

Local Area Coordination

Briefing paper

National Disability Authority

Table of Contents

Key points in the paper	3
1. Understanding Local Area Coordination	4
2. Positive features and challenges from evaluations of Local Area Co-ordination	12
2.1 Strengths.....	12
2.2 Challenges	13
2.3 Western Australia	14
2.4 Queensland	15
2.5 Australian Capital Territory	16
2.6 Scotland	16
2.7 Northern Ireland	17
2.8 England and Wales.....	18
2.9 New Zealand	18
Funding Local Area Co-ordination	20
3.1 Western Australia	20
3.2 Scotland	23
3.3 Queensland, Australia.....	23
Summary.....	25
Appendix 1 Disability Systems in Western Australia and New Zealand	27
Appendix 2: Summary results 2003 LAC review Western Australia ..	33

Key points in the paper

- Local Area Coordination involves co-ordinators, each working with a caseload of 50-60 people in small geographic areas, across all disabilities and age groups
- Local Area Co-ordinators establish a personal relationship with each client, providing a flexible and individualised service. Their work includes aspects of case management, advocacy, family support, community development and provision of timely information.
- Co-ordinators start with the question, 'What is a good life for you'? They build community and family supports around that and then address any services needed to fill in any gaps. This contrasts with a support needs assessment approach.
- The quality of Local Area Coordination is critically dependent on the skills of the co-ordinators. Thus, role specification, selection, training, supervision and support of co-ordinators are very important. Other challenges named in delivering this service include staff turnover and managing dissent
- Co-ordinators have come from a variety of backgrounds
- The efficacy of the model requires fidelity to ratios, and freeing up staff from undue administrative duties in order to perform their key roles
- In some jurisdictions, LAC role complements a personal budget provision, and they can take on a service broker role.
- In W Australia about 9,500 people avail of the service, equivalent to about 16,500 for Ireland. Their budget of €18m-€21m would equate to €32m-€37m in Ireland. Cost per service user works out at about €1,900 a head.
- New Zealand's NASC model would translate to about €11m cost for Ireland.
- In Western Australia co-ordinators have a small budget worth about €3,500 per annum for each coordinator, or around €60-70 per head of those they work with. This is typically under-spent. They can use this budget to address the immediate needs of individuals.
- An LAC type role underpins the Australian National Disability Insurance System legislated for in 2013 and now being piloted – this provides for much more extensive personal budgets
- Western Australia introduced Local Area Coordination to serve the needs of a scattered rural population, when there were no services. It has been more challenging to introduce the model in Scotland and NI where there is a network of established services and where there are existing service silos.

Understanding Local Area Coordination

Local Area Co-ordination is a system of community-based support for people with disabilities whereby a locally-based co-ordinator engages with individuals with disabilities, their families and the wider community. The co-ordinators

- Provide individuals and families with support and practical assistance to clarify their goals, strengths and needs
- Work to build inclusive communities via partnership and collaboration with individuals and families, local organisations, and the broader community
- Assist individuals and families utilise personal and local community networks to develop practical solutions to meet their goals and needs
- Assist individuals and families to access the supports and services they need to pursue their identified goals and needs
- Use discretionary funding to purchase required supports

1.1 The origin and spread of Local Area Coordination

In 1988, in response to the long-standing issue that people with disabilities in rural Western Australia left families and communities to access services in towns or cities, the Government introduced Local Area Coordination (LAC) into rural areas. By 1995, there was total coverage of rural areas in Western Australia.

The lack of a service infrastructure in rural Western Australia in 1988 facilitated creative thinking on the part of the LAC originators.¹ LAC builds individual, family and community self-sufficiency so that people with disabilities can remain with their families or in their community without compromising their quality of life. It promotes informal support, community self-sufficiency and a co-production of services with service users. It shifts resources and accountability for outcomes to a partnership model. It works alongside individuals, families and communities to define problems; identify strengths and assets; design and implement solutions.²

In 1991, the Western Australian Government piloted LAC in metropolitan areas. Following positive evaluations in 1993 and 1996, the government phased LAC into all metropolitan areas, with full coverage by 2000. Today, LAC is established as part of the services provided for people with disabilities in Western Australia.

¹ Vincent, A (2010) Local Area Coordination: An exploration of Practice Developments in Western Australia and Northern Ireland, *Practice: Social Work in Action*, 22, 4, 203-216

² Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

There are around 150 Local Area Coordinators (LACs) serving a population of approximately 2.5 million. For Ireland, an equivalent number of Local Area Co-ordinators per head of population would require about 260 such co-ordinators.

Other parts of Australia have replicated the scheme including Queensland (1999), New South Wales (2001), Northern Territory (2003) and Australian Capital Territory (2006). LAC is part of the foundation design of the National Disability Insurance Scheme (NDIS) in Western Australia.³

Scotland (2001), Northern Ireland (2001), England and Wales (2010) and New Zealand (2012) have also developed or are developing LAC-type processes.

1.2 What is Local Area Coordination (LAC)?

The spirit of the LAC model is encapsulated in the concept that the local area co-ordinator “does what it takes” to make a positive and sustained difference in the lives of people with disabilities and their families within the local community.⁴

LAC is a generalist approach, bringing together elements of personal advocacy; family support; community development; social work and case management into one role. It focuses on reinforcing natural and community supports.⁵ Its uniqueness, and much of its advantage, derives from mixing the elements of case management, advocacy, family support, community development and direct consumer funding⁶ as well as the intentional design of establishing an ongoing personal relationship.⁷ LAC is intended to be flexible, responsive and individualised. It is established over time by developing working relationships with people with disabilities.

LAC and most LAC-type processes have a common LAC framework that underpins the LAC way of working. The framework suggests that the essence of a good life is the same for all people and emphasises the development of self-

³ Bartnik, E (2013) Presentation at the NDA Annual Conference: Dublin on The Local Area Coordination Programme : Successful Transitions in Practice.

⁴ Stehlik, D., Chenoweth, L (2003) Flexible funding as an underpinning to community resiliency: early reflections on the introduction of local area coordination at the 6th National Rural Health Conference, Good health, good country: from conception to completion. Canberra. March 2001

⁵ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁶Disability Services Commission Western Australia (2003). Review of the Local Area Coordination Program, Western Australia, Perth: Government of Western Australia

⁷ Bartnik, E (2007) Local Area Coordination in the Australian Capital Territory: External Evaluation Summary Report. Canberra: Tamar Consultancy Pty Ltd

sufficiency as an outcome for people receiving LAC support.⁸ The framework includes similar vision statements, charters, principles and strategies that underpin the LAC approach and a role statement for LACs.⁹ Stakeholders develop a LAC policy with its vision, charter, principles and strategies in a relationship of trust and reciprocity. They establish and sign off on guiding principles.

