Evaluation of Local Area Coordination

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The authors wish to thank everyone who participated in an interview, for their time and generosity in sharing their experiences and perspectives of local area coordination.

Tēnei te mihi atu ki a koutou katoa

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Acronyms and key terms

DIAS	Disability Information and Advisory Services
DSS	Disability Support Services
EIF	Enhanced Individualised Funding
Initial contact	See ‘Level 1’
LAC/LACs	Local area coordinators, i.e. the people employed to provide local area coordination
Level 1	People are provided with information and/or limited support. There is no assessment or intake process. Anyone can contact the LAC for Level 1 support. In this report the term ‘initial contact’ refers to people receiving Level 1 support.
Level 2	People who choose to receive ongoing support from a LAC. Available to people who meet the Ministry of Health’s operational definition of disabled person, whether or not they are actually receiving other support funded by DSS. Not available to those receiving residential support services (for the purposes of the New Model Demonstration Project). In this report the term ‘ongoing contact’ refers to people receiving Level 2 support.
NASC	Needs Assessment and Support Coordination
Ongoing contact	See ‘Level 2’

Executive summary

This report follows on from a 2012 evaluation of local area coordination in New Zealand.[1] Like the earlier evaluation, the primary aim is to help key stakeholders involved in the development and implementation of the New Model Demonstration Project[2] by providing information about how activities are working and identifying issues for further consideration.

The scope for this evaluation was informed by the Ministry of Health's concern about the low level of take-up in the Western Bay of Plenty. During the two years local area coordination has been in existence in the Western Bay, 248 disabled people have received support as an initial contact, and 68 disabled people as an ongoing contact. In the period April to November 2013 (when the evaluation was conducted), 117 disabled people received support as an initial contact and 26 as an ongoing contact in the Eastern Bay of Plenty.

While recognising the value of local area coordination for disabled people, the Ministry wanted to investigate how to increase use of this initiative by disabled people and their whānau, and to identify appropriate delivery arrangements beyond the Demonstration Project. The evaluation had three objectives: to identify the factors that assist or constrain the take-up of local area coordination by disabled people and their whānau; assess how well local area coordination has been implemented, and assess the value of the outcomes of local area coordination for disabled people and their whānau.

The evaluation was conducted in late 2013 by Evalue Research and involved semi-structured interviews with 30 disabled people and whānau using local area coordination in the Western and Eastern Bay of Plenty, 46 other key stakeholders, a document review, literature scan and analysis of administrative data.

Implementation of local area coordination

Our findings indicate that the practice of local area coordination in the Demonstration Project is aligned with the original Australian approach, specifically:

- The values-based practice of LACs which is based on a charter and set of principles.
- The LACs are locally-based and work out of community bases.
- Opportunities and solutions are determined and driven by disabled people and whānau in their time, rather than a 'top-down' approach based on a menu of options.
- Employment and accountability arrangements support person-centered, community-based practice.

Almost all LACs have taken the time required to develop strong relationships and understand the needs and aspirations of the people they are working with. Most local area coordinators are working within the values base and principles of local area coordination. This includes promoting self-direction and resiliency. In several situations LACs have also taken on the role of advocate or

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[1] As summarised in Evalue Research (2012). New Model for Supporting Disabled People: synthesis of Year 1 evaluation findings

[2] http://www.health.govt.nz/our-work/disability-services/new-model-supporting-disabled-people

“hole filler” as respondents negotiate different agencies who are involved or not involved in their lives.

Key factors assisting and constraining take-up

The key factors assisting and constraining take-up of local area coordination are summarised in the following table.

For	Constraining take-up	Assisting take-up
Disabled people and whānau	Lack of knowledge: what is this new initiative? Wariness: is local area coordination here to stay or a “fly-by-night” initiative? Confidence: It can be hard to try new things Readiness of some parents for local area coordination	Hearing stories about other people’s experiences of local area coordination
Disability providers	Lack of connectedness between LACs and the rest of the disability sector Perception that: • LAC-type services already operating (Western Bay) • the current system is working well in the Western Bay (“don’t fix what’s not broken”) LACs lack the required experience	
Other providers (mostly those who have a broader focus than disability)	Perception that DSS providers are protecting their “patch” New ideas need time	Complements the services they offer, adds value for their clients LACs are working alongside them Lack of existing support for disabled people and whānau in the Eastern Bay Drawing on their existing networks to let people know about local area coordination

Achievement of outcomes

The desired outcomes of local area coordination (as defined in the LAC Manual) are that disabled people and/or their families and whānau:

- receive support that reflects a strength-based approach, is flexible enough to meet changing needs and supports valued roles for the disabled person
- have natural supports around them to assist them achieve their vision and their goals
- have access to community support which is appropriate to their needs and goals
- receive quality support and services
- have better access to relevant information about available support, services and funding.

These desired outcomes both describe the LAC approach (strength-based), as well as the types of supports disabled people and whānau may access as a result of working with a LAC. The needs of individual disabled people or whānau will determine what types of support are appropriate. In other words, local area coordination is tailored to the needs of individuals and local area coordination outcomes exist on a continuum. As a person's needs change over time, so too will the local area coordination outcomes change, both in types of support required and in intensity.

Detrimental outcomes are defined, for the purposes of this evaluation, as unintended outcomes that are clearly not strengths-based and where a disabled person or whānau has been left feeling disillusioned or frustrated by the process of working with a LAC.

Of the 29[3] disabled people and whānau interviewed, two were in the very early stages[4] of working with LAC and their stories indicate outcomes have not yet been achieved. Twenty one respondents had experiences that indicate local area coordination is working as intended and desired outcomes are being achieved. Five respondents were identified as having had detrimental outcomes as a result of working with a LAC. The main reasons identified were lack of follow-through and inability to help a family access community support.

Value of local area coordination

Much of the value of local area coordination was evident in how disabled people and whānau described their lives. Many respondents had experiences that indicated they were now 'in charge' rather than having to fit in to someone else's 'agenda'. In telling their stories, the LAC's role was visible but not at the forefront, indicating disabled people and whānau had strong ownership of decisions about how they want to live their lives. The changes resulting from these decisions differed according to people's individual needs and circumstances.

Eight dimensions of value are identified in the report. They include people developing their own vision of a good life; recognising their own strengths; getting information about what is available; making use of, and building on networks; strengthening their voice; taking practical action for change; taking up new opportunities in the community; accessing enhanced individualized funding and support services.

Enhancing the potential of local area coordination

The potential of local area coordination (particularly in the Western Bay) as a change agent at the individual level and beyond, is being inhibited. The reasons are contextual (and inter-related), rather than about local area coordination per se. Most importantly, local area coordination is operating in parallel with, or as a 'tack on' to the existing system. In the Western Bay, the existing system is both active and well-established. While efforts have been made to coordinate local area coordination and the DSS system, they are not yet coordinated from the perspective of disabled people, or in the day-to-day functions and relationships between LACs and others working in the sector.

While local area coordination remains in parallel with or as 'a tack on' to the rest of the system, its take-up is likely to be variable. Local area coordination will continue to be regarded as an 'optional extra' for some disabled people and not others. Wider system changes are required in order for disabled people and whānau to realise the full potential of local area coordination. Local area

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[3] Qualitative interviews were undertaken with 30 disabled people/whānau. One respondent was recorded as receiving initial support (Level 1), so has been excluded from the analysis as the focus is people who receiving ongoing support (Level 2).

[4] Both have worked with a LAC for less than two months

coordination cannot bring about the intended changes from the New Model of inclusion, choice and self-determination for disabled people on its own.

In conclusion, the Ministry was tasked with demonstrating local area coordination in alignment with the original Australian approach. This has been achieved. The initiative is making a positive difference and is seen as being of value by the majority of the disabled people and whānau interviewed. The challenge will be to maintain this alignment as local area coordination moves from a demonstration phase to wider implementation.

Introduction

The overall approach for the evaluation of the New Model Demonstration Project (“the New Model”) has taken into account the evolving, adaptive nature of the New Model by focusing on questions of interest to the Ministry at different points in time. The context for this phase of the evaluation was a concern that, while local area coordination appeared to be working well for disabled people who have chosen to use it, the low take-up by people receiving ongoing support in the Western Bay makes it financially unsustainable as a form of additional support to existing disability support services. While recognising the value of local area coordination for disabled people, the Ministry wanted to investigate how to increase use of this initiative by disabled people and their whānau, and to identify appropriate delivery arrangements beyond the Demonstration Project. The evaluation had three objectives:

- to identify the factors that assist or constrain the take-up of local area coordination by disabled people and their whānau
- to assess how well local area coordination has been implemented, and
- to assess the value of the outcomes of local area coordination for disabled people and their whānau.

The evaluation was conducted in late 2013 by the Evalue Research team and involved semi-structured interviews with 30 disabled people and whānau using local area coordination, 46 other key stakeholders, a document review, literature scan and analysis of administrative data. A full methodology is included in Appendix B.

The report is structured as follows:

Background	An overview of local area coordination, the disability sector in the Western and Eastern Bay of Plenty and the introduction of local area coordination into the region.
Take-up of local area coordination	An analysis of the factors that are assisting and constraining take-up of local area coordination.
LAC approach	Disabled people and whānau perspectives on what LACs are doing, and how.
Value of local area coordination	An analysis of (1) the value of local area coordination based on experiences of disabled people and whānau respondents and (2) local area coordination outcomes.
Discussion and conclusion	Lessons learned about the implementation of local area coordination in the Bay of Plenty, and evaluation conclusions.

In this report, the term ‘local area coordination’ refers to the approach and ‘LAC’ is used to refer to the person employed as a local area coordinator.

Background

This section provides the context for the evaluation findings. It includes an overview of:

- local area coordination
- the disability sector in the Western and Eastern Bay of Plenty
- the introduction of local area coordination into the Bay of Plenty.

