was the most prominent outcome from making introductions (A5) and for bespoke LAC engagements (A6). As with the QCA findings, what is clear across the data however, is that different activities are associated with all outcomes.

Medium-Term Outcomes

In examining medium-term outcomes the largest was characterised as improved sense of wellbeing and self-worth (69 cases) followed by increased community participation (46 cases). Increased ability to self-manage, improved relationship with professionals and enhanced resilience and skills also feature.

Figure 11: Medium-Term Outcomes - Across all regions

- 🟢 **Increased ability to self-manage and navigate systems**
- 🟠 **Improved well-being and sense of value**
- 🟡 **Improved relationships with professionals**
- 🟣 **Skills/resilience developed**
- 🔵 **Individual less likely to fall into crisis**
- ⚫ **Increased participation in community**

For those identifying 'Improved well-being and sense of value', experiences reflect an enhanced sense of physical and mental wellbeing. People expressed that they *'felt lighter' (S1)* and were willing to make the necessary changes in their lives, which they were reluctant to make or simply lacked the motivation to make earlier.

> It was great, it is great getting out and about again as I have virtually been on lock down for 1 and a half years due to my paranoia. It is great to feel the wind on my face. I love the feel of the sun, I love the colours of the flowers, I love seeing the bushes and the trees, I love seeing other people, I love looking round town seeing what's new- just going somewhere is great it is like learning to walk again and it's all thanks to my Local Area Coordinator (S1).

Some participants felt life had *'settled and felt calmer'* while others stated that LAC helped *'prevent their mental health issues from escalating'.* Individuals also stated that *'they felt more confident knowing about the options available to them'* and that LAC was there to support them at every stage.

> As B is now seeing more people throughout the week and has the opportunity to go for days out, her low mood has started to ease and her emotional wellbeing is improving over time (S4).
>
> She has changed her eating habits and is now on a healthy lifestyle as a result she has lost weight and feeling more confident (S3).

Cases indicated increased community involvement and engagement, with a view to giving back; *'to contribute more within the community' (S3).* Individual experiences indicate increased social inclusion, noting how they feel a part of the community and actively engaged through volunteering or sharing their experiences, supporting people with similar conditions. Cases also identified a link between increased community participation and positive mental health.

> E has decided to apply to become involved in local politics – a goal which is reframing her experiences and knowledge and helping her to put her difficult experiences to good use helping others, and her self-confidence is growing rapidly (S1).
>
> He has quite a busy social diary with all of these events going on. The Coordinator invited A to participate in the NQP Practitioner's event and he agreed to contribute to the programme as a citizen with lived experience of mental health, contributing some really helpful views on how provision in his city has been impacted by Covid and what he would like to see happening to support young people and improve their mental health in the future (S1).

Another prominent medium-term outcome was increased ability to self-manage and navigate systems. Cases discussed how individuals felt a sense of achievement taking small steps towards autonomy. LAC played an important role in providing a push to individuals, which further enabled them to increase their independence.

> Unknown to the Coodinator, R had made contact with the hub, independently, via Facebook and had made arrangements to collect her own food from the hub (S1).
>
> A was not happy with the quotes received to help her manage the property. She therefore got the support of her friends and personal contacts to address the housing issues, put a lot of personal time into rectifying the property and has now completed a housing application and this has been approved for a move to a more suitable, manageable and affordable
> property (S1).

The data also highlights how LAC has also successfully contributed in building individual resilience, reflecting LAC's strengths-based approach. By ensuring necessary support systems and facilitating connections, cases highlighted how this support enabled individuals to process and survive challenges and move forward. Interestingly only a few case studies directly evidence how support has resulted in individuals being less likely to fall back into crisis due to support mechanisms being in place.

> Although F can find it hard to give herself praise, LAC has been able to draw out her strengths and to get her to reflect on her amazing achievements that she has made over these months (S1).
>
> X was mindful of challenges which lie ahead in paying back the money she owes and life may well be tough at times both financially and emotionally as her father is very ill. These are challenges she has overcome and can cope because she has support, advice and help in tackling them (S4).