Essential strategies for safeguarding LAC practice underpin the policy and guiding principles. Strategies include recruitment; induction; training; supervision; professional development; practice seminars and “reflexivity” pull the model together. Reflexivity demands reflective practice and change. The process should remain a dynamic one and the model should be an ongoing learning process for all involved including policy makers.¹⁰

LAC principles are:

- People with disabilities and their families are in the best position to determine their needs and goals, and to plan for the future
- As citizens, people with disabilities have the same rights and responsibilities as other people to participate and to contribute to the community
- Family, friends and personal networks are the foundations of a rich and valued life in the community
- People with disabilities and their families have natural authority and are best placed to be their most powerful and enduring leaders, decision makers and advocates
- Access to timely and accurate information enables people to make appropriate decisions and to gain more control over their lives
- Communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers

The starting point for LAC is the relationship between Local Area Coordinators (LACs), individuals and their families. LACs build a relationship and a community

⁸ Disability Services Commission Western Australia (2003) Review of the Local Area Coordination Program, Western Australia, Perth: Government of Western Australia

⁹ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

¹⁰ Stehlik, D., Chenoweth, L (2003) Sustaining the intent of policy into practice: a framework for service delivery ruralhealth.org.au/7thNRHC/Papers/general%20papers/stehlik_chenoweth.pdf

response around each person. Communication becomes more refined about what is important to the person with a disability.¹¹ LACs generally support 50 to 60 people in small geographical areas and promote inclusion in the community. Covering small areas means that LACs can get to know people and community resources well and can create opportunities locally for people with disabilities.

In Western Australia, LAC is one of several entry points to disability support services. It provides generalist localised support that can link in with specialist services and support when needed. LAC is available to people with intellectual, physical, sensory, neurological and/or cognitive disability, who are aged below 65 years of age at the time they apply for LAC support. LAC is freely available to all people with disabilities and their families in the community for time-limited support and in an ongoing way for all eligible people.¹²

In Scotland, eligibility to LAC varies but all sites have an intellectual disability focus. Most LACs work for Local Authorities. While all LACs work with people with intellectual disabilities, some LACs also work with older people, people with mental health problems, people with physical disabilities and people with autism spectrum disorders. While some LACs worked with people of any age, the others had limits placed on whom they can work with.¹³

In England, LAC is a support for people of all ages who may be vulnerable due to age, disability or mental illness. It may reverse the standard pattern of delayed response.¹⁴

1.3 Local Area Co-ordinators

Local Area Co-ordinators (LACs) are at the heart of the LAC model. They are a single point of contact for people with disabilities and their families and build relationships with them over time. LACs assist people to plan, organise and

¹¹ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

¹² Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

¹³ Wilson, H (2011) Evaluation of the National Local Area Co-ordination Development Project May 2009 – April 2011 www.scl.d.org.uk/sites/default/files/publications/national_lac_development_project_evaluation_-_march_2011_1.5.pdf

¹⁴ Broad, R (2012) Local Area Coordination: from service users to citizens. The Centre for Welfare Reform

access supports and services. They help people to make good use of necessary services. LACs operate as service coordinators rather than service providers.

Principles underpinning the role of LACs include:¹⁵

- Develop an effective relationship by getting to know people well over time
- Start with the question: what is a good life for you and not: what services do you need?
- Be well connected to the community and based locally
- Build capacity and autonomy rather than providing a service to fix a problem
- Hold positive values and assumptions about individuals, families and communities and shift focus and resources to strengths and prevention

A key finding from evaluations of LAC is that the program is as good as the individual Local Area Coordinator that each person has. Satisfaction levels with LAC correlate with satisfaction with the individual LACs relationship. Thus, recruiting the right personnel along with the provision of high quality training, supervision and support for LACs are crucial.

People who use LAC highly value having someone who will:¹⁶

- Take time to get to know them well and develop a relationship based on trust, respect and openness
- Listen, rather than tell or judge
- Be accessible and approachable
- Explore issues and possibilities together
- Help people to find solutions, rather try to “fix” them with services
- Help imagine and plan a better future, rather than assess them for services
- Do what they promise

¹⁵ Bartnik, E., Chalmers, R (2007) It's about more than the money: Local area coordination as an innovative approach to supporting people with disabilities to get a good life and to creating more welcoming communities. In Co-production in social care, changing relationships in the provision of social care, edited by S. Hunter and P Ritchie, London: Jessica Kingsley

¹⁶ Broad, R (2012) Local Area Coordination: from service users to citizens. The Centre for Welfare Reform

I.4 Western Australia model

In Western Australia, the Disability Services Commission, which is a state-level body, employs LACs. These coordinators operate in local communities. Each coordinator provides preventative support to between 50 and 65 people of a variety of ages and types of disability (for example intellectual, physical, sensory, cognitive and neurological) and degrees of impairment (from moderate to severe and profound). The focus is on an ongoing relationship and a community response built around each person, at the local level, rather than a disability service-system response. The Local Area Coordination approach turns the traditional system on its head and changes the power balance. Rather than fitting people into a predetermined menu of services, the LACs build up support, one person at a time, in the context of their family, friends and community. The focus is on choice and control for individuals in decision-making and a graduated system of funding allocations.¹⁷

“A critical factor in the success of LAC in Western Australia was staff with the right values, skills and experience to manage the entry point or front end of the disability service system. The previous system had a focus on needs assessment and coordination of specialist services, with the emphasis on staff with a narrow range of professional qualifications and formal service experience. In contrast, LACs come from a wide range of backgrounds and professions, including social work, psychology, education, therapy, nursing and community work. The ability to build relationships and work according to the values of the Local Area Coordination approach are as important as having the functional skills in areas such as planning, advocacy, community development and organisation. Wherever possible, local area coordinators are recruited from their local communities. A key finding from the evaluations of Local Area Coordination is that the programme is as good as the individual local area coordinator that each person has. Therefore clear role specification, careful staff selection (involving people with disabilities and their families), training, supervision, feedback and evaluation are all essential elements in maintaining quality”¹⁸

LACs are based ‘outside the system’ in local community ‘shop fronts’.¹⁹

¹⁷ Bartnik, E. (2010) Putting people in control: reforming the system of support for disabled people in Eds Paul Gregg and Graham Cooke People are the principal agents of change in their lives..” demos.co.uk/files/Liberation_welfare_-_web_final.pdf?1271779162

¹⁸ P.122, *ibid*

¹⁹ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

1.5 UK models

In Scotland, there are 80 LACs. Some have a background in social work. Others are former nurses, occupational therapists and community development workers.