Local area coordination

In the late 1980s, the state of Western Australia began exploring how it could meet the needs of disabled people in remote rural areas given the lack of available services (Disability Services Commission, 2003). The term 'local area coordination' was devised to describe a new way for disabled people to realise their aspirations and for communities to become more inclusive of disabled people. Over the 25 years since the emergence of local area coordination, disabled people living in Scotland, some regions in England and Northern Ireland, and other Australian States have used it as a conduit to achieve their quality of life goals (Brotchie, 2013; Kennedy et al., 2009; Vincent, 2010). This report draws on the substantive literature about local area coordination, including evaluations from these countries.

A distinctive feature of local area coordination is that it is based on transformative philosophical perspectives about disabled people and communities. Such perspectives are based on a social model of disability, and incorporate inclusion, personal development and self-determination (Chenoweth et al., 2009). These form the foundations for the charter and principles that define local area coordination (Disability Services Commission, 2003) and underpin the values-based practice of the people who work with disabled people (referred to as 'local area coordinators'). These value-based features have significant implications for how local area coordination is understood and communicated. Its individualised focus, responsiveness and flexibility means local area coordination does not fit into typical bureaucratic concepts (such as a 'programme' or 'model'), and its impact cannot be measured according to performance-based measures based on time, efficiency and other indicators valued by governments.

Local area coordination is described in the literature as having the following characteristics.

- The quality of the relationship between the disabled person, her/his family, and the local area coordination is central (Disability and Community Care Services, 2001). The relationship is a partnership and the authority of the family is respected (Disability Services Commission, 2003).
- Rather than people fitting into a pre-determined menu, support is built one person at a time in the context of the family, friends and community (Bartnik, 2008 cited in Broad, 2012).
- It is an eclectic, fluid approach that includes elements of case management, personal support, advocacy,[5] direct funding support, community development (Disability Services Commission, 2003).

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[5] Advocacy appears to be an area where there are differences in practice among the countries that have adopted local area coordination.

- Local area coordination is local (Disability Services Commission, 2003). The local area coordinator (LAC) is embedded in a community, works out of a local community base, and has connections and networks into that community (Broad, 2012, Disability and Community Care Services, 2001; Stalker et al., 2007; Vincent, 2010).
- There is easy, informal access to local area coordination by disabled people and families (via shop-front and/or drop-in premises) that is not based on eligibility criteria about need or entitlement to services (Fletcher Associates, 2011; Stalker et al., 2009).
- Local area coordination fosters the full inclusion of people with a disability and families in all aspects of community life (Disability Services Commission, 2003).

Bay of Plenty disability sector

The following is a profile of the disability sector in the Western and Eastern Bay of Plenty. More detailed descriptions of the two regions are provided in the community profiles produced by Inclusion Aotearoa.[6]

Western Bay

As Table 1 shows, in late 2011 when the LACs began working in the Western Bay, there were 1056 disabled people under 65 years in the Western Bay receiving one or more disability support services (DSS) via Support Net.[7] [8] A total of 1,285 disabled people were receiving these services at December 2013 – a 22% increase since 2011.

Table 1: Support services received by disabled people under 65 years (Western Bay)

Service (Western Bay)	2011	2012	2013
Caregiver support	558	611	660
Day programmes	81	68	64
Home support	177	177	273
Personal care	61	48	50
Supported Living	153	173	203
Respite care	26	26	34
Head injury rehabilitation	0	1	1
Total clients	1056	1104	1285

Source: Support Net administrative data

In late 2011, the Ministry of Health ('the Ministry') had contracts with 42 providers including those specifically for Māori, to provide non-residential services to disabled people eligible for DSS

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[6] Western Bay of Plenty Community Profile (May 2011); Eastern Bay of Plenty Community Profile (June 2012). Both reports are unpublished.

[7] To be eligible for local area coordination, a disabled person must usually be aged under 65 years. Therefore Table 1 excludes Support Net clients aged 65 years or older.

[8] Support Net is the Needs Assessment and Service Coordination (NASC) organisation for the Bay of Plenty.

funding in the Western Bay, including DIAS. In 2013 the number of contracts had reduced to 28 (Table 2).

Table 2: Western Bay of Plenty disability providers (non-residential) funded by Ministry of Health

Western Bay disability providers	2011	2012	2013
Caregiver support	12	11	7
Day programmes	4	7	5
Personal care	6	4	1
Supported Living	11	11	8
Respite care	8	8	5
Head injury rehabilitation	1	0	0
Funded family carers	0	0	2
Western BoP total	42	41	28

Source: Ministry of Health

In addition Support Net clients have access to three Disability Information and Advisory Support (DIAS) organisations. One of the DIAS, the Western Bay of Plenty Disability Support Trust and a collaboration of 24 support organisations provide regular forums for members, disabled people and other interested parties.[9]

The disability sector in the Western Bay is well established and active. In addition to the DSS-funded organisations above, there are a number of other groups working in the sector such as the Tauranga Community Housing Trust, a charitable organisation providing housing and housing-related services to disabled people and their families, and low income families[10]; advocacy services such as Voice Advocacy which is funded through philanthropic sources; and Imagine Better, an independent, not for profit charitable company. The Bay of Plenty Polytechnic runs a two-year full-time course for people with intellectual disability in which students work towards a Certificate in Work Skills (Supported Learning).

Eastern Bay

The Eastern Bay has 331 disabled people aged up to 65 years registered with Support Net. (Table 3). In April 2013 when the LACs began working in the Eastern Bay, the Ministry had contracts with 11 organisations including those specifically for Māori, to provide non-residential services to disabled people eligible for DSS funding in the Eastern Bay. The number of providers in 2013 was nine. These organisations include DIAS providing disability information and advice to disabled people and the general public, of which there are three DIAS across the Support Net area in the Eastern Bay.

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[9] http://www.supporttrust.org.nz/

[10] http://www.tcht.org.nz/

Table 3: Support services accessed by disabled people aged under 65 years (Eastern Bay)

Service (Eastern Bay)	2011	2012	2013
Caregiver support	160	180	172
Day programmes	24	19	20
Home support	70	68	74
Personal care	40	30	41
Supported Living	16	12	19
Respite care	7	8	5
Total clients	317	317	331

Source: Support Net administrative data

Introduction of local area coordination

The New Model and its origins have been described in an earlier Evalue Research report.[11] Inclusion Aotearoa has produced a detailed report about the implementation of local area coordination in the Bay of Plenty,[12] as well as another paper titled: "The New Model for Supporting Disabled People: The Story So Far".[13] This section does not repeat the information in these reports but provides a brief overview as context for the evaluation findings.

The Ministry had been directed by Government to demonstrate elements of the New Model in the Bay of Plenty before roll-out nation-wide (referred to as 'the Demonstration Project'). Following a tendering process, Inclusion Aotearoa was appointed in November 2010 as the implementation support organisation to help the Ministry to implement and refine the Demonstration Project.

In the latter part of 2010, the Ministry and Inclusion Aotearoa began meeting with iwi, DSS providers, local authorities, and other stakeholder organisations to explain the rationale and purpose of the New Model and Demonstration Project. In response, local iwi arranged a pōwhiri to welcome the Ministry and Demonstration Project to the Western Bay. The pōwhiri, held on 17 December, was attended by around 110 people people with disabilities and other stakeholders.[14]

The New Model for Supporting Disabled People was formally launched in the Western Bay on 23 August 2011 by the Minister of Health Hon Tony Ryall.[15] Local area coordination was the first element of the New Model to be demonstrated. Prior to its introduction, a literature review about local area coordination arrangements was undertaken, and baseline research conducted about the

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[11] Document Review: New Model for Supporting Disabled People. Evaluation of the Demonstration Project, Evalue Research, January 2012.

[12] Reflections on Local Area Coordination in the Bay of Plenty: Learning from the Demonstration, Inclusion Aotearoa, November 2013.

[13] Dated October 2012. This report is available from http://www.inclusionaotearoa.co.nz/images/stories/2012%20story%20so%20far.pdf.

[14] http://www.health.govt.nz/our-work/disability-services/new-model-supporting-disabled-people/updates-new-model-supporting-disabled-people

[15] A description of the New Model can be found on the Ministry of Health website http://www.health.govt.nz/our-work/disability-services/new-model-supporting-disabled-people/updates-new-model-supporting-disabled-people

experiences of disabled people and their families with disability support services in the Western Bay of Plenty.[16] [17] Three local area coordinators (LACs) located in Te Puke, Tauranga City, Bethlehem and a LAC Supervisor in Katikati began working in September 2011.[18] The LACs were initially contracted as independent contractors to the Ministry of Health. This arrangement was subsequently changed when Inclusion Aotearoa became the LAC employer in March 2013.

A decision was made in September 2012 to extend the Demonstration site to the Eastern Bay of Plenty. An experienced LAC manager was recruited from Australia and began work in March 2013, based in the LAC office in Whakatane. A total of 7.5 FTEs were allocated to the LAC and manager positions and a part-time administration assistant. There are seven LACs plus the manager. Four LACs work in the Western Bay, and three new LACs (2 FTEs) began work in the Eastern Bay in April 2013. One LAC is based in Opotiki, another works out of the Whakatane Office, and the third is rurally-based.

Two levels of support for disabled people are available through LACs - initial contact and ongoing contact.[19] Initial contacts receive information and/or limited support. This is no assessment or intake process. Anyone living in the community aged under age 65 can access this support.

People who wish to receive ongoing support (ongoing contacts) must meet the Ministry's definition of disabled person (whether or not they are actually receiving a support funded by DSS), are under age 65 and are not living in residential services.[20] [21]

This report describes the evaluation findings from interviews with 30 disabled people and whānau (29 of whom are receiving ongoing support), and 45 stakeholders from across the Bay of Plenty. More information about these respondents (ethnicity, location, stakeholder type) is provided in Appendix B. A Ministry of Health official also provided contextual information.

Take up of local area coordination

In the two years since local area coordination began in the Western Bay (and at the time data was analysed for the evaluation), 248 disabled people were initial contacts, and 68 were ongoing contacts. In the seven-month period since local area coordination began in the Eastern Bay, 117 disabled people were initial contacts and 26 ongoing contacts.

The ongoing contact figures should be interpreted with care as some disabled people and whānau who are currently recorded as initial contacts are in fact receiving ongoing support. Local area

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[16] Investigation of Individualised Funding and Local Area coordination-type processes: A literature review. S. Bennett, 2009.

