

Annex A – Local Area Coordination case studies from elsewhere

These stories represent just part of a journey alongside local people, their families and their communities as they build their positive vision for a good life in the future and think about the range of ways of getting there. There is a common thread through all Local Area Coordination stories and supports around:

- Listening, learning and supporting people to pursue their personal vision of how they would like life to be
- Nurturing opportunities for contribution and citizenship
- Understanding and building valued informal, supportive, personal relationships
- Focusing on gifts, skills and local solutions, rather than services and funding
- Helping people build resilience and stay strong
- Finding sustainable, local, non-service solutions to problems wherever possible.
- Building real partnerships with people, communities, local organisations and services

Relationships and connections continue to grow and we see the increasing passion of local communities to support each other and welcome people previously isolated, excluded or labelled.

1. Taking Time

Simran met Steve at the local library. Steve had been given a negative label by services because, on occasions, he would appear to be acting in an aggressive manner, shouting and swearing. Over a number of months Simran slowly introduced herself to Steve, and eventually he came and sought her out. It very soon became apparent that Steve had not eaten for a number of days and Simran ended up sharing their lunch with him. This event then led to a developing dialogue between Simran and Steve, very much led by Steve and at his own pace.

The picture of Steve's life began to emerge. It would appear that Steve has some level of learning difficulties and also struggles to maintain his mental health; this might well be as a result of his dependence on drugs. Steve lives in social housing and has been refusing the housing provider access to the property, he appeared to be significantly underweight, and there was concern about his health.

As a result of this developing relationship:

- Steve has started to attend GP appointments.
- Simran has started to support Steve to get his finances in order.
- Steve has been able to access the support of a local food-bank in times of crisis.
- Steve has started to think about his future, he feels as though he has let his family down, and is starting to think about the steps to employment. This began with him addressing his appearance.
- Simran is starting to help Steve think about his home, and has negotiated a visit to the property with the housing provider. For the time being, this relationship is now being brokered through Simran.

2. Respecting people's own expertise

Maggie is a 50 year old single parent with two children, living in rented accommodation. In a two year period Maggie lost her job, marriage and home. This had a significant impact on Maggie's mental and physical health, after a period of inpatient treatment she became isolated and house bound. Rajeev met Maggie on a number of occasions and spent time talking about what life was like for her, how she wanted it to be and ways she could get there.

As a result, Maggie has now found a new home and has started to take control of her support and services. She has developed the confidence to take control of the support planning process, has changed her care provider and reports feeling more in control of her life. She has also started to re-engage in community activities.

Maggie really benefited from the long term approach taken by the Local Area Coordinator. This contrasted starkly with the notion of a professional being parachuted in to 'fix' issues for her. Given her history, the Local Area Coordinator's approach would appear to have prevented Maggie from requiring admission into Mental Health crisis accommodation, and the care packages associated with individuals following discharge from such accommodation.

"I had support with meals, because I'm Asian, they made Asian food... but I don't like Asian food, because of everything that was going on I didn't feel able to say anything. "

3. Knowing the community well

Getting to know, and becoming very visible in, your local community is an important part of Local Area Coordination. Whilst on one walkabout within the community, the Local Area Coordinator discovered a local family-run bakery. Very quickly it was obvious that the owner had strong links with many of the individuals and families in the area – a ‘connector!’ The baker talked about Paul, a young man who appeared to be really struggling over the past few months.

Paul has a learning disability and is not known to services. Over recent months, as a result of changes to the benefit system Paul had been unable to navigate his way through the form filling process, this left him without money for a number months; he had been approaching the bakery which he had known since childhood for food.

Thanks to the connection with the baker, the Local Area Coordinator was able to support Paul to access the food bank, sort out his benefits, volunteer in his local community, help with developing a CV and interview skills to seek employment (which he achieved!). Now he no longer needs benefits. They still meet for a coffee every month and Paul recently got engaged. He also brought along a box of tinned food for the food-bank that had helped him out at the very beginning of his journey.

4. Resourceful communities

Paul Phillips is Local Area Coordinator in Kendal, Cumbria. Here he talks about a recent partnership with local citizens to build an inclusive garden share scheme for the whole community:

“Our communities are full with people who have gifts, skills, resources, interests and experiences they would like to share, things they would love to learn and things they would love to have help with. In our local communities, we bumped into people with both a love of gardening, and who were willing to share with their neighbours who were struggling to sustain and maintain their gardens. A potential partnership of mutual benefit. Rather than waiting for services, we began building relationships and opportunities in our own local community. Relationships instead of dependence.

After just a few months, the scheme has 12 garden owners on board and we have been introduced to 9 gardeners, pairing 8 of them and looking at matching the rest over the next few weeks. The garden owners are from all walks of life including some with mental health or

physical health concerns and some who are elderly who have no family or friends that can support them. It's early days, but this feels really exciting. This is built on shared interests and the gifts of local residents - it's about people helping people, not service labels or dependence. “

Part of the Garden Share Project has now been taken over by a Residents Association, and will be run by the community directly - building local ownership. This demonstrates how the work of the LAC can create sustainable long-term solutions, independent of their own control

5. A human approach

Sarah was introduced to Local Area Coordination by her mental health worker. She had recently moved into the area, having successfully applied to the local housing provider for a tenancy. Services had labelled Sarah as being “a difficult person to work with, who would often make unreasonable requests and presented as very demanding.” This reputation was so significant that workers had contacted the Local Area Coordinator to warn them not to get too involved.