LAC is currently trialling in England and Wales. In Thurrock, LACs are also from a range of backgrounds including a fire-service employee, housing professionals and an ex-social worker. They offer two levels of support: level one involves the provision of information and advice; level two is for people who require longer-term assistance in building relationships, self-sufficiency and planning the future.²⁰

The key strength of LACs is their capacity to work creatively with people, families and communities. They do not undertake a statutory protection role for adults and children. This remains within the area Social Work department.²¹

1.6 Role of co-ordinators

Bartnik, who was involved in implementing this service transformation in Western Australia, considers the pivotal role that LACs play in making LAC a success:

“In the initial period, staff found it difficult to leave behind their previous professional orientation and culture. New local area coordinators required dedicated training, supervision and support to operate effectively and be socialised into a new working culture. There was a gradual transition from old to new roles, giving staff a range of different career choices. From the perspective of a regional service director at the time, I recall the tipping point where service reach increased dramatically, planning became longer term and community resources were maximised. As well as leading to better outcomes and higher satisfaction among individuals and families, staff enjoyed more challenging and satisfying roles. What may have originally been seen as a loss of status or power by some staff, turned for many into a bright and productive new career.”²²

Personnel in other services in various parts of the world, such as Needs Assessment and Service Coordination (NASC) facilitators in New Zealand and

²⁰ communitycare.co.uk/2014/12/11/local-area-coordinator-scheme-makes-best-use-social-work-says-council/

²¹ Vincent, A (2010) Local Area Coordination: An exploration of Practice Developments in Western Australia and Northern Ireland, *Practice: Social Work in Action*, 22, 4, 203-216

²² P.122, Bartnik, E. (2010) Putting people in control: reforming the system of support for disabled people in Eds Paul Gregg and Graham Cooke *People are the principal agents of change in their lives..* demos.co.uk/files/Liberation_welfare_-_web_final.pdf?1271779162

Special Needs Counsellors and Autism Therapists in HSE North-West, Ireland, carry out some of the functions of LACs but there are critical differences.

Key differences between the approach of Local Area Coordination and the Ministry of Health's Needs Assessment and Service Coordination (NASC) processes in New Zealand, for example, include:²³

- Asking different basic questions (Coordinators ask, "What constitutes a good life for you?" whereas needs assessment facilitators ask, "What support do you need?")
- Coordinators tend to develop relationships with people and take a more holistic approach to working with people with disabilities and their family, whereas interaction with NASCs tends to be more episodic and focuses at an early stage on government-funded supports.

Appendix I compares Disability systems in Western Australia and New Zealand.

1.7 Local Area Co-ordination and new NDIS system in Australia

Australia has begun moves towards a National Disability Insurance System (NDIS) following legislation enacted in 2013 as a new way of providing individualised support for eligible people with permanent and significant disability, their families and carers. It follows from a Productivity Commission report published in 2011 which recommended introduction of a scheme with the following features

- One federal scheme
- Single assessment system
- Certainty of funding
- Services funded under the scheme include therapy supports, adaptations to home and to cars, assistive technology, home help
- Choice of service provider
- Local area co-ordinators and local disability organisations to offer individuals grassroots support at local level
- Individuals can manage their own budgets if they so choose

The Productivity Commission estimated the cost of introducing the NDIS system as involving a 90% increase in the budget for disability services.

²³ www.health.govt.nz/system/files/documents/pages/local-area-coordination-paper-mar2010.pdf

The NDIS scheme is designed for people with a lifelong disability that substantially restricts their capacity to participate – the eligibility conditions are very similar to the definitions of disability set out in the Disability Act 2005.

The NDIS builds on certain features of the LAC model.

The roll-out of NDIS is beginning in a number of trial sites across Australia, including the conversion of an LAC programme in the Western Australia trial site to the NDIS model.

The Western Australia authorities have listed the key differences the NDIS offers as follows:²⁴

- more intensive, individualised planning
- local decision-making and funding allocations to better respond to people's needs
- additional resources and funding
- greater flexibility, choice and control to access supports and services based on people's individual goals and strategies identified in their plan, rather than being limited to programs
- additional Coordinators to support people to access services, including a Coordinator with experience in mental health
- a bigger regional team to offer greater support to people at the local level – including the assistance of technical officers and allied health expertise
- alignment of Disability Services Commission funding allocations with the NDIS reference packages and principles of reasonable and necessary support
- access to supports and services for people with psychosocial disability.

1. Positive features and challenges from evaluations of Local Area Co-ordination

2.1 Strengths

Some of the strengths of LAC include the following:

²⁴ <http://www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/frequently-asked-questions/#Q7> Accessed 4 June 2015

For consumers

- A single point of contact
- Support based on a flexible, respectful, personalised, holistic and long term relationship – it encourages, supports and empowers but doesn't take over – it respects the authority of the person and the family
- Support available locally
- Reliable and trustworthy
- Provides timely accurate information that is relevant for the person and his/her family

For agencies and community groups

- A single point of contact/liaison between agencies and families
- Provides information/advice/direction to clients seeking support from what is often a range of agencies
- Service coordination and case management

For Local Area Co-ordinators

- Personal relationships with people with disabilities and their families
- Flexibility and creativity
- Ability to respond quickly to the changing needs of consumers
- Development of local community networks
- Local credibility
- Focus on the values of inclusion and empowerment

2.2 Challenges

Challenges include:

- Variation in the quality of service
- Availability of LAC not promoted systematically in the community
- High turnover rates of LACs which makes establishing relationships difficult
- An increase in LACs role in administration and funding without reductions in workloads, caseloads etc
- Expanding role of LACs leading to higher workloads and a sense of diminishing control over the direction and implementation of the programme
- Significant increases in administrative and bureaucracy workloads erode the original values base, stifle creativity and send conflicting messages about the LACs role

- Insufficient support for LACs
- Changed programme management arrangements – in Western Australia LAC is no longer a directorate and LAC is combined with other functions in the organisational structure
- A growing divide between the values that LAC operates from and how the Commission operates in practice
- Under-recognition of difficulties of LAC in remote areas such as distances travelled, the time this takes, the absence of services into which consumers can be linked etc

2.3 Western Australia

Since Western Australia introduced LAC in 1988, there have been around 20 evaluations. The major 2003 review of the LAC programme, 15 years after the Western Australian Government introduced LAC into rural areas, found that people with disabilities, their families and carers value LAC. Levels of satisfaction were lower among consumers from indigenous and culturally and linguistically diverse backgrounds. The review showed that the work of LACs has had a positive impact on the lives of people with disabilities and on the communities where they live. Comparisons to national benchmarks indicated that LAC was providing services for a greater proportion of service users at lesser cost per person, than for Australia as a whole.²⁵ Western Australia compared favourably with other states on benchmarks related to service uptake, cost and consumer satisfaction. LAC shifted the focus from people with disabilities as recipients of social services to citizens who have gifts, assets and contributions to make, and communities as places that have resources for mutual support and practical solutions.²⁶ It is providing an effective and efficient service to people with disabilities and their families in rural and metropolitan areas of Western Australia.