[17] Assisting people with disabilities and their families/whānau to live everyday lives in everyday ways. K. Newton, N. Wehipeihana, E. Proctor, & C. Tuagalu, 2011.

[18] The initial LAC boundaries were reviewed in early 2013 resulting in a revision of boundaries to enable the LACs to cover the entire Western Bay. The LAC previously based in Bethlehem now works out of the Tauranga LAC office.

[19] Local Area Coordinator Manual, 2013.

[20] The Ministry's definition of 'disabled' is that a person has a physical, intellectual or sensory impairment or disability (or a combination of these) that is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that on-going support is required.

[21] Support for people in living in residential services is being demonstrated in a different initiative titled "Choice in Community Living".

coordinators have identified a range of reasons for this, including people being wary of form filling or being in a crisis situation.[22] The Ministry uses the two categories as a way of recording the LACs' work. The two levels are artificial from the perspective of disabled people and whānau.

Profile of people who are initial contacts

There are two reasons why it is not possible to provide a robust profile of people recorded as initial contacts. Firstly, given the one-off and/or informal nature of many contacts, it may not be appropriate for LACs to obtain demographic information from people. Secondly, the information that has been collected in the Western Bay is incomplete due to the local area coordination database being introduced in mid-2012.

Profile of people who are ongoing contacts

Tables 4 and 5 show the ethnicity of ongoing contacts in the Western and Eastern Bays compared to the ethnicity of NASC clients under age 65. In the Western Bay, the profile of New Zealand European and Māori ongoing contacts is almost exactly the same as the profile for all NASC clients. The number of ongoing contacts (Table 5) is as at 30 June 2013.

Table 4: Western Bay ongoing contacts by ethnicity compared to NASC clients*

Ongoing contacts by ethnicity (Western Bay)	LAC No's	LAC %	NASC No's	NASC %
New Zealand European	49	72	984	76
Māori	13	19	243	19
Australian	1	1	7	1
English	2	3	3	0
Other and not stated	3	4	48	4
Total no's and percentages	68	99%	1285	100%

Source: Local Area Coordination and Support Net data for people aged under 65 years

The number of people in the Eastern Bay (Table 5) is as at June 2013. While the number of LAC people in the Eastern Bay is small, the administrative data suggests Māori may be early adopters of local area coordination, making up 62 percent of all ongoing contacts. A contributing factor may be that at least one LAC was known to some disabled people and whānau through her previous work roles and community networks.

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[22] Disabled people are recorded as a Level 2 (ongoing) contact once they have signed the required documentation.

Table 5: Eastern Bay ongoing contacts by ethnicity compared to NASC clients

Ongoing contacts by ethnicity (Eastern Bay)	LAC No's	LAC %	NASC No's	NASC %
New Zealand European	10	38	156	47
Māori	16	**62**	158	48
Australian	0	0	0	0
English	0	0	1	0
Other or not stated	0	0	16	5
Total and percentages	26	100%	331	100%

Source: Local Area Coordination and Support Net data. Note: percentages have been rounded.

People who are ongoing contacts were asked how they found out about local area coordination. As Tables 6 and 7 indicate, there has been a range of referral and access points, both informal (e.g. word of mouth, local publicity, local meeting) and more formal (via a DSS service provider[23] or via another provider that does not receive DSS funding, called 'other service provider'). DSS service providers have referred half the number of people to a LAC compared to other service providers.[24]

Table 6: Western Bay referral source for people who are ongoing contacts

Referral source (Western Bay)	No.	%
Other service provider	21	31
Word of mouth	17	25
Local publicity	11	16
DSS service provider	10	15
Local meeting	4	6
Government Department	3	4
Total	68	100

Source: Local Area Coordination data

Table 7 shows how people residing in the Eastern Bay who are ongoing contacts found out about local area coordination. The small number of people and the four 'unknown' referral sources makes this data less reliable for comparing with the Western Bay data.

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[23] DSS service providers include the NASC.

[24] These include organisations such as Whānau Ora providers, health and social services providers, Plunket, Relationship Services etc.

Table 7: Eastern Bay referral sources for people who are ongoing contacts

Referral source (Eastern Bay)	No.	%
Word of mouth	6	23
Other service provider	5	19
DSS service provider	5	19
Local publicity	4	15
Government Department	2	8
Local meeting	0	0
Not known	4	15
Total	26	99

Source: Local Area Coordination data

Since July 2013, more detailed referral data has been collected about new referrals across the Bay of Plenty. During the period 1 July – 30 November 2013, of the 165 disabled people who received initial or ongoing support, 25% heard about local area coordination via local publicity, 21% from ‘word of mouth’ referrals, 12% from local meetings, 7% from ‘other’ service providers, 7 % from government agencies, 7% from the NASC, and 3% from DSS service providers. The referral source is not known for 8% of referrals.

This referral data indicates that disabled people are more likely to hear about local area coordination from informal sources such as local publicity, meetings and ‘word of mouth’ (58% of participants) than from more formal sources such as the NASC and DSS providers (10%). Appendix A provides a profile of the people who are ongoing contacts by disability type.

Factors assisting and constraining take-up

The evaluation sought to understand what is helping and hindering take-up of local area coordination by disabled people and whānau. The findings are presented, firstly from the perspective of disabled people and whānau who are using local area coordination, secondly from the perspective of local stakeholders. The section finishes with common findings from across the respondent groups.

Disabled people and whānau perspectives

Assisting take-up

Disabled people and whānau did not identify anything that is currently helping disabled people to become involved with local area coordination. They did however have suggestions about what would help take-up in the future. Their suggestions include improved communication, such as use of social media, advertisements in free community newspapers, and targeting rural communities via contact with rugby clubs and other community-based organisations. They said that stories about individual disabled people and what they have achieved would have a positive “ripple” effect around the disability community. At the time the evaluation fieldwork was being conducted a number of media stories of individuals who have worked with a LAC had been developed.

Reflecting on the comments of disabled people and whānau, it was obvious that the endorsement or recommendation of local area coordination by someone trusted by them was instrumental in their involvement with the LAC. In the Eastern Bay, one of the LACs was already known to some disabled people and whānau through her previous work roles and community networks. Disabled people and whānau who were interviewed hold the LAC in high regard.

Constraining take-up

A lack of knowledge about local area coordination is the most consistent theme identified by disabled people and whānau about what is getting in the way of people becoming involved. One disabled person described only finding out about local area coordination when things "turned pear shaped" for her and an advocate suggested she contact her local LAC. She said disabled people shouldn't need to be in a crisis situation before they find out about LACs. A parent living in a rural community described how rural families lack access to information. She found out about local area coordination through a LAC brochure from her local school:

> *It was a fluke the flier didn't get thrown out. I don't know how else we would have found out … how do you get in contact with people like us? Rural is diversity, (its) broader than urban, Pākehā and Māori, anyone can slip through.*

Another parent suggested even if disabled people and whānau find out about local area coordination, the name doesn't provide any clues about what it involves and how it may be useful for them (this was also identified by some stakeholders). The LAC pamphlets were also identified as unhelpful (this is discussed further below).

A recurring comment is that disabled people and whānau may be reluctant to sign up due to wariness about the motives of the Ministry and politicians. They are concerned that local area coordination might become another "canned" initiative. A mother who is disabled and has a disabled child said: "Please don't go taking LAC off me, it's taken me so many years to find her … she gets my brain, how I roll, I can be who I am". Some disabled people and whānau may prefer to wait until there is evidence that the LACs will be around for the long term before deciding to invest their energies in a new relationship. Respondents also described some whānau as being "over services" and do not want to expose their family member to yet another person who may not be helpful: "You get tired of strangers in your life unless you are convinced this particular stranger is going to make a difference … (you) need to be really, really sure that it's worth the time".

Some people may lack confidence to explore new things:

> *I have lots of disabled friends … I'm more outgoing than them, I just can't get them to do anything. People are scared to take the initial step to the outside world. LAC would work awesomely for them, but they have to want to do it. They have to take the initial step. I'm more likely to give things a go, that's the sort of person I am … go for it, don't be scared. You won't look back.*

A significant barrier for deaf people to work with a LAC is that none of the LACs have sign language skills, which for many deaf people is their first language. The issue is compounded by a lack of availability of interpreters in the Bay of Plenty. Distance relay equipment has recently been made available for deaf people to use when meeting with a LAC. The respondent described the Deaf community as diverse - some people have some hearing skills, while others don't. Some people are oral, while others are not. The respondent recommended the LACs build relationships with the Deaf community which could include attending social events at the Deaf Club.

Local stakeholder perspectives

Local stakeholders include members of the Western and Eastern Bays Local Working Groups, organisations that have referred disabled people/whānau to a LAC, other organisations that the LACs have had contact with, and members of the National Reference Group living in the Bay of Plenty. There were two types of responses from these stakeholders: responses that are critical of one or more aspects about local area coordination, and responses describing its potential.

Assisting take-up

Included in the stakeholders who recognise the potential of local area coordination are five organisations from the Western Bay and six organisations from the Eastern Bay. They described how local area coordination complements the services they offer and adds value for their clients. Of the 11 organisations, eight have a broader kaupapa than the disability sector, while three are disability-focused (two of which receive DSS funding).

A lack of local support services is one key factor assisting take-up in the Eastern Bay of Plenty. Respondents reported most service organisations are located in the main townships, leaving disabled people in rural and remote areas without the funded support they require. The need for local area coordination in the Eastern Bay of Plenty is illustrated by the following comments from three Eastern Bay stakeholders:

> *LACs are a god-send as there is a huge gap in the area.*
>
> *It's been a long time coming, some support for our disabled whānau.*
>
> *If (the LAC) wasn't here, we wouldn't have someone to do this - she's filled a gap for us.*

Local area coordination has been embraced by Māori stakeholders in the Eastern Bay as being another "tool" to achieve their goal of assisting whānau. One person said:

> *LAC is another kaupapa that's come along that enhances what I'm already doing.*

Having LACs who are Māori and who have ties to local iwi and hapu is important. Kaumātua are working with the Eastern Bay LAC team, supporting and guiding LACs when engaging with communities and whānau.[25] Members of the Local Working Group living in the Eastern Bay are drawing on their networks to help the LACs to connect with whānau. There has been engagement and consultation with Kahui Kaumātua Council (a council of kaumātua spanning different iwi in the rohe). Council members were involved in the selection and induction of LACs. The council chairperson is available to Inclusion Aotearoa for consultation on specific issues. Having a LAC who is rurally-based (rather than working out of Whakatane or Opotiki) was identified by some stakeholders as increasing her accessibility for whānau. This LAC had been supported to build relationships via her extended whānau and friends in the local rural community where she lives as well as working collaboratively with other organisations in the community.