Connecting LAC Activities with Medium-Term Outcomes

Figure 12: LAC activities and medium-term outcomes
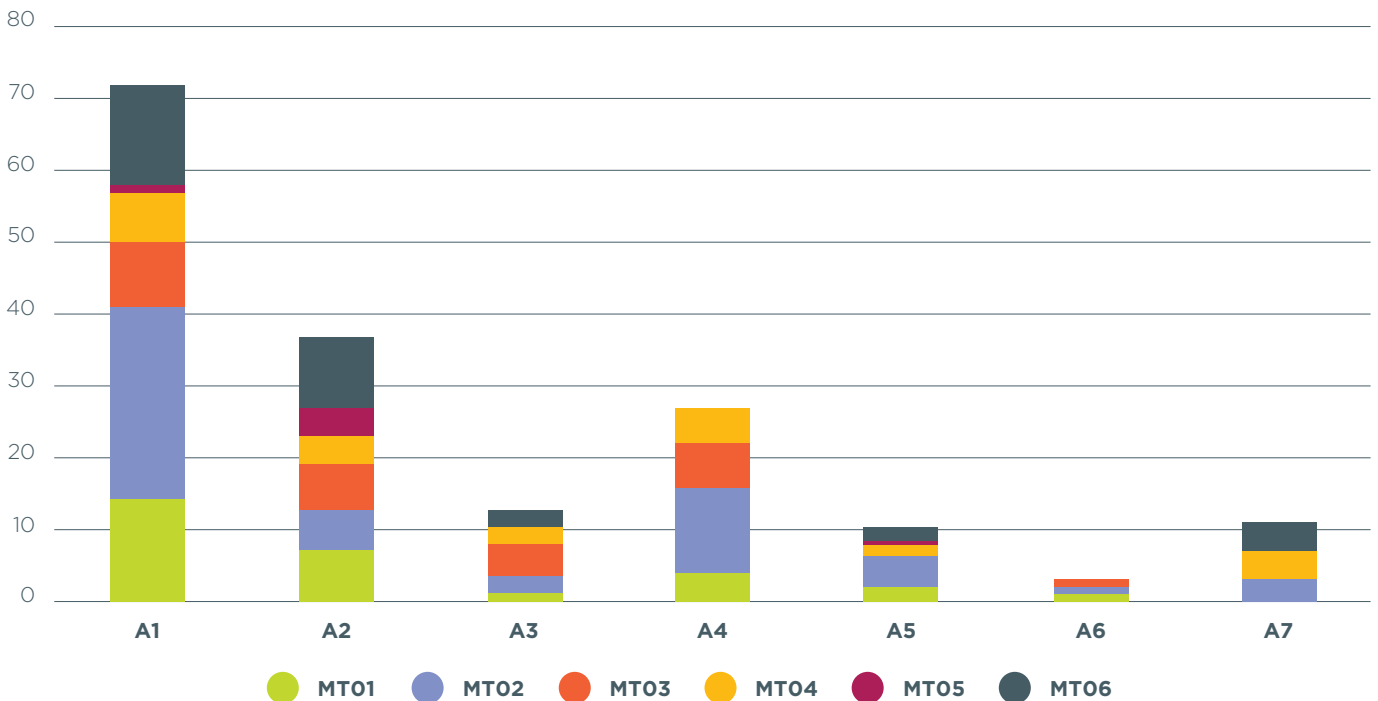
See "Secondary Analysis of LAC case study data: Figure 11

There was a strong connection between walking alongside and LAC acting as a sounding board and the outcome 'improved sense of wellbeing and self-worth'. Across all of the other categories the relationship between activities and outcomes are difficult to identify as there is a broad division across categories and a small number of cases in each. The data suggests that it is likely that a combination of different activities leads to the different medium-term outcomes and that no one individual activity is dominant.

Overall, the analytical value of the case data collected by the LAC teams is somewhat limited by the inconsistency and variability of data collection both within and across sites. The discussion above represents an exploratory attempt to provide a more standardised framework for approaching case data, based upon the logic models co-produced with the LAC teams for the QCA. In line with the QCA findings, analysis of the case data highlights potential limitations of utilising a linear, transactional and largely deficits based framework for assessing the impact of LAC. In particular the data highlights the broader complexity that underlies the conceptualisation of 'presenting issues' and the important connections to broader contextual challenges facing individuals. In addition, reflecting the findings of the QCA, the case data highlights the complex combination of actions that are connected to both short and medium term outcomes. As a consequence it is difficult to identify specific actions that can be directly attributed to outcomes. Finally, the data highlights how the medium term outcomes are not in themselves directly related to the problems presented but reflect broader characteristics of resilience.