The major 2003 evaluation of LAC In Western Australia made a series of recommendations including:²⁷

²⁵ Disability Services Commission (2003) Review of the Local Area Coordination Program Western Australia
derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/WesternAustraliaGovernment-Review-of-Local-Area-Coordination.pdf

²⁶ Broad, R (2012) Local Area Coordination: from service users to citizens

²⁷ Disability Services Commission (2003) Review of the Local Area Coordination Program Western Australia

- Refocus the work of LACs on the key values of inclusion, community participation, individual/family empowerment and a respect for the rights of people with disabilities
- Establish a LAC programme support and development capacity to maintain the focus and integrity of the LAC program and to reduce the demands on LAC for non-core duties
- Place greater emphasis on the LAC role in building community responses and support options for people with disabilities and families
- Improve LAC capacity to provide information to consumers and clarify LAC role in advocacy
- Reduce the LAC role in funding processes and administration
- Simplify and streamline the administrative and funding process

Appendix 2 summarises the results of this review in more detail.

2.4 Queensland

Key positive features from a 2002 evaluation of LAC in Queensland included:²⁸

- Commitment to and capacity to put positive values and principles into practice for people with disabilities and their families
- Model of training, supervision and support for staff
- Capacity to deliver early intervention for families across large areas
- Potential for leadership development
- Potential for community capacity building

Key challenges facing the LAC program in Queensland were:

- Safeguarding the integrity of the program in a large bureaucracy
- Expanding LAC to a large program in terms of area and personnel while maintaining high quality practice
- Maintaining program flexibility
- Supporting and sustaining its staff

In Queensland, an important, and crucial difference to the original LAC model established in Western Australia, was that, apart from individual and family

²⁸ ibid

support, 'community development' was core business for each LAC from the foundation of the program, as well as individual/family support. This community capacity-building component of the LAC program made it a uniquely Queensland approach. While the Western Australia model now includes community development, this was not its earlier and foundational purpose.²⁹

2.5 Australian Capital Territory

A 2007 evaluation of the LAC programme in Australian Capital Territory, after 17 months in operation, found that there was a high level of support from individuals and families supported by the programme. There were challenges with developing and sustaining ongoing relationships with service providers. The development and communication of an evidence base around the benefits of the LAC approach to individuals, families, communities and the overall disability system was a high priority

2.6 Scotland

In 2000, Scotland introduced LAC. In 2007, the Scottish Government published an 'Evaluation of the Implementation of Local Area Co-ordination in Scotland' which highlighted difficulties in implementation and confusion surrounding key aspects of the LACs role. The LAC scheme varied across 25 local authorities. None of the LACs worked in the role as it had originally been developed in Western Australia. Instead, LAC was added on to existing Scottish services. Nevertheless, individuals, families and staff from other agencies valued LAC and there was evidence of positive outcomes in terms of independence, choice and inclusion as well as commitment to the role among LACs.

LACs in Scotland identified a good overall quality of life for people with disabilities.³⁰ In the Scottish evaluation, four case studies illustrate how LAC operates in a rural setting; urban setting; across traditional service user groups; and managed within the voluntary sector. The case studies provided evidence of a range of outcomes including the following:

- Having time to build relationships with individuals and families, help them to identify their own needs and accordingly, to work toward change in their lives
- Supporting individuals to engage in their local community

²⁹ Chenoweth, L., Stehlik, D (2002) Building the capacity of individuals, families and communities Volume 1: Evaluation of the Local Area Coordination Program www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/DisabilityServicesQueensland-Evaluation-of-Local-Area-Coordination.pdf

³⁰Evaluation of the implementation of local area coordination in Scotland gov.scot/Resource/Doc/173461/0048415.pdf

- Assisting individuals and families, through networks established by the LAC, to mutually support each other
- Helping individuals and families to engage effectively with other agencies
- Enabling individuals and families to believe they have someone working in a professional capacity who is 'on their side'
- Bringing together individuals and families from diverse backgrounds and with different life experiences to work together to reach solutions within their local communities
- Ensuring people have access to support and services; are better informed; have more choice of activities; and some increase in availability of flexible supports such as holidays and day and leisure opportunities.

However, as mentioned, some of the diversity in organisational arrangements for LAC in Scotland is a departure from the principles and ethos underlying the Australian model of LAC and many LACs experienced this as problematic. Differences in LAC practice across local authorities and the broad remit of LAC also meant that clearly identified, measurable outcomes were difficult to extract from the LAC process in Scotland.

2.7 Northern Ireland

Northern Ireland introduced LAC in a limited way in 2001. Vincent (2010) compared the experience in Northern Ireland with that of LAC in Australia. The experience in Northern Ireland supports the development of a LAC approach but there are significant challenges to delivering LAC.³¹ The absence of infrastructure in rural Western Australia, enabled the Local Area Coordination model to be tested and fully developed, as part of a vision for all people with disabilities. Like in Scotland, in Northern Ireland, existing infrastructure has been an impediment.³² Factors that combine to oppose the adoption of a LAC model in Northern Ireland include:

- Separated and specialised patterns of service delivery, within which budgets and tasks appear to be fixed into silos, prevent funding of the LAC role
- Failure to persuade policy makers that social work activity within disability services should move in this direction

³¹ Vincent, A (2010) Local Area Coordination: An exploration of Practice Developments in Western Australia and Northern Ireland, *Practice: Social Work in Action*, 22, 4, 203-216

³² *ibid*

- The cost-cutting climate means that any work thought to be unrelated to the statutory functions of social work is immediately under threat.³³

2.8 England and Wales

England and Wales are studying the lessons from the implementation of LAC in Scotland and internationally. When LAC is implemented as designed in Western Australia, the outcomes have been consistently strong but where it is partly implemented, or where is “cherry picking” of parts of the approach, outcomes are less predictable.³⁴ In England and Wales, LAC is available for older people and people with mental health problems as well as people with disabilities. LAC started in Middlesbrough in 2010. Since then, Derby City, Thurrock, Walsall, Northamptonshire, Derbyshire, Gloucestershire and Cumbria, Isle of Wight, Swansea, Neath, Port Talbot and Monmouthshire in Wales have introduced LAC. Inclusive Neighbourhoods provides early-stage support and guidance to local authorities as well as on-going networking and knowledge exchange for sites.^{35,36} Early evaluation of some programmes has found positive outcomes.³⁷ In Thurrock, an evaluation on the first four months showed positive outcomes³⁸ and, at 14 months, an evaluation showed that LACs were working with 256 people between the ages of 18 and 98 years and had been successful in helping people find practical solutions to problems that would otherwise require social services funded support. The largest user group was older people (31%) closely followed by people with mental health issues (27%).

2.9 New Zealand

The Ministry of Health’s “New Model for Supporting Disabled People” is a demonstration project being trialled in a town and its surrounding region. The model has four component parts and the trial has started with the first two components.