Constraining take-up

The stakeholders who expressed criticism were generally not critical of local area coordination per se, but rather were aggrieved at the way the Ministry had gone about implementing it and/or critical

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[25] In the Western Bay, a kaumātua helped with cultural training of the LACs and offered his on-going support. His offer was not taken up by the local area coordinators. Instead they developed their own relationships in Māori communities. (Reflections on Local Area Coordination in the Bay of Plenty: Learning from the Demonstration, Inclusion Aotearoa, November 2013).

of individual local area coordinators. Such responses were more evident among stakeholders located in the Western Bay.

These stakeholders expressed indignation at the perceived messages from the Ministry that the current system of disability assessment and services is not working and that local area coordination had arrived "to fix it all". Their view is that the Ministry does not value the work of existing service organisations. One stakeholder described it as "a slap in the face", while another said "it got people's back up". Other stakeholders commented that if the sector is not working well, then this is the result of the Ministry's strategies rather than providers' actions:

> *A lot of the problems have been created by the Ministry. They have added to the problem.*

Another stakeholder described how service organisations are working differently:

> *Organisations are building relationships, connecting people with community, service providers, in the least intrusive way and providing high quality support. These are good, genuine attempts to work differently. This change has been occurring over the past decade and is being well embedded in many disability organisations.*

Concern was expressed that the Ministry has overlooked the LAC-type arrangements that some organisations are already providing. Instead, the Ministry is described as "over promoting" its version of local area coordination at the expense of providers' arrangements. A further concern is that funding is being used for local area coordination which could be directed to disability organisations in need of extra resources.

> *The gap the Ministry was trying to fill was not that big. There are many other people and organisations in the LAC space. There is a lot of innovative practice happening in the Western Bay, good values, rights-based practice occurring.*

The second area of criticism concerns the LACs. Four stakeholders (all from the Western Bay) said that (with one or two exceptions) the LACs lack lived experience and/or work experience in the disability sector and therefore do not have the skills, knowledge and networks required for the role.[26] (There were inconsistencies among respondents as to which LACs were identified as having "credible" lived experience and/or work experience). Four other stakeholders (two from the Western Bay and two from the Eastern Bay) expressed reservations about the LACs because they are not known in the disability sector:

> *Where did they come from? People have to 'earn their stripes'.*

Three of the eight stakeholders said they do not have sufficient confidence in the LACs to refer people to them (two of these three stakeholders receive DSS funding).

A different perspective is provided by other stakeholders who attribute the lower than expected number of referrals in the Western Bay to "patch protection" by DSS providers because of fear of losing funding. To illustrate the issue, a stakeholder told of a situation where Support Net had suggested a parent contact the local LAC for support. The stakeholder said the service provider who was also working with the family appeared to be taken aback by this suggestion. The provider appeared to regard local area coordination as competition rather than complementary to what they were doing.

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[26] The expectation that LACs have lived experience of disability, and work experience in the disability sector, was articulated by only one disabled person interviewed.

Like disabled people and whānau, stakeholders question how long local area coordination will continue to be funded. They describe the disability community as likely to be wary of local area coordination until there is certainty about its future. These stakeholders also talked about the need for sufficient time for local area coordination to be tested. Drawing on their experience of working in the disability sector, some stakeholders observed that new ideas need time to be taken up. Another stakeholder reflection is that because disabled people and whānau are not used to an open referral process, they may think a referral from Support Net or another organisation is required to access a LAC.

Not having a locally based LAC was identified as a barrier by one stakeholder based in a provincial town in the Eastern Bay. The person described how services for its residents are often based in the main centres and make weekly visits to the town:

> *(name of town) gets one day a week but we won't even see them, or if we do, it's 'see you today, gone tomorrow' … it's all very well to say they're delivering to the Eastern Bay but because we're the small partner the chances of getting that percentage of the service is not always the case.*

The respondent said disabled residents would be more likely to use local area coordination if there was a locally based LAC.

Common findings across respondent groups

Assisting take-up

Some of the LACs are working alongside other teams. There are obvious benefits from such arrangements, including making the LAC more accessible to disabled people and whānau, referral agencies and other stakeholders, as well as expanding LACs' networks with disabled people. The LAC located in Opotiki works out of the Whānau Ora Services office. This enables a supportive and collaborative approach when working with individual whānau, and ease of referral. A LAC from the Western Bay works out of the offices of Relationships Aotearoa once a week. The arrangement is beneficial for both parties, as the counselors refer disabled clients to the LAC and draw on her knowledge of community networks. A LAC in the Eastern Bay who covers a rural area has worked alongside a health provider for some time in remote communities. This arrangement helped with safety issues for the LAC associated with working independently in isolated areas.

Constraining take-up

Six respondents are of the view that the Ministry kept the LACs in the Western Bay "at arms length" from Support Net, DSS providers, and the Local Working Group during the first 12 or so months.[27] According to one stakeholder "the LACs were disengaged from the rest of the disability sector", while another stakeholder said it felt like "us and them". Stakeholders describe the situation as being unhelpful for building relationships between the LACs and others working in the sector, particularly DSS providers and Support Net who are expected to refer disabled people to the LACs. Members of the Western Bay Local Working Group felt frustrated that they had to rely on information from Ministry officials and Inclusion Aotearoa, rather than hearing first-hand from the LACs about what was happening.[28]

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[27] This perception was also described by the Western Bay LACs and some stakeholders in evaluation interviews conducted in 2012.

[28] Following a request from the Western Bay Local Working Group, the LAC Supervisor and latterly the LAC Manager have attended some meetings.

From the Ministry's perspective, there was no decision to keep the LACs separate from the rest of the sector. The Ministry reports that the sector was invited to training courses run by overseas experts and events informing the community about local area coordination. If the LACs were not visible in the sector, it was because they were focusing on their new role in the community.

In the last 12 months the LACs in the Western Bay appear to have become more visible in the sector, attending sector meetings and connecting with the NASC. However the findings indicate that the negative impacts on relationships described above are ongoing and require remedial work.

Feedback from disabled people, whānau and LACs is that the local area coordination pamphlets are not effective at communicating what it is about and how it can be of value to people. This is despite the pamphlet having been developed in consultation with the Bay of Plenty Local Working Group, the LAC manager, Inclusion Aotearoa and Ministry of Health staff. Some LACs commented that the current communication material has not been effective. They argue LACs are in a better position to know what works in their community and therefore ought to be able to communicate directly with local media. The Inclusion Aotearoa manager was one of the spokespeople for local media.

A factor identified by LACs that may inhibit take-up is the "readiness" of some parents for local area coordination. Such issues were illustrated in an interview with an older parent who talked about his adult daughter in a negative manner. In contrast, the parent of a young adult described her disabled son's aspirations and talked about how his family supports his goal to become an independent adult.

When talking to the evaluators in mid-2013, the LACs in the Eastern Bay said that drug or alcohol issues among family members, or overcrowding may make some disabled people or whānau reluctant to meet with a LAC in their home[29]. Other issues such as lack of food, low income, inadequate housing or lack of transport may be more pressing for some disabled people and whānau than becoming involved with a LAC.

Lastly, a respondent (from an Eastern Bay provider that is not DSS-funded) echoed the comments of the parent from a rural community about the unmet need in rural communities:

> *I've seen a lot of pilots trialed in the rural areas. Once they're rolled out, we don't see the service as it gets rolled out in the cities … the problem is that the numbers in rural communities aren't great, even though the need is great. Surely there should be a process where isolated, rural or disadvantaged communities should have a specific amount given to them?*

Disabled people and whānau experiences of DSS allocation and services

Since the focus of the evaluation is on local area coordination, the interviews with disabled people and whānau did not seek any information about DSS assessment and services. However in the course of telling their story about working with a LAC, 13 of the 29 respondents talked (unprompted) about their experiences of DSS assessment and services. This was in the context of comparing their experience of working with a LAC with their experience of DSS services. We have included a summary of these experiences in this report because they provide contextual information about some of the respondents. This information also gives a small but significant insight into the daily experience of being a recipient of DSS services which are less than

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[29] It should be noted that disabled people and whānau are able to meet with LACs anywhere, e.g. a LAC office or elsewhere in the community.

satisfactory, and the reasons some disabled people and families choose not to receive DSS services.

A disabled mother with a family (including a baby) chose not to take up the three hours a week of DSS support she was entitled to because she was very angry about the response which she described as lacking understanding of her situation. A Plunket nurse suggested she contact her local LAC, who organised a reassessment as well as investigating natural supports. The mother is now receiving seven hours a week of funded support.

The parents of two disabled young people (i.e. from different families) explained why they had decided to “opt out of the system”. One parent said the services they had used did not support the family’s view of their young person, and his wish to make his own choices and be autonomous. The parent was critical of the way services disregarded the family despite the disabled person living as part of a family unit, explaining that what works for her son has to work for other family members. The parent described the limited choices offered by services: “ … services generally work for what’s good for services, rather than what’s good for a person and their family … they refer to their systems and procedures. (They) offer what they do”.

The other parent was critical of the approach and quality of support staff. She described how she had decided to:

> *back off services … (because) I didn’t want people coming in and taking over my family … I didn’t want someone overbearing. (Carers) are not paid very well and so don’t have much nous or common sense.*

This parent is now using services again as a result of her interaction with the LAC: “(LAC) has enabled me to be more proactive about accessing services more than anyone else has in 10 years”.