Part Three
Quantitative Data Findings

Nested Economic Study

The aim of this part of the study was threefold: (i) to develop a cost consequence framework; (ii) to explore data that might be used in an economic evaluation (informed by the framework); and (iii) to estimate the cost of implementation and delivery of the initiative in each local authority.

Cost Consequence Framework

The first aim of the nested economic study was to develop a cost consequence framework for cost effectiveness analysis in future research. The framework was developed and populated using a range of sources of evidence, informed by the logic model, this includes:

- Identification of intended outcomes based on analysis of LAC documentation

- Evidence from a systematic review to establish the costs and consequences of LAC

- Qualitative data (WP2) on the experiences of LAC participants

Over the course of the study the emerging cost consequence framework was discussed alongside the emerging logic model and qualitative findings. This provided triangulation of the findings, ensuring all relevant costs and consequences were included.

Systematic review to establish the costs and consequences of LAC

Full details of the review are presented elsewhere (Thiery *et al.,* 2023). However, in brief, the aim of the review was to establish the potential costs and outcomes of Local Area Coordination (LAC) programmes in England and Wales. The review was designed to establish:

- The potential costs and outcomes of LAC programmes at the individual, family, community and system levels

- Whether costs and outcomes differ between LAC sites

- How costs and outcomes are valued

Individual level outcomes
Five outcomes were identified: improved health and wellbeing; increased independence; increased relationships, connec-

tions and access to community resources; improved personal safety, security and stability; and promoting citizenship (detailed in NES summary doc.docx).

Community level outcomes
Four outcomes were identified: increased social capital (through community participation); collective knowledge and connectedness of community; sustainable networks of support; and collective wellbeing.

System level outcomes
A key objective of the LAC approach is to reduce individual dependence on services and to support people to find non-service solutions. Four outcomes were identified: Outcomes were grouped under: delayed or avoided service use; changes to service use; positive systems change; and access.

Qualitative data on the experiences of LAC participants based upon life story data

Findings from the qualitative lifestory data from individuals supported by LAC was utilised to compare against the activities, costs and benefits in the draft cost consequences framework. Six of the life story interviews were chosen to be considered in more detail on p.6 of the NES summary. These were selected to reflect a range of different LAC experiences, ages and geographical LAC locations. See below for a precis example, followed by an assessment of its connection to the key themes of the framework. This demonstrates how the life story data was utilised to validate and enhance the framework.

> **CS1 (female, white British, aged 70, retired)**
> CS1 was introduced to LAC eight years ago through a local community group. After her husband passed away, she was lonely, struggling with depression, anxiety and an eating disorder. The LAC supports CS1 to navigate services, with information and phone calls. Significantly the Coordinator facilitated CS1's visit with a hypnotherapist which she believes resolved her eating disorder. Support has also included: connecting CS1 to people in her community, including her best friend who is a crafter like CS1. Building these relationships have allowed her to be more independent and not so reliant on LAC Coordinator, because they (her friend) support each other.

This is clearly a long-term relationship between CS1 and the Coordinator. Whilst it is not clear how often they are in contact, CS1 feels she is more independent; although the Coordinator is her first point of contact and *'checks in now and again to make sure we're OK'.*

The Coordinator signposts CS1 to services and information; introduced CS1 to individuals, community groups, people and support; and acts as an active sounding board. There are indications of improved health and wellbeing (improvements in anxiety, depression and resolution of her eating disorder);

increased independence; increased/improved relationships (reduced social isolation); and promotion of citizenship. Benefits at the system level are potentially the delayed or avoided use of health services. No new activities, costs or benefits were identified.

The updated framework of costs and consequences at the level of the individual, community and system is presented in Table 2. The framework is the first step in presenting a balance sheet of monetary, quantitative and descriptive consequences and is particularly useful when the complexity of the intervention and lack of clear comparator makes it difficult to assess cause and effect (Optimity, 2016). These factors are particularly pertinent for LAC where aims are wide ranging encompassing systems outcomes, people and communities.