³³ *ibid*

³⁴ Clark, S (Director Inclusion North) and Broad, R (Director Inclusive Neighbourhoods) (October 2011) Local Area Coordination in England
thinklocalactpersonal.org.uk/local-coordination-in-england

³⁵ Local Area Coordination in England and Wales
inclusiveneighbourhoods.co.uk/local-area-coordination/local-area-coordination-in-england/

³⁶ Case Study: Inclusive Neighbourhoods and Local Area
carnegieuktrust.org.uk/CMSPages/GetFile.aspx?guid=032376f5-bd12-4802-ae64-3e6539d09012

³⁷ *ibid*

³⁸ Sitch, T (2013) Local Area Coordination, Thurrock: first four months evaluation report

- Local Area Coordination
- Supported Self Assessment
- Allocation of Funding (instead of services)
- Enhanced Individualised Funding

The Ministry carried out an evaluation during 2012 with the 27 people with disabilities who had worked with LACs during the year.³⁹ Challenges identified included communicating change to people with disabilities, working out technical details of the model and difficulties in operating new arrangements alongside existing ones. At the same time, the 27 people and their families had achieved some changes in their lives including attending courses, working part time, attending a gym, developing a home-based business, solving transport needs and organising a support group for people with disabilities. In August 2013, fifty-nine people had asked to work with this new project.⁴⁰

³⁹ EvaluateResearch (2012) New Model for supporting disabled people: synthesis of Year 1 evaluation findings <http://evalueresearch.co.nz/>

⁴⁰ Disability Support Services e-newsletter. No.50 August 2013 cited by Disabled People's Organisations Report (April 2014) to the United Nations Committee on the Rights of Persons with Disabilities on New Zealand's implementation of the Convention on the Rights of Persons with Disabilities

Funding Local Area Co-ordination

3.1 Western Australia

Under a LAC model, directly funded services complement the primary supporting role of families, carers and communities, and are not a primary solution to meeting needs. While direct funding is valued by people living with disabilities and their families, and has proved to be “an effective support strategy” within the LAC framework, pursuing funding is seen as an “adjunct to family and community based supports rather than as the primary solution to meeting needs”⁴¹

A graduated approach to direct funding is a component of LAC in Western Australia.⁴² Initial need for funding may be satisfied through small discretionary budgets that LACs have to enable people with disabilities and their families to address immediate issues. The budget is \$A5,000 (about €3,500) per annum for each coordinator, across all the people they work with and is typically under-spent.⁴³

The second tier of direct funding is through small packages of ‘flexible family support.’

A third tier consists of larger packages as required for community access, intensive family support or accommodation support. Consumers must access packages through a proposal system. Independent panels consider applications, based on agreed plans, at regular meetings.⁴⁴

Since 2005, a Shared Management Model administers Direct Funding, which encourages people with a disability to involve themselves in service management.

⁴¹ Bartnik, E. (2009 - draft chapter, pre-press). Changing relationships between citizens and systems - The West Australian Local Area Coordination program as a long term example of systems transformation through redefining the role of front staff in disability services. In J. Bartlett & P. Gregg (Eds.), *Imagining welfare without dependency*. London: DEMOS as cited by Bennett, S (2009) *Investigation of Individualised Funding and Local Area Coordination-Type Processes* health.govt.nz/system/files/documents/lit-review-lac.doc

⁴² Bennett, S (2009) *Investigation of Individualised Funding and Local Area Coordination-Type Processes* health.govt.nz/system/files/documents/lit-review-lac.doc

⁴³ Bartnik, E., Chalmers, R (2007) *It’s about more than the money: Local area coordination as an innovative approach to supporting people with disabilities to get a good life and to creating more welcoming communities*. In *Co-production in social care, changing relationships in the provision of social care*, edited by S. Hunter and P Ritchie, London: Jessica Kingsley

⁴⁴ Bennett, S (2009) *Investigation of Individualised Funding and Local Area Coordination-Type Processes* health.govt.nz/system/files/documents/lit-review-lac.doc

This model includes the person with a disability or a family member with responsibility for particular aspects of service provision. A written agreement is developed to detail the parties agreed responsibilities and a review clause.

Financial data from the Disability Services Commission 2008 Annual Report shows a budget in 2007/08 in Western Australia of approximately \$A30million (€21million) for Local Area Co-ordination. Of this, \$A20.5 million (€14.6million) was spent on LAC to support 8,285 individuals, who constituted about 40% of those who accessed Commission-funded support over this period. Of these, 1,470 (18%) were assisted by a Coordinator to manage \$A9.6 million of funding (€6.8million). The average cost per service user accessing LACs in 2007/08 was \$A2,469 (€1,761).⁴⁵

Table 1: LAC trends – Western Australia ^{46,47}

Measure	2003-04	2004-05	2005-06	2006-07	2007-08	2013
Total service users	6,981	7,169	7,605	7,836	8,285	9,445
Nos. on direct Consumer Funding	1,465	1,547	1,521	1,521	1,470	1,300
Average cost per head LAC Coordination	€1,686 (\$A2,367)	€1,704 (\$A2,393)	€1,728 (\$A2,427)	€1,810 (\$A2,542)	€1,758 (\$A2,469)	€1,927 (\$A2,757)
Average cost per head Direct Consumer Funding	€5,593 (\$A7,853)	€5,465 (\$A7,673)	€5,244 (\$A7,360)	€4,825 (\$A6,772)	€4,676 (\$A6,563)	n.a.
Total cost (\$Am)	€20.0m (\$A28m)	€20.7m (\$A29m)	€21.1m (\$A29.7m)	€21.m (\$A30.2m)	€21.4m (\$A30.1m)	€18.2m (\$A26m)
Consumer satisfaction	78%	n.a.	65%	n.a.	53%	n.a.

⁴⁵ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁴⁶ Disability Services Commission (2008) Annual Report 2007–2008., p. 41 Perth: Disability Services Commission Western Australia as cited by Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁴⁷ Ffrom p.83, Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc. 2013 data from presentation by Eddie Bartnik to NDA Annual conference 2013. http://nda.ie/ndasitefiles/EddieBartnik_presentation.pdf

Ireland has a population roughly three quarters higher than Western Australia's. On a pro rata basis, the cost of a similar service in Ireland could be expected to be roughly €32-€37m.

Bennett (2009) considers that “cost increases or ‘steadiness’ may be related to the fact that an early positive results of LAC was the reduction in the number of rural people having to relocate to the city. This has plateaued since the 1990s. Initially, this reduction in relocation was noted to result in significantly reduced costs as LAC was less expensive by a ratio of 1:8 than hostel beds. However, this change is now embedded, and there will be little further cost savings achieved in this area. This steadiness in cost per person may also be related to the capacity of individuals, family and friends, and local communities to undertake support. A key question, therefore, is, ‘Is there a threshold to cost savings after which little further gains and cost savings can be made’? The literature does not answer this question.”⁴⁸