Issues identified by other disabled people and whānau who are using DSS services are summarised in Table 8, along with the number of respondents who have experienced the issue. The fact that dissatisfaction with one or more aspects of DSS assessment or services was mentioned spontaneously in 45% of the interviews may indicate that local area coordination is more likely to be taken up by disabled people and whānau whose needs are not currently being met by services. It is not possible to make a definitive judgment whether this is the case without further investigation with a larger group of disabled people and whānau.

In addition to the comments about DSS services, four disabled people said they are not being listened to, or are being “fobbed off” by the medical profession. One disabled person had had several poor experiences of hospital care. Three disabled people were critical of the lack of assistance provided by a national organisation that works with disabled people (but that does not receive DSS funding).

Table 8: Issues about DSS services as identified by disabled people and whānau

Dimension	Issues about DSS services, as identified by disabled people and whānau
Service quality	Day care service does not do anything substantial with the disabled people attending. (3) Support workers who are inflexible e.g. will drive disabled person to some destinations but not to others that the person needs to go. (2) Provider not responsive. Follow through either doesn't occur or takes a long time. (2) Interests of service come before disabled person, e.g. advice given to disabled person about where to live based on what would suit the provider. Disabled person felt their circumstances and preferences were not understood by the provider. (2) Support workers have strict criteria about what they can and cannot do, e.g. support worker not able to help a blind person fill out a course enrolment form because it didn't fit the worker's assumed job description. (1) Support workers do not turn up when they are meant to. (1) Services inflexible e.g. have to plan well ahead. (1) Provider told disabled person he wasn't allowed to refuse to have a particular support worker coming into his home. (1) Support workers who "take over", are over bearing. (1) The whānau does not feel heard by the service, is let down. (1) Lack of provider accountability. (1)
Service availability	Lack of appropriate services for disabled young people after they leave school. (1) Lack of services in rural areas: "If local area coordination is rolled out in other areas, it needs to be in rural areas as there are no services there. I know people who have had to leave the country to go to services". (1)
DSS allocation	The allocation of services is insufficient e.g. "it is based on the lowest common denominator … at times it has been demeaning". (3) The NASC is hard to get hold of. (1)

Stakeholder perspective of DSS services

A stakeholder whose role involves referring disabled people to DSS services made the following unprompted comment about some services.

> *Some people working in the sector have been there too long. They have a routine approach and have a poor attitude to change. If I refer a person to some services, I know exactly what's going to happen and what they're going to get because the provider always follows the same path. The LACs have a more personal, individualised approach. I've also noticed that the LACs talk to people about their rights, whereas this doesn't happen with services. Once a disabled person is slotted into (some) services, a lot of their rights disappear.*

This comment suggests that while some providers may have made a philosophical shift in recent years, there are others using outdated approaches.

Local area coordinators’ approach

Local area coordination relies on the LAC developing an open and positive relationship with disabled people and whānau. In contrast to many stakeholders’ observations of local area coordination, the findings from disabled people and whānau interviews show almost all LACs have taken the time required to develop strong relationships and understand the needs and aspirations of the people they are working with. The quotations in Table 9 describe the essence of local area coordination from the perspective of disabled people and whānau who have found value in this way of working.

The analysis of interviews with disabled people and whānau suggests most local area coordinators are working within the values base and principles of local area coordination. This includes promoting self-direction and resiliency. While advocacy is not officially part of the LAC role, in some crisis situations the LAC has taken on the role of advocate or “hole filler” to address an urgent or critical issue. As a result, respondents said they were now accessing needed resources such as continence nappies, respite care, a WINZ benefit and speech therapy. Respondents said they were also accessing other support agencies, and the LACs were bringing community resources into organisations including kohanga reo and kura.

The interviews with LACs, and with one disabled person, suggests a number of initial contacts are receiving ongoing support but have yet to sign the Level 2 form.

Table 9: LAC qualities identified by disabled people and whānau

LAC qualities	Examples of disabled people and whānau experiences of LAC
Patient, good listening skills, non judgmental	There is a language barrier with [son], but [LAC] listens and waits until he gets his point across in the end. [Name] has lots of words but sometimes she doesn’t make her thoughts clear. People need to realise there is a lot going on behind what she says. [LAC] is approachable and listens to me. LAC has supported me when I am anxious about something, and if I need [the LAC] to be there they will [come]. While it’s always good to catch up with family, [LAC] is neutral, more of a friend than anything else.
Working in partnership	I like the ‘tos and fros’ of the conversation between me and [LAC]. Looking at the pros and cons with certain things.
Strengths-based	[LAC] sees the potential in me. Over the time the LAC has worked with [name], she has seen in her different [social] situations and seen her strengths.
Honest, tells it like it is	[LAC] gives me a wake-up call sometimes. [LAC] tells you straight.
Trustworthy	[LAC] follows things through
Flexible	[LAC] don’t come with a menu, but come to listen and find out what the person wants. They will say “I will offer what I can or I will try to find out what you need”. Other organisations come and listen and then say “you can have this or that”. They refer to their systems or procedures. [I] don’t have to ask whether something fits [the LAC’s] criteria which is different to support workers who say “I can’t do that…it’s not in my job description”.

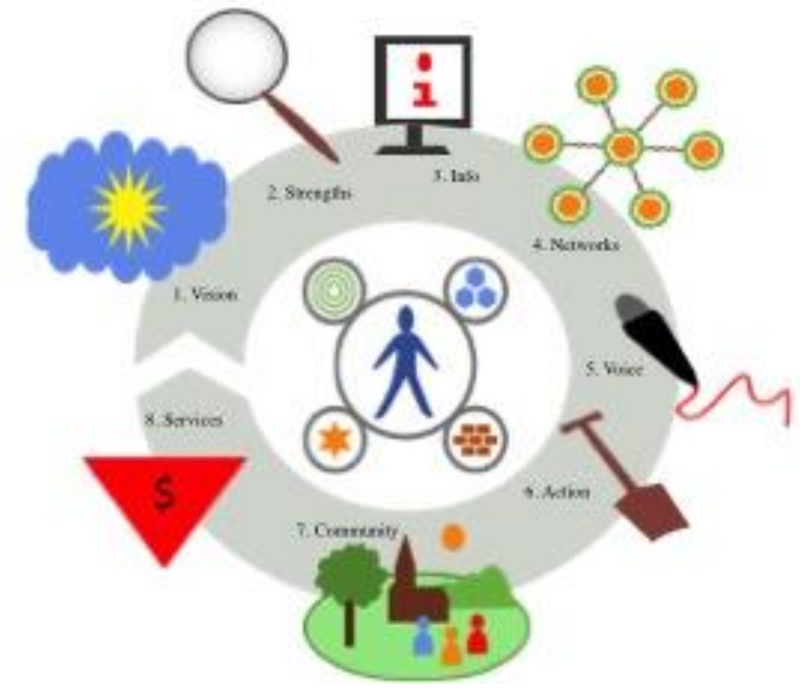
Value of local area coordination

In the interviews with disabled people and whānau, much of the value of local area coordination was evident in how they described their lives. Many respondents had experiences that indicated they were now ‘in charge’ rather than having to fit in to someone else’s agenda. In telling their stories, the LAC’s role was visible but not at the forefront, indicating disabled people and whānau had strong ownership of decisions about how they want to live their lives.

The changes resulting from these decisions differed according to people’s individual needs and circumstances. For this reason, it is not appropriate to compare ‘value’ across individuals and families, as local area coordination is not a ‘one size fits all’ approach. The types of support being provided can be clustered around eight areas (also illustrated in Broad’s 2012 diagram).

1. develop their own vision for a good life
2. recognise their own strengths
3. get information about what is available
4. make use of, and building on their own networks
5. strengthen their voice
6. take practical action for change
7. create new opportunities within the community
8. use local services and personal funding where relevant.

Figure 1: LAC in Practice (Broad 2012)



Overall, the findings indicate that local area coordination is valued by disabled people and whānau. The following comment is just one example of a change that has occurred as a result of a LAC walking alongside a whānau:

> *I'm helping my son to make decisions for himself. My son now says: "I could do that eh, Mum". I am realizing the potential for my children and I have new horizons for them. I'm now thinking positively, have a positive outlook on life, have gained tools, met other families and am working on getting as much support as I can. I am not so scared now. (56)*

Other examples of value derived from local area coordination are summarised in Table 10 and are listed under eight dimensions of value.

Table 10: Examples of LAC value identified in respondent interviews

Dimension of value	**Examples of value identified by:** **Disabled people**	 **Whānau**
Developing their own vision of a good life	Developing new goals Recognising I can make my own life choices Enrolled to vote	Making better decisions Feeling like a 'better Mum'
Recognising their own strengths	Increased confidence and self esteem Increased resilience after a significant trauma Learning "I'm the boss" Making a complaint to the Health and Disability Commission Using artistic skills at a local event (and being paid)	Increased confidence Recognising the potential in their child
Getting information	Planning for drivers' license Seeking paid employment Looking at a career change Exploring a micro-business Finding a flat on Trade Me Finding funding sources	Finding other families willing to share their experiences
Making use of, and building on networks	Attended a disability conference	Developing new networks Working with school to educate about disability Attended a disability conference
Strengthening their voice	Presented at a forum for disabled people Attending Toastmasters Participated on interview panel	Being supported at meetings with agencies
Taking practical action for change	Completed a computer course Accepted into barista course Doing a Māori studies course Developed/developing a budget Moved out of parents' home and into flat	Changes in the home, including how parents are relating to disabled children Involved with kohanga to assist support for disabled child Developing a budget Getting my driver's license Having time on my own
New opportunities within the	Using local bus for the first time Exploring/joining community-based activities e.g. netball, athletics, bowls, gym, singing	Meeting other parents and role models for my child Joined a cycling club

community	Joined and taken up a role in a Neighbourhood Watch group	
Using local services and EIF	Accessing EIF, employing own staff Accessing additional benefit through Work and Income Being assessed for home help Receiving additional hours funding from SupportNet	Accessing or exploring EIF Referred to a health specialist Accessing respite care Proactively accessing service Accessing flexible support as a result of EIF Accessing a WINZ benefit

The interviews highlight that many respondents have goals that have yet to be realised. A goal for six respondents is paid employment. Some respondents described having worked with previous disability providers to find employment, with no success. For many individuals, this goal is unlikely to occur without broader community changes supporting opportunities for all. Likewise, two parents commented their disabled children had limited access to community resources:

> *I looked at doing a holiday programme. I went and had a meeting with them but they don't really have resources and the people to take disabled children on.*
>
> *We have had so many issues with schools, kapahaka, public pools...*

There was evidence that some LACs are working with community groups and organisations to support full participation by disabled people. However, it is clear that local area coordination working at the local level cannot achieve system change on its own.