Across the systematic review, the identification of costs presented a relatively uniform picture of where costs might lie; these were primarily at a system level, represented by changes to service use across for example, health, housing benefits, voluntary and community sector organisations, etc. In respect of the individual, outcomes were only given a financial value in the SROI analyses. These models presented fairly uniform results, showing a social return of around £4 for every £1 spent. All noted limitations, including availability of data resulting in some model inputs being based on case studies or stakeholder interviews. However, the results compare favourably with previous SROIs (Envoy Partnership, 2018). However, due to concerns over methodological weaknesses the application of SROI to value the impact of health and social care programmes has been relatively limited (Hutchinson *et al.*, 2019; Yates & Marra, 2017).

The cost consequence framework will inform those wishing to evaluate LAC services; providing details of the immediate and wider impact. There may also be traction in the framework potentially informing assessment of other prevention based adult social care services.

Table 2: Costs Consequences Framework©

Impact upon	LAC activities	Costs	Benefits
Individual *'Individual is in control of own life and decisions'*	+ Signposting to services + Introduce individuals to community groups/people and support + Being an active sounding board + Building an understanding of underlying issues facing individuals + Supporting people to make their own choices + Identifying strengths/aims for a good life + Building relational trust	+ Dependence on LAC support + Out of pocket expenses	+ Improved health & wellbeing + Increased independence/ confidence + Increased/improved relationships, connections and access to community resources + Improved personal safety, security and stability (including improved finance and employment) + Promotion of citizenship/stronger self-esteem + Feeling accompanied and better able to cope with challenges
Community *'Community led change'*	+ Introduce individuals to community groups/activities + Support existing community groups & development of new groups + Identify funding, finding venues +Being present to support (not lead) + Facilitation/mediation +Mentoring		+ Increased social capital (through community participant) + Collective knowledge and connectedness of community + Sustainable networks of support + Support/sustain community groups and local businesses + Collective wellbeing + Collective empowerment + Connecting community to the system
System *'Move from crisis to prevention'*	+ Training around SBA + Education about LAC + Share LAC ways of working + Provide examples of different ways of working with community + Encouraging a more person-centred strengths based culture + Conduit/connector to individuals to access and navigate services and W/ benefits + Helping people stuck in the system/ keeping people afloat and catching people before they reach crisis (ineligible for support)	+ LAC service + Change in other service use* + Duplication of service provision	+ Delayed or avoided use of other services* + Change in service use* + Positive system change (e.g. improved integration, collaboration or *practice*) + Improved access (e.g. engagement with vulnerable groups)

* Benefits may include increased, reduced, deferred and prevented costs that relate to health care (NHS), housing, government benefit payments, judicial/police, fire service, 3rd sector organisations, employment, local authority (including social care) and education

Exploration of data for an economic evaluation

Informed by the framework the research sought to explore with LAC partners the potential of LAC data sources to enable economic evaluation - to contribute data that captures the cost and consequences, and to identify where alternative data is needed. The research also sought to explore whether existing LAC data could enable an economic estimate of the cost of implementation and delivery of the initiative in each local authority (from the perspective of the local authority) and assess the potential value of the dataset collected by LAC.

Assessing routinely collected LAC data
The research team were provided with data from three of the four LAC teams in the study. However, this identified several areas where data was limited.

1. **Missing data -** In all three local authorities there were large amounts of routine data missing: e.g, data was missing for 64.4% of participants in S4, and in S2 and S1 the figures were 44.6% and 32% respectively.

2. **Data inconsistency -** Different local authorities collected information on different variables. Thus, for example, no information was available on the occupations of participants in S4, whereas S2 and S1 did not record whether people were of British/non-British nationality. Even where data characteristics were consistent, it was often categorised/coded in different ways. For example, S2 records if people were prevented from working by sickness, or were in receipt of employment support allowance, whereas S1 did not use those categories for occupation.

3. **Recording of key characteristics -** The lack of consistency in recording participants' characteristics makes it very difficult to compare local authorities and to see how the populations accessing LAC vary across the country. Inconsistent data gathering can be seen within the 'reasons for introduction' and 'introducing organisation'. E.g. S2 and S1 use different categories, so while cross-tabulations of the variables could be done separately (if sufficient data is present), to show which organisations are likely to refer people for each reason, it is not possible to directly compare across sites.