“Other areas of consideration in terms of cost effectiveness are the potentially unseen costs of consistency of service across LACs and over time, staff turnover and the potential expansion in workload and role as well as how dissent might be managed. These were all issues identified in the 2003 Western Australia review. While these are potential costs of any initiative, the LAC framework is highly dependent on effective long-term commitment from front line staff and the relationships they forge with service users. This means that, while recruitment, selection and training costs make obvious impact on the value case of LAC, costs associated with variable consistency, high turnover and managing dissent in particular, such as the erosion of skill and knowledge base to the LAC programme and rebuilding of trusting effective interpersonal relationships, potentially undermine the essence of the programme. The implication of this is that significant effort is needed to ensure selection, training, support and retention of quality staff. Remuneration is an aspect of this but this needs to be complemented by facilitating regular supervision and training of coordinators, as well as situating the Coordinator position at an appropriate point in the organisational hierarchy. As well, issues of role dilution are important potential costs as the inability to focus on core functions and values of the LAC role is seen as a threat to the ongoing viability and sustainability of the programme.”⁴⁹

⁴⁸ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes, P. 84 health.govt.nz/system/files/documents/lit-review-lac.doc

⁴⁹ P.84, *ibid*

3.2 Scotland

There is variation in the extent to which LACs in Scotland hold budgets. In the Local Authorities where they are available, most are under £5,000. However, Direct Funding has been available in Scotland since 1996. It became mandatory for some groups in 2002. In 2005, this funding was extended to all community care groups. How direct funding links with LAC is unclear and may vary from LAC to LAC.

3.3 Queensland, Australia

“LAC represents a departure from the traditional approach of either providing or funding disability support services. The Program acknowledges that disability specific services may be required by some people some of the time. LAC operates on the belief however, that this need can be reduced and in many instances even negated.”⁵⁰

Queensland has access to a flexible discretionary funding support model, which enables LAC to give people with disabilities the opportunities to determine their own needs and supports with a minimum of fuss and maximum discretion.⁵¹ A cost benefit analysis as part of a 2002 evaluation of the LAC pilot program in Queensland showed that LAC had low budget items in comparison with other Disability Services Queensland (DSQ) programs and that LAC offered cost effective support. The evaluation research found that the overall costs of establishing the LAC program was as follows:⁵²

⁵⁰ Disability Services Queensland (undated). Local Area Coordination: Information Paper. Brisbane: Disability Services Queensland as cited by Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁵¹ Chenoweth, L., Stehlik, D. (2002). Building the capacity of individuals, families and communities: Evaluation of the Local Area Coordination pilot programme. Brisbane: Disability Services Queensland as cited by Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁵² Chenoweth, L., Stehlik, D (2002) Building the capacity of individuals, families and communities Volume I: Evaluation of the Local Area Coordination Program www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/DisabilityServicesQueensland-Evaluation-of-Local-Area-Coordination.pdf

Table 2: Cost items for LAC programme

Cost Item	€000	\$A000
Salaries & running costs + Discretionary funding	704	990
Establishment of each office	107	150
Total:	811	1,140
Average per site:	135	190
Average per individual LAC	90	127
Average cost per individual LAC without start up costs	78	110

Queensland has an almost identical population to Ireland (4.6m.) so that aggregate costs of a fully-rolled out programme in Queensland and in Ireland should be broadly similar.

Based on each coordinator working with 50 people, the average on-going cost per individual or family is about €1,500 (\$A2,200) per annum. This includes any discretionary funding. This figure is an average and does not represent any actual costs for any one family or person with a disability. Nevertheless, it does provide a basis for comparison.⁵³

As part of the financial structure of the LAC pilot program, all co-ordinators received a circa €7,000 (\$A10,000) discretionary sum with clearly defined and agreed rules for disbursement. This amount was to provide support for 50 active people per annum, thus calculated to be around €142 (\$A200) per person per year. In the first pilot year, the target of 50 was not reached by all LACs, nevertheless, the discretionary funds can be seen to help provide high quality, targeted support when needed, without a high level cost. In many cases, LACs did not need to use their discretionary funds by resolving issues without recourse to financial solutions. In other cases, when they did use them, it made a difference by resolving an immediate crisis.

The overall discretionary funds expenditure for the full year of the evaluation (July 2000 to June 2001) was €55,000 (\$A77,000). Some LACs reached their annual allowance, others did not, but overall per person it averaged to an expenditure of approx. €208 (\$A292) per person per year.⁵⁴

⁵³ Chenoweth, L., Stehlik, D (2002) Building the capacity of individuals, families and communities Volume 1: Evaluation of the Local Area Coordination Program www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/DisabilityServicesQueensland-Evaluation-of-Local-Area-Coordination.pdf

⁵⁴ *ibid*

Summary

In Australia, various states have adapted the Local Area Coordination model. International adaptations have occurred in Scotland, a few locations in England and Northern Ireland and in the Bay of Plenty in New Zealand. In each location, LAC services have evolved differently in terms of funding, scope of services, and the profile and eligibility of clients. Nevertheless, LAC models are based on similar frameworks, vision statements, charters and principles, which underscore the importance of independence, competency, control, choice, and quality of life.

Strengths of LAC type models include value for money; incorporation of expertise from the people who use the service; an increase in social capital by building supportive relationships and increasing self-confidence and participation of those supported in the community.

LAC models are examples of co-production, a term coined in the UK, which refers to public services where service users are active participants and partners in the service. Co-production emphasises that people have assets and expertise that can help improve services.⁵⁵ LAC assumes that services provided by agencies and by the government complement and support the primary role of families, carers and communities in achieving a good life for people with disabilities.

While there is evidence of the benefits and opportunities of LAC, there are also gaps that have implications for development and implementation.⁵⁶ There is limited published information available on LAC and what is available is from a few authors. There is a need for more evaluations undertaken by those who are independent from LAC programme development and delivery.⁵⁷

One commentator has argued that schemes involving an active partnership with individuals with disabilities require sustained, secure funding and organisational support but also need to be independent.⁵⁸ The Western Australia government's

⁵⁵ SCIE Research Briefing 31: co-production: an emerging evidence base for adult social care transformation

⁵⁶ Bennett, S (2009) Investigation of Individualised Funding and Local Area Coordination-Type Processes health.govt.nz/system/files/documents/lit-review-lac.doc

⁵⁷ *ibid*

⁵⁸ *ibid*

evaluation of the LAC scheme⁵⁹ noted that the multiple demands made on the scheme (to its scope, role, constituency and accountability) threatened its medium-term to long-term sustainability. A recommended systematic 5-yearly review of the LAC programme could keep it 'contemporary and responsive to the emerging strategic environment.'⁶⁰

LAC has to build as well as reinforce social capital. People from culturally diverse backgrounds may require extra support to participate in LAC schemes.⁶¹

Attracting and retaining staff is an issue. One way to encourage a sustainable sector is through supporting staff acquisition of the knowledge and skills necessary to excel in their field.⁶² The success of LAC is reliant on quality and consistency of personnel and this, in turn, depends on adequate recruitment, induction training, ongoing training, supervision and support of LACs as well as staff retention. There have been several recommendations arising from evaluations to guide training and support for LACs.⁶³ Role clarity appears to be a challenge across settings. There is a need to define the LAC role further, not only among LACs but also among clients and healthcare professionals. The importance of cultural awareness training is recognised as an area for further training to support LACs to better understand clients from diverse cultural and linguistic backgrounds.⁶⁴