Outcomes of local area coordination

This section describes the outcomes of local area coordination for disabled people and whānau in more detail. The analysis is based primarily on interviews with disabled people and whānau who shared their experiences of local area coordination guided by three broad questions[30]: what have they been doing with the LAC? what is working well, or not so well, with local area coordination for them? what, if anything, has changed for them since they started working with a LAC? Two types of outcomes are identified: (1) desired and (2) detrimental outcomes.

Desired outcomes of local area coordination are defined in the LAC Manual (2013, p. 23) as disabled people and/or their families and whānau:

- receiving support that reflects a strength-based approach, is flexible enough to meet changing needs and supports valued roles for the disabled person
- having **natural supports** around them to assist them achieve their vision and their goals
- having access to **community support** which is appropriate to their needs and goals
- receiving **quality support and services**
- having better access to relevant **information** about available support, services and funding.

These desired outcomes both describe the LAC approach (strength-based), as well as the types of supports disabled people and whānau may access as a result of working with a LAC (as pictured in the diagrams below to the left of the page). The needs of individual disabled people or whānau will

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[30] The interview guides are in Appendix C.

determine what types of support are appropriate. In other words, local area coordination is tailored to the needs of individuals and local area coordination outcomes exist on a continuum. As a person's needs change over time, so too will the local area coordination outcomes change, both in types of support required and in intensity.

Detrimental outcomes are defined, for the purposes of this evaluation, as unintended outcomes that are clearly not strengths-based and where a disabled person or whānau has been left feeling disillusioned or frustrated by the process of working with a LAC.

Of the 29[31] disabled people and whānau interviewed, two were in the very early stages[32] of working with LAC and their stories indicate outcomes have not yet been achieved. Twenty one respondents had experiences that indicate local area coordination is working as intended and desired outcomes are being achieved. Five respondents were identified as having had detrimental outcomes as a result of working with a LAC.

Desired outcomes

Where desired outcomes have occurred, there is evidence these have been tailored to the individual needs of disabled people and whānau. Some people have had a specific need, for example accessing information about enhanced individualised funding, while others have used the LAC more extensively: as a sounding board, and to sort out existing services, access new (funded and natural) supports. The types of outcomes being achieved are described in four vignettes[33]. At the top left t of each narrative is a diagram illustrating the intended outcomes for disabled people of local area coordination that are being achieved. The first vignette is a whānau who has accessed four types of support through involvement with local area coordination.

When my daughter was about two I noticed her speech was not good. I took her to a doctor and got written off as a stressed out mother who can't control her children. My daughter was nine when she finally got hearing aids. She wore them to school and the kids said: "you're handicapped" and she's never worn them again. She is the only one at the kura with hearing difficulties. There was another child there but because he wasn't able to get the assistance he needed, and was bullied, so his family moved him. This hearing thing has been a big thing for my child. It's curbed her learning. I needed the LAC on board because I wasn't being heard by some of the people that we'd been involved with. I felt like we were just "another case of glue ear" but I always knew it was more than that. She is 10 now. The LAC has recently referred me to (hearing specialist) and is following it up with me. The specialist spoke to me about grommets and adenoids and through that I was able to talk to the doctor about grommets which were inserted a couple of months ago. But we found out a month ago they are not working. My girl still has a really, really bad hearing thing. I'm not saying she's deaf because she's not. There's times when she can hear much better than other days. Her behaviour is like a baby when she can't hear. The LAC's advice is that I go back to the doctor because there's more things going on for her now. I'm about to do that within the next week. My child also suffers asthma and eczema but the hearing tops her illnesses. When she's unwell she's off school two or three weeks at a time.

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[31] Qualitative interviews were undertaken with 30 disabled people/whānau. One respondent was recorded as a Level one (initial contact), so has been excluded from the analysis as the focus is ongoing support.

[32] Both have worked with a LAC for less than two months.

[33] Some details (e.g. names, gender) have been changed to protect identities.

The LAC knows a woman in town who's profoundly deaf. She asked if she was interested in going to the kura and teaching the kids about people who are deaf. I support that because it opens the door for everybody to learn how people who can't hear live. The principal welcomes it because she doesn't have the time to bring the resources to the school. I see that as an awesome thing.

I've been overwhelmed by the mahi (work) the LAC is doing. I don't have a phone to make all the toll calls. Sometimes I don't have the time to do all these things yet I know how important they are. That consistency that she has helps me to stay on track with everything. I can pour out my whole life and somehow she can prioritise it for me from where she sits. She'll leave me something to do and when she comes back I'm able to relay information back to her. It shows her that I'm following on with the mahi she does and also she comes back to me and says "I've been in touch with so and so and this is what's happening".

In the next vignette, a disabled person describes outcomes including access to natural supports, information and community support. Through LAC support she has achieved tertiary study, built leadership skills and is using public transport to get around the community.

The main reason I wanted to make contact with a LAC was to get into the wider community. I did a 18 week course at the local wananga, a national certificate in computing. I was very hesitant about doing the course because I wasn't sure how to manage personal care. I needed support. The LAC provided a "push", she actively encouraged me. The issue was resolved by my parents coming each day to help. Since then I have been working with the LAC to find paid work. We went together to a local school to meet the deputy principal about an office assistant position. If that doesn't come off, the back up plan is to do a higher level computer course. The LAC is really fun to be around; I love her to bits. We don't meet that often. The last time was when I was preparing a powerpoint presentation to present at a local event. I practiced the presentation with my support staff and flatmates. She also suggested I try out the local bus services as they stop right outside my house. Until the LAC mentioned it I hadn't realised the bus was wheelchair accessible!

The following vignette illustrates some of the challenges faced by disabled people in accessing meaningful employment. With support from a LAC, the respondent believes she is finally making some progress toward her goal.

I met with the LAC because I wanted to be out and socialising. After spending some time with the LAC it came up that I was not that happy. We started looking at the bigger picture and exploring the things that were not making me happy. For the past four years I've wanted to change my job. I thought I might like to work with older people. The LAC organised for me to do work experience for one day. I decided I didn't want to have to clean up another person's home and do it at my place as well. So I've marked that off my list. One thing I'm really, really interested in doing is kitchen work. I'm keen to explore working in a café. The LAC and I visited a café and then asked the manager some questions, like what good customer service involves. I then explored doing a barista course at Polytech. I was accepted for the course this year but decided not to go ahead. It's an eight week course which would mean taking some leave from my job. Another thing is that my mum doesn't want me working in a café. She thinks I should stay working where I am. Having Mum's support is important but I also have to make my own life choices. I'm reluctant to invite Mum to meet the LAC. I've now decided to reapply for the barista course next year. Working with the LAC (for nearly two years) has been a big journey. We talk with one another. The LAC comes up with some good ideas and points me in the right direction, shows me how to do things. We work side by side. It's a two way process, she doesn't tell me what to do. Sometimes she gets on my case, gives me a bit of a push. Like she suggested a Positively Me course, but I didn't think I'd like it. She tells me a good idea but then I tell her "no"!

The final vignette, [57], is a young man with a physical disability, living at home and working in a volunteer position. One day Nick (not his real name) came home with a pamphlet about local area coordination. The family did not contact the LAC for about six months; in fact the pamphlet nearly got thrown out. Nick's mother describes their experience of LAC once they did make contact.

The LAC told me what was available, here are some websites; this is the process. One of the best things about LAC is that it is independent. The LAC is not part of the system assessing you. They are just there to advise you. The LAC didn't say "I will do it for you; I know best".

I have backed off from other services because I don't want others to come in and take over my family. I am happy to receive support, information and advice. The LAC hasn't taken over, she understands the level of support we want. We have a mutual respect (for each other). I'm not treated like a number. She understands that people are different. She is friendly, encouraging, supportive. As a result of working with the LAC, life is different for Nick, me and for my marriage. Nick is now receiving EIF. Having the LAC explain EIF was paramount. You need time to introduce yourself to EIF. The LAC gave me confidence. I now give guidelines and Nick's support worker has taken on everything. With agencies, they didn't want to know. Since working with a LAC we have had a family holiday with the other children for the second time in 30 years. I have talked to others and they see the change in us.

Detrimental outcomes

Lack of follow-through and inability to help a family access community support were key to five respondents expressing a lack of satisfaction with local area coordination. As a result of their experiences, they became disillusioned with local area coordination. In all five cases, the disabled people and whānau were working with the same LAC.[34]

For two disabled people, a contributing factor for dissatisfaction with local area coordination was the LAC's inability to converse in their first language. The LAC do not know sign language. One person commented that the LAC had not contracted an interpreter to be present at any of their meetings. One disabled person commented this failing is common to many organisations they have encountered. Organisations "don't understand deaf culture and sign language. They take so long to do things; you are always waiting for them to contact you."

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[34] Two respondents had received ongoing support for more than one year, one for 6 – 12 months and two for less than six months.

Discussion

This section discusses the key findings about the implementation of local area coordination in the Bay of Plenty, drawing on overseas literature. The practice of local area coordination in the Demonstration Project is examined, followed by a section about how local area coordination can be enhanced.

Local area coordination practice

The literature indicates that there is variation in the way local area coordination is being practiced in parts of Scotland, England and Northern Ireland, with some authorities choosing to 'cherry pick' elements of local area coordination and incorporate them into existing practices. Authors (for example, Broad et al, 2012; Vincent, 2010) describe how positive results for disabled people are more likely when local area coordination has been implemented in its entirety as per the original Australian approach.