4. **Inconsistent data on nature of help provided -** it was difficult to discern what activities were being provided. S2 recorded in what areas individuals were given help, such as being given help with confidence, or to drink less, etc. However, what is not clear is how this help is given, or what resources were involved. In 32.5% of cases individuals were not recorded as being given help in any specific area. S1 also recorded what actions were taken following an introduction, but utilised broad categories such as 'information and advice', or 'arranging joint visit' with information missing in 18.6% of cases.

5. **Timespan for engagement -** It was also difficult to get information on how long individuals would typically access LAC support, and the level of this support. S2 and S1 recorded whether an individual is still actively participating in LAC, but it is not clear how often these records are updated. S2 also recorded whether an individual was given short-term or long-term support, but this data was missing 31.8% of the time.

Economic estimate of costs of LAC

The inconsistency in variables and high levels of missing data meant that the research team were unable to undertake the estimate of the cost of implementation and delivery of LAC in each local authority (from the perspective of the local authority) that was originally proposed. Our findings align with those reported by several studies in the review which highlighted the limitations in the primary and secondary data available. For example, MEL Research (2016) found 'inconsistency' in the quality of notes and level of information included in the 'Outcomes Stars', and the researchers struggled to find fully completed Stars, collected both 'before' and 'after' for people supported by LAC. Several studies highlighted flaws in the outcomes monitoring spreadsheet and/or offered suggestions for improved monitoring and evaluation going forward (Gamsu & Rippon, 2019; Kingfishers Ltd., 2015; Lunt & Bainbridge, 2019; Marsh, 2016; Mason *et al.*, 2019; MEL Research, 2016; Oatley, 2016; Peter Fletcher Associates, 2011; Reinhardt & Chatsiou, 2018; Swansea University, 2016).

Conclusion

The cost consequence framework developed considers the potential costs and benefits that accrue across the individual, community and system. Whilst the current LAC data does not lend itself to robust evaluation, the next step is to explore how the framework maybe operationalised in order to developing a more robust evidence base for LAC; to shape a minimum dataset common across LAC services to enable robust assessment of the value of the LAC.

Part Four
Building A Strengths-Based Model©

Building upon the evidence collated across the different research strands outlined above it is clear that an effective analytical framework for understanding LAC needs to address a number of central issues and challenges. First, as evidenced through the life story analysis and LAC case data, the framework needs to reflect that for individuals who are introduced to LAC, the specific presenting issues are not necessarily the underlying challenges that they are facing. Second, it needs to reflect the way in which LAC functions across three distinct, but interrelated levels; namely system, community and individual. Third, it needs to recognise that LAC undertakes multiple activities across each of these levels and that, as identified through the QCA, multiple activities can lead to multiple outcomes. Finally, the framework needs to reflect a strengths, rather than deficits approach, which encapsulates that individuals' journey through LAC is not a simple linear progression of problem – action – outcome, but is far more cyclical and developmental.

Building from the context of an individuals' journey

The life story data demonstrated the importance of not only examining the presenting issues that led to the individual being introduced to LAC, but also understanding how these issues connected to the broader context of the individuals' lives. Analysis showed that while presenting issues were disparate, across the LAC life stories three main contexts were discernible: namely people who were experiencing life changing issues related to ageing and the transition into older age; People living with lifelong physical disabilities and mental health conditions; and people who have experienced a sudden traumatic event or a significant change in life circumstances. These circumstances are the situations within which individuals are living on a day-to-day basis, and provide an important underlying context for understanding why certain pressures or 'triggers' could lead them into needing support and potentially create a spiral into crisis.

The research highlights how many of the challenges that are identified as 'presenting issues' within LAC sit within the category of pressures or 'triggers' highlighted above. The research highlighted that in many cases, while these pressures were the trigger for identifying a need for support (triggering an introduction to LAC), they were not necessarily the only, or even the primary, challenge facing that individual. The data demonstrates how a broad and diverse range of challenges have confronted individuals introduced to LAC. These impact at individual, community and system levels. For example, at individual level: feelings of low confidence, stress and anxiety, health issues, financial problems and facing new situations. At community level: losing support networks, feelings of social isolation, and a lack of awareness of what community support is available or how to engage with it. At system level: not being able to access support or being able to navigate the system to understand what support is available, or not being able to get the right type of support. Placed within the context of an individual's life, these triggers do not sit in isolation but are often multi-faceted and interactive. Consequently, pressures from a trigger in one area can have a significant impact on pressures in another. For example, being unable to navigate the system to access benefits can have an impact on the individual in terms of stress, anxiety, financial pressures etc.