⁵⁹ Bartnik, E., Chambers, R (2007) It's about more than the money: local area coordination supporting people with disabilities in Hunter S & Ritchie P (2007)(eds) Co-production and social care: changing relationships in the provision of social care London: Jessica Kingsley

⁶⁰ ibid

⁶¹ SCIE Research Briefing 31: co-production: an emerging evidence base for adult social care transformation citing Bartnik E & Chambers R (2007) It's about more than the money: local area coordination supporting people with disabilities in Hunter S & Ritchie P (2007)(eds) Co-production and social care: changing relationships in the provision of social care London: Jessica Kingsley

⁶² Corr L, Teo E, Ummer Christian, R, Davis E, Williams K, Reddihough D, Scheinberg A and Waters E (May 2013) 'Developing training guidelines for local area coordinators working with children and young people with disability and their families', University of Melbourne: Melbourne. ndis.gov.au/sites/default/files/documents/Davis_PDF_LAC_project.pdf

⁶³ ibid

⁶⁴ ibid

Appendix I Disability Systems in Western Australia and New Zealand

See www.health.govt.nz/system/files/documents/pages/local-area-coordination-paper-mar2010.pdf

Table AI: Comparison of Western Australia's & New Zealand's Disability Support Systems

	Western Australia	Closest New Zealand equivalents
Information	Coordinators	Disability Information and Advice Services (DIAS)
Personal assistance	Coordinators	No direct comparison Provided in part by NASC intensive service coordination, supported living facilitators, supported lifestyle service & some DIAS field officers.
Process for seeking funded supports	People submit written applications for support to the Commission. Coordinators or contracted service providers may assist people to complete applications	Face to face assessment by a Needs Assessment Facilitator. Note: people access equipment and modifications through a separate process.
Service coordination	Coordinators or other Commission staff if people are not using Coordinators	Service Coordinators within NASCs
Approach to resource allocation	Most funding is allocated on the basis of need relative to other eligible people. A small amount of support is allocated on the basis of 'strengths' and outcomes	Funding is allocated on the basis of assessed need relative to other eligible people.
Funding decisions	Decisions made by panels of Commission staff for lower cost packages and independent panels for higher cost packages.	Decisions normally made by Service Coordinators within NASCs. Some high cost packages are referred to the Ministry of Health.
Budget management	Pre-determined amounts of funding are allocated by panels during 3/4 funding rounds each year. There are normally waiting lists for support – some people may wait several years for high cost support.	NASCs manage an indicative budget, with ongoing decisions being made. Support funded through NASCs does not normally have waiting lists, although they are emerging e.g. for residential services.

	Western Australia	Closest New Zealand equivalents
Types of support funded	<p>Funding is allocated in 3 broad categories:</p> <ul style="list-style-type: none"> • Accommodation Support, which includes community residential services and supported living arrangements • Individual and Family Support, which includes therapy services, day options, respite and family support • Local Area Coordination <p>Home and community services are funded by the Department of Health.</p>	<p>Funding is allocated through referring people to the following categories of support:</p> <ul style="list-style-type: none"> • residential care; • home and community support; • supported living; • behavioural support; • respite; • carer support; and • day services (for some people).
Individualised funding/supported living	<ul style="list-style-type: none"> • Wide availability of individualised funding enables supported living to develop • In most cases, coordinators facilitate individualised funding and supported living 	<ul style="list-style-type: none"> • Limited availability of individualised funding, supported by separate coaches • Supported living is a programme, with separate supported living facilitators (a similar role to Coordinators in WA)
Support providers	<p>NGOs - 58% of support by value and Commission - 42% of support by value</p>	<p>NGOs and private organisations - almost 100% of support by value. DHBs - small %</p>
Some key differences in approach between LAC and NASC	<p>A Coordinator's basic question is "what's a good life for you?"</p> <ul style="list-style-type: none"> • Strong focus on government funded support as a last option • Emphasise both individual/ family and community development. • Actively help people to access other agencies and natural support networks • People can choose to use coordinators. • Work across all areas of a person's life. 	<p>A NASC's basic question is "what support do you need?"</p> <ul style="list-style-type: none"> • Earlier focus on Ministry funded support. • Focus is primarily on the individual/ family. • Refer to other agencies and take account of natural support networks that are already available. • Access to funded support through NASCs • Original intention of a cross-agency mandate not implemented.

Table A2: Outline of Western Australian Local Area Coordination

<p>Eligibility</p>	<p>It is voluntary for people to work with Coordinators. People who meet the general eligibility criteria for access to Commission funded support can elect to work with a Coordinator on a one-off or ongoing basis. People who do not meet the eligibility criteria are only able to access time-limited support from a Coordinator.</p>
<p>Fundamental assumption</p>	<p>Local Area Coordination is based on the presumption that disabled people and their family are in the best position to make choices and decisions about their lives and to plan for the future. It involves Coordinators working with individuals, families and communities who wish to work with them to make a practical difference to the everyday lives of disabled people.</p>
<p>Scope of Local Area Coordinators' roles</p>	<ul style="list-style-type: none"> • Coordinators begin conversations by asking people who contact them “What’s a good life for you?” They help disabled people and their families to make a practical difference to their everyday lives through the following types of activities: • Establishing effective working relationships with clients. This builds trust and enables deeper, more effective communication to take place about what is important to a disabled person and how to address the issues they face. • Assisting them to clarify their strengths and goals and to plan for the future, and empowering them to make informed choices through providing them with accurate and timely information and assisting them to access information through a variety of means. • Assisting them to engage with or develop natural networks and community connections, and working with local communities and organisations to build inclusive and welcoming communities. That is because families, friends and personal networks are the foundations of a rich and valued life in the community. • Assisting them to access the supports and services - which may be funded by any government agency - that will enable them to achieve a good life. Funded supports should, however, complement the primary supporting role of families, carers and communities and not exclude the natural networks that already exist or could be developed. • Providing accurate and timely information that is tailored to them, and assisting them to access relevant information from other sources. • Supporting them to advocate for themselves, and/or facilitate access to alternative advocacy sources.

Funding-related responsibilities	<ul style="list-style-type: none"> • Coordinators provide people with access to small sums to address immediate issues. • Currently coordinators are able to allocate A\$4,000 in total per annum across all the disabled people they work with through this mechanism (although this is normally under-spent). • Assist people to fill out the written application forms that are required to apply for support funded by the Disability Services Commission. [If people do not work with Coordinators, they can get assistance from NGOs and service providers].
Relationship with other agencies	Coordinators will assist disabled people to access support that is funded through other agencies (such as education, health or housing), but they do not have a formal role with them. For example, they will help a school understand what is required for a disabled person to participate effectively in mainstream schooling.
Annual cost	In 2007/08, €14.6million (A\$20.5 million) was spent on Local Area Coordination to support 8,285 people (of the 20,507 people who accessed Commission funded support). Coordinators assisted 1,470 (of the 8,285) people to manage €6.8million (A\$9.6 million) of direct funding
Number of Coordinators	There are currently about 115 Coordinators and managers in Western Australia. Each coordinator works with between 40 and 65 disabled people and their families at any time.
Cost per person	The average cost per service user accessing Local Area Coordination in 2007/08 was €1,754 (A\$2,469). The average amount of direct funding administered was €4,641 (A\$6,530) per person.