When they first met, they spent time talking about how life was now and how she would like it to be. Sarah felt that it was the first time that people had taken the time to get to know her as a person as opposed to a set of problems.

As well as thinking about issues that needed to be resolved, the Local Area Coordinator asked Sarah to think about her gifts and skills rather than just focussing in the things she needed support with. Together they talked about Sarah's gifts, interests and passions, as well as some of the issues that needed to be dealt with. They negotiated who would take responsibility for managing those actions, all the time with the focus on Sarah taking as much control as possible. It was very clear from the outset that, whilst the Local Area Coordinator would do as much as they could to support Sarah, they would not take ownership of her issues.

They also began to talk to Sarah about opportunities within the community where she could share her gifts, skills and experience. Sarah is starting to view herself as someone with something to contribute, rather than someone who can only engage with others if she tells them how ill she is.

Whilst Sarah still finds life challenging she now reports feeling as though she has a growing network around her, she is beginning to build relationships with others in her community and is also spending less time on the phone to professionals.

6. Coordinating services

Jon was first introduced to Ben through a Family Mosaic field worker. Although he had been a very active person all his life, he was now unable to leave his first floor flat due to an injury he suffered at work. He felt depressed and isolated. He had health issues relating to diabetes (resulting in A&E admissions), but couldn't get to the local clinic every week. He also had issues regarding benefits being stopped and had to use his savings to employ someone to get his weekly shopping.

Ben took time to listen, learn and build a positive relationship with Jon. This was important as he had previously felt let down by other services. He wanted to feel in more control of his life, sort out his finances and be able to access and be part of his community again. Ben supported Jon to:

- Link with an NHS community nail cutting programme designed for people who are house bound. This avoided any further admissions to hospital.
- Fill out a form, step by step, that would attempt to reclaim the DLA monies owed to him. This has now been achieved and his debts have been paid off.
- Contact the local church and introduce a volunteer who lived nearby who was able to help collect his shopping.
- Arrange a single point of access through the DWP instead of having to telephone via the call centre every time that he wanted an update. This helped Jon to feel more confident and in control – doing more for himself.
- Move to a new ground floor flat and can now access the community at his leisure. They are now planning for the future and meeting people with shared passions.

As a single point of contact who had taken time to listen and build a trusting relationship, Ben supported Jon to solve his own problems, build new relationships and control supports and services he needed, as well as avoiding admission to A&E services.

7. Supporting people to be heard

Brian was introduced to Kate by an advocacy agency. Following a recent bereavement, he had become homeless, did not have access to his belongings and felt lonely and isolated. Together, they explored what was important to him now and how he would like his life to be in the future. He was very interested in having things to do, being with other people, having a job and getting better support from mental health services.

Together, they began to put the pieces together, with Kate supporting Brian to:

- Collect his belongings, including his suit for job interviews. Brian has now applied for 2 jobs and continues to search for employment.
- Connect with housing advice services and accessed health services via his GP.
- Move to a self contained flat within the borough.
- Through links with another Local Area Coordinator, Brian was introduced to an individual in a different locality who wanted to learn how to use a computer. An introduction was arranged, supported by both Local Area Coordinators.

8. Feeling safe

The local MP wrote to the Strategic Director to ask for Local Area Coordination support to help Debbie, who lived alone in her own home and was being targeted by local teenagers who were constantly kicking her garden fence panels down. In the past, Debbie had received support from the local mental health team and she was also the main carer for her elderly mother, who lived nearby. She was feeling very lonely and isolated.

Rajeev went round to visit Debbie and began the conversation about her current situation and some of the things she wanted to do or needed help with. Rajeev supported Debbie to:

- Explore information about local activities both for herself and her mother.
- Meet with a group of men from a local church who were very happy to go round one Saturday and help her get on top of her garden and fit the fence panels. They chopped and sold the wood,

with Debbie donating it to a local charity – contributing to the community that had supported her.

- Approach the local Anti-Social Behaviour team and negotiated for them to pay for the replacement of the damaged fence panels.
- Approach a local allotment association to see if anyone on their waiting list would be willing to take on her garden and use it to grow things in.

Whilst working on Debbie's garden, the volunteers from the local church struck up a really nice relationship with Debbie, and as a result they invited her to attend their church art group and local people now keeping an eye on the fence. Debbie now feels much more secure in her home, which in turn has had a positive impact on her own health and her ability to support her mother.

9. People helping people

Soon after starting as a Local Area Coordinator in Derby, Simran was asked to help local people to establish a coffee morning in one of the local libraries. Over the period of a couple of months the group became self-sustaining and also built a reputation within the local community.

The group are viewed as a great resource in the local community, supporting new people in the area to find out what's going on, navigate services, connect with people, access information and share ideas, gifts and experiences.