System
What support is available?
How to access support?
Getting the right support

Individual
Low confidence
Facing new challenges
Pressures on health stress/anxiety
Financial pressures
Unable to focus on any specific issue

Community
Social Isolation
Lost support network
Don't understand what community support is available

**Context for Local Area Coordination (LAC) support**

Positioning of LAC within the system

(i) Bridging the 'spaces in between'

In responding to the challenges outlined above, a key strength of the LAC approach lies in its positioning in a space between the public service system, the community and the individual, and its commitment to working to engage across all three levels. The LAC model enables coordinators to devote time and resources to developing relationships and building trust across these levels; establishing a stronger understanding of the capacity, resources, languages and ways of working in each space. In this way, co-ordinators create a 'boundary spanning' function building connectivity both vertically and horizontally. By specifically creating time and space within the LAC role to facilitate this capacity building dimension LAC fills the 'spaces in between' where connections get lost. The diagram highlights the capacity/strengths building actions across the three dimensions. This includes, at system level: extending the reach of services and inputting community insight, advocating for individuals and encouraging a more person-centred approach. At community level: building community connections, being community embedded, building community capacity and acting as an introducer/enabler. At individual level: being there to provide consistency, listening and trust, enabling not fixing, working without time limits and focusing on strengths rather than deficits. Undertaking this capacity-building activity provides

the foundation that enables coordinators to successfully 'walk alongside' individuals.
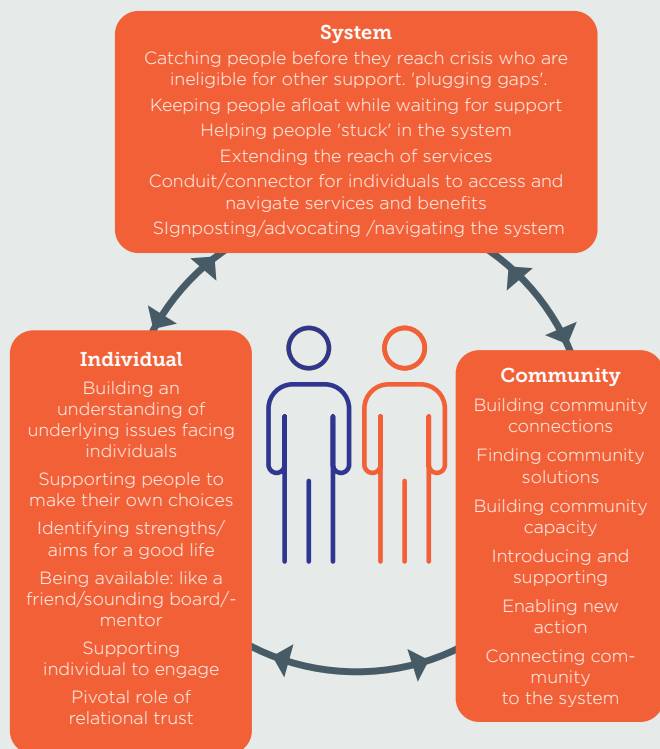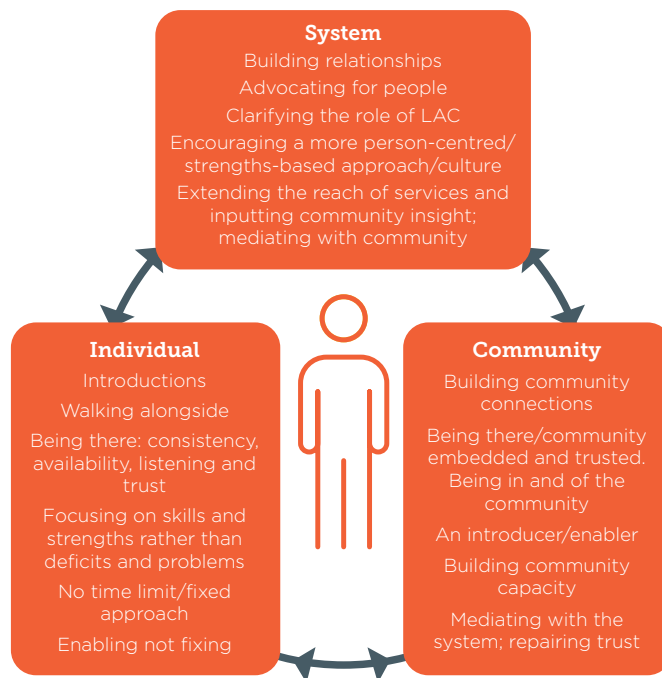
(ii) Positionality Enabling 'Walking Alongside'