Our findings indicate that the practice of local area coordination in the Demonstration Project is aligned with the original Australian approach, specifically:

- The values-based practice of LACs which is based on a charter and set of principles.
- The LACs are locally-based and work out of community bases.
- Opportunities and solutions are determined and driven by disabled people and whānau in their time, rather than a 'top-down' approach based on a menu of options.
- Employment and accountability arrangements support person-centered, community-based practice.

As noted above, the credibility of LACs who lack lived experience and/or work experience of disability has been questioned by some stakeholders. The literature consistently describes local area coordination as a "trans-professional role" (Duffy, p.60 in Broad et al., 2012). Many of the evaluations examined noted that LACs have come from a range of professions beyond the disability sector. A key focus for recruitment of LACs is " … their capacity to work creatively with people, families and communities (Vincent, 2010, p.207).

A research report on 12 projects in the UK and Ireland working in a 'bottom-up' way with vulnerable people and communities describes the pressure on such projects (Brotchie, 2012).[35] Speed and efficiency are bureaucratic values that are often at odds with a 'bottom-up' approach. As a result "it is unsurprising that early adopters are too often tempted to 'tinker' with, rather than 'transform' (the system) … Top-down service-orientated models are so prevalent and traditional service boundaries so entrenched, that pressure to conform … can be enormous (ibid, p.12).

We are aware of the pressure on the Demonstration Project to 'prove' its effectiveness in what is a relatively short timeframe given its significant goals. The personnel responsible for local area coordination have not allowed this pressure to interfere with a key principle of local area

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[35] One of the 12 projects is Local Area Coordination. A 'bottom-up' approach is contrasted to the traditional 'top-down' services approach.

coordination, namely, it is a relationship-based process led by the disabled person and whānau at their pace.

The findings provide three insights into appropriate delivery arrangements for local area coordination beyond the Demonstration Project. Firstly, given 45% of the disabled people and whānau interviewed expressed (in an unprompted manner) varying levels of dissatisfaction with DSS services, there would appear to be benefit in keeping local area coordination independent of DSS services or service providers. Some disabled people and whānau (particularly those with negative experiences of services) may be more receptive to trying out local area coordination if the LAC is seen to be independent of services. Secondly, the ethos of the employing body (Inclusion Aotearoa) has ensured that its management processes and accountability requirements support the values-based practice of LACs, in particular working at the disabled person's pace and creating individualised responses to their goals. Delivery arrangements beyond the Demonstration Project need to be embedded in organisational structures that support flexible and responsive person-centred practice. Lastly, the value of community-based local area coordination was very evident in the Eastern Bay. This suggests it is important to have community-based LACs, particularly for Māori.

Enhancing the potential of local area coordination

Local area coordination is envisaged as an agent for transformative change for individual disabled people and their families, within communities, at the disability sector-level, and in society as a whole (Stalker et al., 2007). The findings show that local area coordination is making a positive difference and is seen as being of value by the majority of the disabled people and whānau interviewed for the evaluation. Local area coordination has not made a difference for disabled people and whānau where there has been a lack of activity and follow-through by the LAC. As the findings show, the effectiveness of local area coordination is only as good as the individual local area coordinator working with disabled people and whānau. This has also been identified in other evaluations (for example, the 2003 report on local area coordination in Western Australia).

The findings indicate that the potential of local area coordination (particularly in the Western Bay) as a change agent at the individual level and beyond, is being inhibited. In the Western Bay there are over 1000 people under age 65 registered with the NASC, yet only 68 have taken up support as an initial contact. While it is acknowledged that some people currently recorded as initial contacts are receiving ongoing support, the number is not likely to be so large that it alters the fact that there has been a low take-up of local area coordination by disabled people eligible for DSS support.

The reasons for the low take-up are contextual (and inter-related), rather than about local area coordination per se. Table 11 summarises these reasons and their impacts on the potential of local area coordination in the shorter term. From the Ministry's perspective, many of the issues raised by stakeholders in the Western Bay about the Demonstration Project are being worked through. However the evaluation has found that this is not the experience of all local stakeholders and some, including the NASC, continue to have concerns. This and other contextual issues need to be addressed if local area coordination is to act as an effective conduit to enhance inclusion, choice and self-development by disabled people and their whānau.

Table 11: Issues impacting on potential of local area coordination in the short term

Issue	Description	Impact on potential of local area coordination in the short term
Local area coordination is the first element of the New Model to be demonstrated	Local area coordination is designed to work with and complement other elements, such as EIF (introduced into the Western Bay in December 2012 but not actively promoted until June 2013. Take up of EIF was evident in this evaluation, although this was not the focus of the interviews).	Impact on potential of local area coordination in the short term Wider system changes required for disabled people and whānau to realise the full potential of local area coordination. Local area coordination cannot bring about the intended changes of inclusion, choice and self-determination for disabled people on its own.
Local area coordination has been added into an existing disability services system	For many DSS providers and others in the sector, the introduction of local area coordination was seen as the Ministry acting in a 'top-down', directive manner which lacked recognition of their efforts to align their practices to a social model of disability. There is a high level of criticism by many DSS providers and others in the sector. In the most part, this criticism is aimed at the Ministry and the LACs rather than the concept of local area coordination per se. The perception that LACs have been kept separate from the existing system has resulted in an 'us and them' perception for some working in sector in the Western Bay. As a result, relationships between key players in the sector are variable.	Local area coordination is operating in parallel with, or as a 'tack on' to the existing system. While efforts have been made to coordinate local area coordination and the DSS system, they are not yet coordinated from the perspective of disabled people, and in day-to-day functions and relationships between LACs and others working in the sector. While local area coordination remains in parallel with or as 'a tack on' to the rest of the system, its take-up is likely to be variable. Local area coordination will continue to be regarded as an 'optional extra' for some disabled people and not others. It is likely to continue to be taken-up when disabled people and whānau are in a crisis situation.
Western Bay of Plenty as the initial Demonstration site	There is an active and well established disability sector consisting of formal and informal networks in the Western Bay of Plenty. In addition, stakeholders reported that local area coordination duplicates existing services offered by DSS providers. This differs from Australia and Scotland where local area coordination was initially introduced into areas lacking in services, including remote communities (Scottish Human Services Trust, 2005; Stalker, K. et al.). Vincent (2010) describes this context as fostering openness to new ideas and providing opportunities for innovation.	The active disability sector (which included some LAC-type services) contributed to a sector context that was less receptive, and in some cases, highly critical. Local area coordination may have had greater opportunity to demonstrate its full potential for disabled people and communities if it had been demonstrated in an area with a less developed disability sector.
Competitive nature of the DSS provider sector	The DSS sector is based on a competitive purchasing model. Some DSS providers may regard local area coordination as a threat to their funding, resulting in 'gate keeping' behavior by some providers in the Western Bay.	Some DSS providers may be acting as a barrier for disabled people to decide whether they want to try out local area coordination.
Local area coordination is being 'demonstrated'	Although the term 'Demonstration Project' is being used, respondents interpret this term to mean 'pilot' or 'trial'. Some disabled people and whānau are reported as being tentative about local area coordination due to a lack of trust in the Ministry and politicians to continue funding it. This issue was also reported in an evaluation of local area coordination in the ACT (Bartnik, 2007).	There may be greater interest by disabled people in local area coordination when it becomes apparent that it has a long term future.

Conclusion

Following the first two years of local area coordination in the Western Bay of Plenty, the Ministry of Health was concerned about the low level of take-up. The key objective of the evaluation was to identify the factors that are assisting and constraining the take-up of local area coordination.

The findings indicate disabled people and whānau (particularly in the Western Bay) lack awareness of local area coordination and what it can offer, despite efforts to spread information through direct and indirect sources. This is likely to change as those who are working with a LAC share their stories.

The findings indicate there is a significant impasse between some DSS (and other) providers, and the Ministry in respect of local area coordination in the Western Bay of Plenty. This impasse requires attention if the aims for disabled people of the New Model are to be realised.

The Ministry was tasked with demonstrating local area coordination in alignment with the original Australian approach. This has been achieved. The initiative is making a positive difference and is seen as being of value by the majority of the disabled people and whānau interviewed. The challenge will be to maintain the principles that underpin local area coordination as it moves from a demonstration phase to wider implementation.

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Appendix A: People who are ongoing contacts by disability

The following table is a profile of people who are ongoing contacts as at November 2013. The right hand column includes NASC numbers as at January 2014.

Disability type	Western Bay ongoing contacts*	Eastern Bay ongoing contacts*	Total ongoing contacts*	NASC no's **
Asperger's syndrome	2	2	4	71
Autistic Spectrum Disorder (ASD)	6	3	9	316
Blind or vision impaired, type not specified	4	0	4	65
Cerebral palsy	6	1	7	117
Deaf or hearing impaired, type not specified	8	1	9	62
Down's syndrome (Trisomy 21)	5	2	7	122
Edwards' syndrome (Trisomy 18)	1	0	1	0
Encephalitis	1	0	1	2
Foetal alcohol syndrome (FAS)	0	1	1	1
Huntington's	1	0	1	6
Intellectual disability (ID), type not specified	16	8	24	626
Learning disability / difficulty / delay, type not specified	0	3	3	22
Meningitis	1	0	1	2
Motor neuron disease	0	1	1	10
Muscular dystrophy	1	0	1	14
Neurological disorder / disability, type not specified	1	0	1	16
Other	2	0	2	145
Other conditions originating around time of birth (not specified)	2	0	2	0
Other intellectual, learning or developmental disorder (not specified)	1	0	1	27
Other respiratory disorder (not specified)	1	0	1	6
Polio and post-polio	2	0	2	5
Rheumatoid arthritis	0	1	1	35
Short stature / dwarfism, e.g. achondroplasia	1	0	1	7
Spina bifida	3	3	6	24
Stroke, brain / subarachnoid haemorrhage, cerebrovascular accident (CVA), parietal / cerebral / cerebellar / middle cerebral artery (MCA) / thalamic / frontal lobe infarct	2	0	2	78
Unknown condition / no diagnosis available	1	0	1	0

TOTAL	**68**	**26**	**94**	**1779**

* Note: People do not have to receive DSS funding to access LAC support. It is therefore not possible to compare the number of people accessing LAC with the number accessing DSS funding through the NASC.
** Up to 65 years

Appendix B: Methodology

A key purpose of this evaluation has been to understand the extent to which community characteristics and other contextual factors have influenced the take-up of local area coordination. Where feasible, findings for the Western and Eastern Bay of Plenty have been examined and discussed separately.

