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Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: Local Area Coordination Network

Response from: Local Area Coordination Network

### **Submission to the Inquiry into loneliness and isolation by the Health, Social Care Committee of the Welsh Assembly by the Local Area Coordination Network CIC**

This submission is being made to offer Local Area Coordination as an example of a way of working that is nationally and internationally contributing to the reduction in isolation, loneliness and increase in individuals and communities' connectedness and capacity.

#### 1. Introduction to Local Area Coordination

- 1.1 Local Area Coordination is an evidence-based approach to supporting people as valued citizens in their communities. Through a focus on building natural, supportive relationships, and helping people understand their own gifts & contribution, it enables people to pursue their vision for a good life and to stay safe, strong, connected, healthy, and in control.
- 1.2 Building on long term international evidence, there is a growing body of evidence from England and Wales of how Local Area Coordination supports people to build natural relationships, connect (or reconnect) to social networks and become active contributing members of their community.
- 1.3 As well as building the skills, knowledge and confidence of people and the community, Local Area Coordination is an integral part of system transformation. It simplifies the system and provides a single, accessible, local point of contact for people in their local community.
- 1.4 Currently Local Area Coordinators are working in 6 areas of Swansea and 3 areas of Neath Port Talbot with expansion to a further 3 areas planned for Spring 2017.

#### 2. Who Local Area Coordinators work with

##### 2.1 Local Area Coordinators support people and families in their local community:

- Who may be unknown to/ineligible for services to build their own, their family's and community's resilience and/or reduce the need for services whenever possible (capacity building)
- At risk of crisis or dependency of services to build resilience in their local communities through the development of networks and local solutions, therefore eliminating or reducing the need for formal services (prevention and demand reduction/avoidance)
- Already dependent on services to build personal connections, community contribution, reducing reliance on formal services, wherever possible (service reduction/efficiencies)

2.2 From local reporting & public evaluations we understand that older people (60+) form a significant percentage of the people Local Area Coordinator's work with.

Locally we understand older people form approximately 40% of the cohort

Coordinators worked with in the 1<sup>st</sup> 18 months. Loneliness and isolation is a significant reason people contact the Local Area Coordinator. In 1 Welsh area it is the primary issue people identify for contacting Local Area Coordination for level 2 support (51%). An evaluation by Swansea University of Local Area Coordination in Swansea and Neath Port Talbot is expected to be published by April 2017 and will give detailed information on the impact and outcomes.

### 3. How does Local Area Coordination work?

3.1 The Local Area Coordinator role combines a range of traditionally separate roles and delivers in the community alongside local people. The role includes elements of functions often called information provision, signposting, planning, advocacy/self advocacy, peer support, relationship networks/circles of support, community building, community connecting, care and support planning or service navigation.

3.2 Local Area Coordinators work in a defined geographical area. There is no formal assessment or eligibility to be introduced to a Local Area Coordinator. Local Area Coordinators are introduced to people through their network of relationships in the community, membership of associations or groups or via formal services.

3.3 Local Area Coordination then starts with a positive conversation with a person and a focus on strengths, natural supports and finding non service solutions to make their vision of a good life happen.

3.4 The table below outlines the core elements of the approach from 2 different perspectives

<b>How it works from a person or community's point of view</b>	<b>How it works from a system's point of view</b>
<p>The work with each person is different but will include supporting someone (or, when appropriate, them and their family) to:</p> <ul style="list-style-type: none"> <li>• Develop their vision for a good life</li> <li>• Recognise their own strengths and real wealth</li> <li>• Get information on what is available</li> <li>• Make use of and build their own networks</li> <li>• Strengthen their voice</li> <li>• Take practical action for change</li> <li>• Create new opportunities within the community</li> <li>• Use local services or personal funding where relevant but as the last consideration, not the first</li> </ul>	<p>LAC provides an integrated approach bringing together:</p> <ul style="list-style-type: none"> <li>• Health</li> <li>• Adult social care</li> <li>• Children and family services</li> <li>• Housing</li> <li>• Public health</li> <li>• Emergency services</li> <li>• Voluntary and Community organisations of all sizes</li> <li>• Local communities members, groups and leaders</li> </ul> <p>Collective action and shared responsibility is integral to the design and ongoing management of Local Area Coordination. This is especially demonstrated through the recruitment of Local Area Coordinators that is jointly led by people, communities and system leaders.</p>

3.5 Central to Local Area Coordinators' practice is to be alongside the person (or family) whilst they lead and direct the design and implementation of their vision. There is no time limit to their support, and the aim is always to be supporting people build their capacity (doing "with" and not "for") and not to create dependency. The relationship between the person and Local Area Coordinator and how they interact therefore changes over time.