Table A3: Outline of NZ Needs Assessment and Service Coordination

Objective	Facilitating a process for people to: identify their strengths, resources and needs; explore their support options; and access support services.
Eligibility	Needs Assessment and Service Coordinators (NASCs) are required to have processes to determine whether people who are referred to them are eligible for services funded by the Ministry of Health (the Ministry). People must use NASCs if they wish to access supports funded by the Ministry.
Facilitated Needs Assessment	<p>The outcome of the needs assessment process is a comprehensive needs assessment report. The objectives of the process are to:</p> <ul style="list-style-type: none"> • confirm whether a person is eligible for Ministry funded support • work with the person to identify their current abilities and resources • work with the person to identify prioritised goals and support needs arising from their impairment refer for specialised assessments where appropriate.

<p>Service coordination</p>	<p>Service planning and service co-ordination involves:</p> <ul style="list-style-type: none"> • providing information to people on all their options, including available service providers, and support available through natural networks; • developing an individualised support plan with the person, focusing on support for prioritised needs and goals; • prioritising access to publicly funded services, and ensuring that their service package is cost effective, affordable and equitable and can be provided within the NASC budget; and • co-ordinating packages of service (including, for some people, those provided by other agencies) and making services funded from the NASC budget accessible. • Intensive Service Coordination involves developing an ongoing relationship with a person who has high and complex needs, who requires ongoing problem solving and input from multiple providers.
<p>Budget management</p>	<p>Each NASC manages, on behalf of the Ministry, a defined indicative budget. The NASC needs to ensure that people with the highest priority needs receive access to services first, and that the commitments made do not exceed the indicative budgets. NASCs allocated NZ\$A617 million of support in 2008/09 for the following services: residential care, home and community support, supported living, behavioural support, respite and carer support, day services and individualised funding.</p>
<p>Limits on NASCs</p>	<p>There must be a clear, auditable, separation between needs assessment facilitation and service coordination. High cost packages are referred to the Ministry in some instances. NASCs are not involved in allocating environmental supports. Some services, e.g. Child Development, may be accessed by disabled people and their families without going through the NASC process.</p>
<p>Number of NASCs</p>	<p>The Ministry contracts with 15 organisations to provide Needs Assessment and Service Coordination services. These organisations are mainly owned by DHBs and NGOs, although one is a private company.</p>
<p>Annual Cost</p>	<p>The cost of NASC was NZ\$17.1 m (about €11m) in 2008/09. New Zealand has an almost identical level of population to Ireland</p>
<p>Number of people</p>	<p>In 2008/09, over 30,000 people received Government funded support that was allocated through the NASC process. Each person receiving support:</p> <ul style="list-style-type: none"> • Has initial assessment and service coordination. • Has their support reviewed at least once every 12 months. • Has a reassessment at least once every 3 years.

Cost per person	The average cost of the NASC process was NZ\$567 per person who received government funding for services in 2008/09. While most people have a relatively low level of input from NASCs, people requiring initial assessments and people requiring intensive service coordination can require considerable input.
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Appendix 2: Summary results 2003 LAC review Western Australia

Findings from 2003 Disability Services Commission Value for Money Review of LAC in Western Australia⁶⁵

Research question	Key findings
How did the cost of the LAC programme compare with services in other parts of Australia where LACs were not an integral part of the support offered to disabled people?	<ul style="list-style-type: none"> • More disabled people in Western Australia are getting a service than in other places (half as many again). • There are more people getting every type of service: residential services, non-residential services (such as home support and day services) and individual coordination. However, the big increases are for non-residential services (nearly twice as many people getting a service in WA) and individual co-ordination (four times as many people getting this service). • The average cost per service user is a third less than in other places. • This is because the services that many more people are using are the ones that cost less, and are the ones that prevent further difficulties happening. • For each type of service, people in Western Australia were more satisfied than were people in other places.
Had LAC achieved its objectives?	<p>LAC had achieved all its objectives to:</p> <ul style="list-style-type: none"> • strengthen individuals, families and carers • strengthen communities • develop partnerships and support services.
Did LAC prevent unnecessary spending and bring in more resources to a community?	<ul style="list-style-type: none"> • LAC has prevented people having to move away from their local community to get a service • LAC has also encouraged other organisations to provide additional resources for disabled people – so it has ‘multiplied’ the effect of the initial investment by the Disability Services Commission.

⁶⁵ This table is taken from The Scottish Government (2008) National Guidance on the Implementation of Local Area Coordination
www.sclcd.org.uk/sites/default/files/publications/0058245.pdf

<p>How much did it cost to run? How had the costs changed when it was expanded?</p> <p>Note: The costs of providing the LAC service that are reported each year include the costs of running the service and the grants to individuals and families.</p>	<ul style="list-style-type: none"> • Over the previous 7 years, the proportion spent on the direct funding to disabled people and families had gone up while the proportion spent on salaries had gone down. • The average cost for each person receiving residential care went up over the previous 7 years. • The average cost for each person supported by LAC stayed fairly steady. 												
<p>What were the results of other relevant studies?</p>	<p>The review found that the other studies confirmed that LAC was a good quality approach and cost-effective.</p>												
<p>Comparative costs – Western Australia 1999/2000</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">€</th> <th style="text-align: center;">\$A</th> </tr> </thead> <tbody> <tr> <td>residential services</td> <td style="text-align: center;">€42,000</td> <td style="text-align: center;">\$A61,944</td> </tr> <tr> <td>non-residential services</td> <td style="text-align: center;">€2,650</td> <td style="text-align: center;">\$A3,899</td> </tr> <tr> <td>individual co-ordination (LAC)</td> <td style="text-align: center;">€2,250</td> <td style="text-align: center;">\$A3,316</td> </tr> </tbody> </table>		€	\$A	residential services	€42,000	\$A61,944	non-residential services	€2,650	\$A3,899	individual co-ordination (LAC)	€2,250	\$A3,316
	€	\$A											
residential services	€42,000	\$A61,944											
non-residential services	€2,650	\$A3,899											
individual co-ordination (LAC)	€2,250	\$A3,316											
<p>What would be the costs of not continuing with LAC?</p>	<ul style="list-style-type: none"> • Demand for specialist and expensive services would increase. • People would have less access to the services they needed. • It would be a particular loss in the rural areas. • The loss of the preventative strategy would mean pressures would continue to increase. • There would be a community backlash 												