The following aspects of local area coordination were out of scope of this evaluation:

- Assessment of resourcing and workforce implications
- Value for money of local area coordination (a value for money assessment of the entire Demonstration Project is planned for a separation evaluation in 2014)
- Measurement of change at the community level.

The evaluation approach has included semi-structured face to face and telephone interviews with 30 disabled people and whānau using local area coordination, 46 other key stakeholders, a document review, literature scan and analysis of administrative data.

Qualitative interviews

The interviews were conducted by four experienced evaluators, two of whom are Māori and two Pākehā. All participants were sent a letter or email providing information about the evaluation and inviting them to participate. At the interview, respondents were again briefed about the interview and were asked to sign a consent form if they agreed to participate. Interviews were conducted in a venue selected by respondents, and at a time that suited them. The interview guides are included in Appendix C.

Disabled people and whānau respondents received a $30 koha from Evalue Research as a thank you for their participation. The evaluation team members also took biscuits to each of these interviews. A summary of each interview was either sent back to respondents to check for accuracy, or checked with respondents as notes were taken. The evaluation report includes four vignettes describing outcomes of local area coordination. These were sent in draft form to respondents to (a) get approval for their stories to be included in the report and (b) if they were, to review for any information they wished to remove or change.

Interviews with people who are ongoing contacts

As at November 2013, 94 people had signed up as ongoing contacts. Of these, 56 gave prior written consent to participate in the evaluation. Demographic information and contact details for this group was provided to the evaluators in a password-protected spreadsheet. Letters or emails were sent to all 56, inviting them to participate in a face-to-face interview. Invitations were addressed to the disabled person or a nominated contact person, where this was included in the spreadsheet. The initial invitation was followed up a week later by with a telephone call to explain the evaluation focus and arrange an interview date, time and venue if people agreed to participate. Only one person declined to be interviewed.

The evaluation sample included three priority groups: (1) Māori; (2) disabled people and whānau who had been previously interviewed in mid 2012, and (3) those who had been working actively with a LAC. The evaluators managed to interview three people who had previously been interviewed in mid-2012. One advantage of conducting a second interview with them was that they had been working with a LAC for a longer period, providing a greater opportunity to learn about outcomes resulting from local area coordination. The evaluators also aimed to include a mix of people located in the Western and Easter Bay of Plenty.

In total, 29 (one third of all ongoing contacts) were interviewed. One other interview was organised with an ongoing contact, but the person was in hospital on the day of the interview. Table A compares the ethnicity of the evaluation respondents with all ongoing contacts, and indicates the priority placed on interviews with Māori.

Table A: Comparison of ongoing contact population and evaluation respondents (ethnicity)

Ethnicity	Total ongoing contacts	Total (%)	Ongoing contact respondents	% of Ongoing contact respondents
New Zealand European	59	63	16	57
Māori	29	31	12	43
Australian	1	1	0	0
English	2	2	0	0
Not stated	3	3	0	0
Total ongoing contacts	94	100	28	100

Table B shows the location of ongoing contact respondents. An interview was also conducted with one participant who is an initial contact (who has had several meetings with a LAC but is yet to sign up as an ongoing contact). This brought the total number of disabled people and whānau respondents to 30.

Table B: Comparison of potential sample of people who are ongoing contacts and evaluation respondents (by location)

Location	Potential sample	Respondents
Western Bay of Plenty	38	17
Eastern Bay of Plenty	18	12
Total	56	29

Table C identifies the respondent type for each of the interviews. Disabled people were offered the opportunity to be interviewed alone, or with a support person, whānau member or interpreter. Where possible, questions were directed first and foremost to disabled people, and then to others present, as appropriate. Three whānau interviews were conducted with parents of children aged 14 or younger; seven were parents of adults aged between 20 and mid 50s.

Table C: Disabled people/whānau respondents

Respondent type (total = 28)	No.
Disabled person only	18
Disabled person and whānau / support person	2
Whānau only	9
Total	29

Interviews with other stakeholders

Interviews were conducted with 46 key stakeholders including LACs, the LAC supervisor, members of the local working group set up for the Demonstration Project, disability providers, Support Net staff and community stakeholders. Some of these respondents were interviewed twice. Community stakeholders were identified by LACs as individuals they had worked with in their role as a LAC. They included disability advocacy groups, educators and other non-government organisations. Interviews were conducted face-to-face or by telephone. They included four group interviews, two in each location. Two group interviews were with LACs and two with local working group members. A principal analyst from the Ministry also assisted with contextual information about local area coordination.

Table D: Stakeholder respondents by location

	Stakeholders interviewed (n=45)		
Stakeholder type	Western Bay	Eastern Bay	Across both locations
LACs, including Supervisor	4	3	1
Local Working Group	4	3	0
Disability provider	1	5	3
Community stakeholder	10	8	1
Support Net	0	0	2
Total	20	19	7

Coding and analysis

All interviews were coded using Nvivo, a qualitative data analysis package. All members of the research team read each of the interviews and participated in a high-level analysis discussion, to identify and discuss key themes. In-depth analysis was then conducted by two team members and the draft findings reviewed by team members for quality assurance.

Analysis of administrative data

Two sources of administrative data informed the evaluation methodology and findings. The first was data from the local area coordination database. This informed evaluation objective 1:

identifying factors that assist or constrain the take-up of local area coordination by disabled people and whānau, as well as the sample for respondent interviews. Originally, the evaluators had planned to include the experiences of people recorded as initial contacts (Level 1). However, as contact details for these people are not stored in the local area coordination database, this was not feasible.

Administrative data provided by Support Net enabling the evaluators to make a comparison of ongoing contacts against all NASC users. It should be noted that people who are ongoing contacts do not have to be receiving DSS funding to access local area coordination.

Literature scan and document review

A scan of literature on local area coordination was undertaken to inform our evaluation findings. Given the amount of literature about local area coordination, priority was given to (1) evidence-based reports (2) ensuring a range of countries were included. Research and evaluations conducted in Australia (three states), Scotland, England and Northern Ireland were examined. The scan focused on:

- Local area coordination practice
- What helps/hinders local area coordination
- Outcomes of local area coordination.

The following documentation about local area coordination in the Bay of Plenty was reviewed:

- Regional profiles
- The LAC Manual and other documents supporting the LAC role
- Information produced by the Ministry for public audiences.

Limitation of methodology

A limitation of the methodology was the inability to contact people who are initial contacts, including those eligible for ongoing support but who had not taken it up. This meant that the evaluation was unable to explore why some disabled people have not chosen to become an ongoing contact.

The evaluators were also not able to access data on sub-areas within the Eastern and Western Bay of Plenty. It was therefore not possible to develop a detailed profile of people who are ongoing contacts. Instead, the analysis has focused at a regional level (Eastern Bay and Western Bay).

Appendix C: Interview guides

Disabled people and whānau

Look out for the quality of their relationship with the LAC and evidence of:

- LAC's skills and community networks
- more and/or better natural supports
- LACs helping disabled people/whānau to navigate the system.
- person-centred planning + EIF + natural supports working well together for the disabled person
- what's happening in crisis situations, when they are struggling with 'the system'? Is the LAC stepping into the breach? If not, who is? Or is nobody doing it?

Questions

- What have they been doing with the local area coordinator?
- What is working well/not well about local area coordination for them? Why?
- What (if anything) has changed for them since they started working with a LAC?
- Is this change important or significant? If yes, why? If there has been no change – is this OK?
- If you were describing (name of LAC) work to a friend, what would you say their role/job is? Is what the LAC does different to other support they have received? If yes, how is it different?
- What things are helping / hindering the rollout of local area coordination? Why?
- Western Bay only: Why might there be a lower than expected uptake of LAC by disabled people in the Western Bay? What could be done to increase uptake?
- How could local area coordination work better for disabled people and their whānau?
- For local area coordination to be successfully rolled-out into other regions, what needs to happen?

Local Area Coordinators

Look out for:

- evidence of the LAC's skills and community networks
- evidence of more and/or better natural supports
- evidence of person-centred planning + EIF + natural supports working well together for disabled people and their whānau
- evidence of LACs helping disabled people/ whānau to navigate the system.
- what's happening in crisis situations, when the disabled person and whānau are struggling with 'the system'? Is the LAC stepping into the breach? If not, who is? Or is nobody doing it?

Questions

- What have the local area coordinators been doing? Prompts: activities with disabled people/whānau, relationship-building, community building, working with Support Net and Manawanui-in-Charge
- What helps/gets in the way of the LACs working in a job that is based on value-based practice? Prompts: role definition, management style, Ministry requirements, systems and processes etc.
- Do the LACs have what they need to do their job? Prompts: physical resources, training, management support, professional supports, time and opportunities for reflexive practice etc
- What is working well/not well about local area coordination in the Western or Eastern Bay?
- What contextual factors are helping / hindering the rollout of local area coordination in the Western or Eastern Bay? Why?
- Why has there been a lower than expected uptake of LAC by disabled people in the Western Bay? What could be done to increase uptake?
- How could local area coordination work better for disabled people and their whānau in the Eastern or Western Bay?
- For local area coordination to be successfully rolled-out into other regions, what needs to happen?

Referrers / other key informants / NRG and LWG members

Please tailor the following questions according to the particular type of involvement the person has had with local area coordination.

Questions

- What is the nature of their contact or involvement with Local Area Coordination/ a Local Area Coordinator?
- What is working well/not well about local area coordination in the Western OR Eastern Bay?
- What contextual factors are helping / hindering the rollout of local area coordination in the Western or Eastern Bay? Why?
- Why has there been a lower than expected uptake of LAC by disabled people in the Western Bay? What could be done to increase uptake?
- How could local area coordination work better for disabled people and their whānau in the Eastern or Western Bay?
- For local area coordination to be successfully rolled-out into other regions, what needs to happen?