This recently included supporting a young mum, new to the area, to overcome a problem in securing a school placement close to home and helping her and her husband be connected with employment opportunities.

10. Feeling in control

Pam was introduced to Jon by the local housing department as she was quite isolated. She had a history of depression and found it difficult to look after her home. When they first met, Jon and Pam started to explore a few things that she was passionate about that would be a part of her vision for a better life. Jon walked alongside Pam supporting her to:

- Connect with Family Mosaic to explore working alongside her to plan a budget and keep in control of her finances.
- Contact DWP and organisations to sort out pension issues.

- Remember to take her medication in the mornings. She now locates her medicine in a very visible place and has now been remembering to take her medication.
- Meet new people with shared interests. She has a passion for knitting and is now part of a local knit and natter group at a local café run by local people. She is knitting her daughter a scarf (which looks great) whilst meeting and talking with others within the community. She is also hoping to invite her new friends to her home.
- Plan for the future – now thinking about helping other local people and sharing her gifts.

11. Supportive communities

Through spending time getting to know people in the local community, the Local Area Coordination team in Derby built a relationship with a group of men who attended a local church. They were looking for an opportunity to share their skills, work together as a group and make a positive contribution to their community – to give someone a hand up.

The team talked to the men about some of the themes emerging from the Local Area Coordination work, particularly the number of people being supported who were struggling to get on top of their gardens. Since this initial meeting the group has supported the team with one Saturday a month, where they will come and blitz a garden talking all the waste away with them at the end of the day. This has had a massive impact on the lives of the people they have supported.

Over the months this group has grown in size with members of the Local Area Coordination team joining in. The aim is now to involve more people from different faith groups. For every garden the group helps out with the Local Area Coordination team are expected to help the person develop a plan to keep on top of the garden once it has been cleared.

12. Contribution

George was introduced to Francis (the Local Area Coordinator in Thurrock) by the Older People Mental Health Team Care Coordinator. He is a 69 year old man, with a history of depression. He has previously attempted suicide, requiring admission to hospital. There is limited family support and although physically healthy, George spent most of his time in his flat, which made him feel lonely, isolated and depressed.

Francis took time to get to know George, to find out what was important to him and explore what a good life looked like to him. His main priorities were to get out of the flat, meet people and make some friends, help other people and feel safe, secure and more confident.

Francis supported Mr George to:

- Explore family support from Ngage (a local voluntary family support organisation). He is now a volunteer driver three days a week with the Royal Volunteering Service and is starting volunteer driving for meals on wheels.
- Start a course in 'Computers for Absolute Beginners' at the local Adult College, to improve his computer skills and enable access to social networks. He now uses Facebook and uses the local library to further enhance his computer training and to regularly meet people.
- George has now been connected to two other people supported by Local Area Coordination and provides them with practical support.

Before the Francis had been introduced to George all he did was sit in doors 24 hours a day. Francis has provided opportunities for George to get out of the house a lot more, involving helping others. Francis challenges and pushes George and always calls to see how we are.

"If it hadn't been for Francis I wouldn't be here now."

<http://www.centreforwelfarereform.org/uploads/attachment/463/people-places-possibilities.pdf>

13. Improving services through improved communication and community involvement

The Local Area Coordinator visited local community groups; a common concern from elderly groups was regarding the limited service for blood testing. (1hr per week at one GP surgery 20 tickets issued on a first come first serve basis). Many residents who were elderly or with disabilities had difficulties accessing this service, usually the individuals regularly required blood tests. Another impact to local residents was the sudden cuts to local bus service no longer including a route to the Hospital where residents had an alternative service.

The Local Area Coordinator wrote several stories based on these facts, attended a CCG meeting and met with the Pathology Operational

Manager to discuss these concerns, who agreed to meet local residents at a forum meeting where he agreed to provide an improved service. He is setting out proposals for the New Year to extend the blood testing service from 1hr to a whole day and the first come first served will be changed to a booking system accessed via on line and or via telephone for those individuals without computer access.

The Local Area Coordinator has discussed two other alternatives sites where this service could be provided– a local Children Services building and an additional GP surgery interested in providing this service. Finding solutions within the community will help to keep visits to the acute Hospital to a minimum which is a primary aim for the Pathology Dept. This has also promoted discussions amongst Forum members and local community groups to look within the community for solutions.

14. Establishing trust

A Local Area Coordinator has been supporting a 60-year-old male. He has been receiving intensive support for a number of years by both Health and Social Care services, and has displayed behaviours that are very challenging to both organisations.

For several years he has been due to have a double amputation to his legs but at the last minute he always found an excuse not to go through with the operation, leaving him in the same position and requiring support from both services.

The Local Area Coordinator has been supporting him and working with him to have the confidence to have the operation. The Local Area Coordinator also visited him in hospital, where the resident stated that “If it wasn’t for your support throughout this, I wouldn’t have gone through with the operation.”

The operation took place three weeks ago and he is making a good recovery. The long term plan is for intense rehabilitation after which time the Local Area Coordinator will support him to connect with his community.

<http://lacnetwork.org/wp-content/uploads/2016/02/LAC-catalyst-report.pdf>