Across the numerous data analysis processes, the research identified a series of activities undertaken by LAC teams with individuals as part of 'walking alongside'. Reflecting the significance of the broader context over the individual triggers, the research highlighted how no individual action was consistently used as a response to a specific issue. Additionally people with similar 'presenting issues' were often supported with differing sets of activities. What was consistent however, was that LACs positionality enabled coordinators to draw on activities that offer support at individual, community and system levels; drawing on a range of resources in identifying paths that could help support individuals to progress towards a 'good life'. This reflects the complexity of pressures/triggers facing individuals and their interaction across different levels. For example, being able to provide support at system level can also help to ease pressures at individual level.

Building Strength and Resilience as a prevention framework:

One of the primary challenges of any preventative model is how to understand what has been prevented and to evidence that the actions of a specific intervention were key to preventing it. This is particularly challenging when trying to analyse strengths-based approaches through conventional, transactional analytical models such as logic models and QCA which rely on a linear understanding of problem – action – outcome. This presupposes a specific problem and that an activity can lead to its long-term resolution. While this can be applied systematically to time limited and targeted interventions (i.e, first wave approaches to prevention like reablement), it is harder to apply to interventions which involve ongoing support and engagement across multiple issues and levels such as that provided by LAC. Both the discussions with the LAC teams and the life story interviews demonstrated that individuals' experience challenges in cycles rather than in neat linear paths. This again is more understandable if starting from the underlying context facing individuals rather than simply the problems presented. Contexts such as ageing or living with a long-term disability are not situations that can in themselves be 'prevented', or a single set of challenges that can be 'solved'. Rather individuals will inevitably face different periods of challenge and pressure. Within this context, what is important is whether the support that individuals receive enables them to better respond and cope with the challenges that emerge. Prevention in this context, reflects the ability to utilise and build on individuals' strengths and resilience so that they are better 'insulated' against the pressures/triggers that could push them into crisis or render them in need of additional support.

Adopting a strengths-based approach provides a stronger basis from which to be able to understand and evidence how and why LAC is able to effectively support individuals. The data across this study demonstrates how by developing a distinct set of activities tailored to the individual, LAC supports them to build up 'insulators' against the challenges they face. The outcome is not that the underlying context is resolved, but the life story analysis demonstrates how individuals describe being more able to cope with future potential challenges; feeling they have the necessary knowledge, skills and support; with the underlying strength of LAC 'being there' to support them to achieve this. The analysis highlights these 'insulators' funcion across all three levels. At individual level this includes: increased confidence and independence, reduced stress and anxiety, increased safety, security and stability. At community level: increased engagement and community support networks, improved connection to community resources and shared problems. At system level: a stronger ability to navigate the system, having an advocate, more person-centred support and reduced systemic barriers to get the right support at the right time.

System
Better able to navigate/access services, rights and entitlements
Right support at the right level
Reduced systemic barriers; more person-centred support

Individual
Increased independence /confidence
Reduced stress and anxiety
Feeling better able to cope with challenges
Stronger self esteem through being an 'active citizen'
Safety/security/stability
Health and wellbeing
Increased income
Back-up for advice and guidance if needed
Feeling accompanied

Community
Growing sustainable support networks
Improved connection to community resources
Shared problems
Contributing to community and supporting others
Reduced social isolation
Engaging more with community
Contributing to community and supporting others

In summary, the findings from the life story analysis and the difficulties of applying processes such as QCA to LAC has resulted in the research proposing a strengths-based model. In doing so it highlights LAC's ability to enhance individual and community insulators against the triggers that can lead people into crisis. The research demonstrates how LAC is able to achieve this due to its unique positioning; allowing coordinators to operate as vertical and horizontal boundary spanners, navigating and building capacity and developing relationships between the system, community and the individual. This positioning is key to LAC being able to deliver these benefits.

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