3.6 Local Area Coordination becomes a natural contact point for people in their community – intentionally pushing the service system back to create space for natural personal, family, and community solutions. As well as building strong partnerships with services to support a personalised (or whole-family) approach for the person, Local Area Coordinators also invests in supporting people to build capacity and strength in their local community.

#### 4. Evidence

4.1 Evidence from a variety of sources shows that where Local Area Coordination is effectively designed and implemented with and by local people, there are highly consistent positive outcomes for people, families, and communities and for systems change.

4.2 The table below summarises the recent studies in England and Wales

System impacts	Impacts for people
<p>Reductions in:</p> <ul style="list-style-type: none"> <li>• Isolation</li> <li>• Visits to GP surgery and A&amp;E</li> <li>• Dependence on formal health and social services</li> <li>• Referrals to Mental Health Team and Adult Social Care</li> <li>• Safeguarding concerns, people leaving safeguarding sooner</li> <li>• Evictions and costs to housing</li> <li>• Smoking and alcohol consumption</li> <li>• Dependence on day services</li> </ul> <p>Social Return on Investment: £4 return for every £1 invested in 2 separate SROI</p>	<p>When asked about the impact of support from Local Area Coordination, people have reflected significant and consistent improvements in quality of life:</p> <ul style="list-style-type: none"> <li>• Increased valued, informal, support relationships – reducing isolation,</li> <li>• Increasing capacity of families to continue in caring role,</li> <li>• Improved access to information,</li> <li>• Better resourced communities,</li> <li>• Improved access to specialist services,</li> <li>• Support into volunteering, training and employment,</li> <li>• Preventing crises through early intervention,</li> <li>• Changing the balance of care to the use of more informal supports and diverting people from more expensive services.</li> </ul>

4.3 Further information is available here: <http://lacnetwork.org/local-area-coordination/evidence-base/>

#### 5. Examples of Local Area Coordination in practice in Wales

##### 5.1 Example one

5.2 The local social work team introduces a young man with learning disabilities, who lives at home with his Mum and sister, who has 'special needs', & with their close extended family. There were issues of coping with recent bereavement, isolation & anxiety. The young man would also like to meet people of his own age. His mother is also a full time carer who supports his sister & both grandparents.

5.3 The Local Area Coordinator supported both the young man & the whole family (separately and together) to think about what was important to and for them – practical things they could do to address some of their challenges & build a good life.

5.4 Supported the young man to

- Access activities at the local library
- Coffee mornings/attending local groups
- Volunteering opportunities

5.5 Supported mum to

- Connect with and be part of a group of people with a shared experience of caring for someone with Alzheimer's. They meet regularly.
- Connect with the local Carers Centre for free support sessions and to a local organization for counseling support

5.6 Outcomes

- Reduced isolation
- Increasing natural and peer relationships
- Increased knowledge of and connecting with community resources and local community services
- Family more confident and able to continue in caring role
- Reduced service contact

5.7 Example 2

5.8 Andrea is in her 80's & lives alone, she has family who live far away. Andrea has had two strokes & lives with osteoporosis. These illnesses have led to Andrea being fearful of leaving her house in case she falls & the potential consequences. She previously experienced a very long recovery period in hospital after her 2<sup>nd</sup> stroke, when she was unable to leave her bed & suffered further illnesses, bed sores, depression & the anxiety of being alone on discharged. For 12 years Andrea has lived with this fear & has stayed in her home & relied on a neighbour to do her shopping.

5.9 The LAC took time to get to know Andrea & to find out what was important to her, exploring what a good life would look like for her. Andrea's key priority was to leave her home & start gardening again. She also expressed her desire to learn how to use her laptop, so she could Skype her family & to be able to shop online.

5.10 The LAC supported Andrea to become familiar with the internet, & she was able her to see her family for the 1<sup>st</sup> time in years via Skype. Andrea was so overwhelmed by this experience that she was motivated to leave her house in order to visit them. Andrea to set small but realistic goals to work towards leaving the house. Initially into her garden, then out for a short drive supported by the LAC & finally on her own, she walked to the coffee shop. The sense of accomplishment was huge for Andrea, &

she has gone on longer bus journeys and no longer feels isolated or anxious & has visited her family in London.

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