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Author/s:

Hickey, L;Davidson, J;Viney, C;Daniels, E;Spaven, L;Harms, L

Title:

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Date:

2024

Citation:

Hickey, L., Davidson, J., Viney, C., Daniels, E., Spaven, L. & Harms, L. (2024). Building Community Capital: The Role of Local Area Coordinators in Disability Services: A Critical Review. *Disabilities*, 4 (3), pp.493-506. <https://doi.org/10.3390/disabilities4030031>.

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Review

Building Community Capital—The Role of Local Area Coordinators in Disability Services: A Critical Review

Lyndal Hickey^{1,*}, Jennifer Davidson¹, Catherine Viney¹, Emily Daniels², Lea Spaven² and Louise Harms¹

¹ Department of Social Work, School of Health Sciences, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Melbourne, VIC 3010, Australia

² Baptistcare, Camberwell, VIC 3124, Australia

* Correspondence: hickeyl@unimelb.edu.au

Abstract: Local Area Coordination (LAC) roles have been implemented in disability services in many countries, supporting people living with disability to connect with formal and informal support in the community. Embedded in the National Disability Insurance Scheme in Australia, the aspiration is that this LAC role will connect people with disability to supports and enable the generation of greater community capacity and inclusion. Yet, with only a limited evidence base that demonstrates the impact of this approach, a clear measurement framework is needed to provide evidence of the realization of this aspiration. We propose that this impact could be demonstrated by applying a Community Capitals Framework (CCF) as the theoretical base for the LAC role and other community capacity initiatives, such as service navigation within disability reform of disability services. The CCF is premised on seven ‘capitals’—social, natural, cultural, human, political, financial and built that intersect and interact with each other to create positive spirals of change in communities. In this critical literature review, we apply the CCF to map and synthesize existing research on the LAC’s role in building community capital and examine the utility of the CCF as a map for LAC and service navigation practices to enhance community inclusion. For this review, we analyzed peer-reviewed journal papers and grey literature that focused on LAC community capacity building for people with disability in a disability service context published between 2000 and August 2023. Of the 17 publications that met the inclusion criteria, there was no published evidence that comprehensively examined or measured community capacity building consistent with the tenets of the CCF. However, our analysis showed that all capitals, with the exception of natural capital, had been considered, with some indication that investment in these capitals (particularly social capital) could be connected in the positive spiraling way suggested by the CCF. Given the paucity of existing evidence to inform the LAC aspiration for community capacity building, research informed by consumer priorities is needed to inform LAC and service navigation practices to address community needs. The CCF has the potential to develop our understanding of LAC and other community capacity-building initiatives through the measurement of LAC and service navigation services and consumer outcomes, as well as by informing investment to target growth capitals in communities.

Keywords: disability; local area coordination; community capacity building; inclusion



Citation: Hickey, L.; Davidson, J.; Viney, C.; Daniels, E.; Spaven, L.; Harms, L. Building Community Capital—The Role of Local Area Coordinators in Disability Services: A Critical Review. *Disabilities* **2024**, *4*, 493–506. <https://doi.org/10.3390/disabilities4030031>

Academic Editors: Daniel Mont and Monica Pinilla-Roncancio

Received: 18 April 2024

Revised: 25 June 2024

Accepted: 28 June 2024

Published: 4 July 2024



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1. Background

The National Disability Insurance Scheme (NDIS) has had a profound impact on disability service delivery within Australia as a mechanism of disability reform since its initial roll-out in 2013. The stated intent of NDIS is to target both individual and community levels to ‘support people with disability to maximise their potential, participate as equal citizens’ and to ‘develop partnerships with individuals and families as they build and pursue their goals and dreams for a good life’ [1–3]. Also, the NDIS allocates funding directly to people with disabilities to enhance their choice and control within the context of communities that were likewise supported to be more inclusive and less exclusionary of people with disabilities,

their families, and carers. The Local Area Coordination (LAC) role within the Scheme has been an integral component of the NDIS delivery of its intended aims and its focus on both the individual and the community. However, the recent review of the NDIS [4] has highlighted a significant gap between the intent and the expected outcomes achieved through LACs, suggesting a further need for focused and specialized community capacity-building initiatives such as ‘service navigation’.

The concept of local area coordination has been part of the disability reform landscape for more than thirty years, originating from Western Australia with the work of Eddie Bartnik et al. [5–9]. It has been adopted internationally, specifically in the United Kingdom and Wales [7,10,11]. Central to this long-standing local area coordination approach is the building of social capital through the development and maintenance of working relationships with individuals with disabilities and families within their local community [9,12]. The LAC Operating Framework [5] presents 10 core principles for service delivery, several of which emphasize the community capacity-building aspect of this work. These principles are as follows: (1) citizenship; (2) relationships; (3) natural authority; (4) lifelong learning; (5) information; (6) choice and control; (7) community; (8) contribution; (9) working together; and (10) complementary nature of services [5,7,13]. Community, Inclusion, Partnership, and Development are articulated as ways in which a local area coordination service, working with the wider community, can build a broader level of support in pursuit of ‘dreams for a good life’ for those living with disability [1,2]. More recently, Bartnik et al. have sought to share reflections on contemporary local area coordination by using a range of reflections and case studies from several jurisdictions in Australia and the United Kingdom. What is clear from these reflections and case studies is that community capacity building remains central to the local area coordination framework [7].

The National Disability Insurance Agency’s (NDIA) intent to combine individual planning and community capacity building closely aligns with the original local area coordination concept [3,9]. However, the focus of the NDIA to expedite the roll-out of the NDIS has proven problematic for the execution and scaling up of the local area coordination approach, with questions arising about its value and effectiveness [14–16]. The extent to which local area coordination community capacity building through social capital and other investments have been adopted or implemented by the scheme is also not yet clear. A recent rapid systematic review also highlighted the lack of equivalency of the NDIS LAC model with other models being used internationally, making it difficult to examine if it is delivering on its intended outcomes [11].

While local area coordination has become an accepted practice approach in the disability reform space, there is little empirical research evidence that measures its value or effectiveness in building community capacity to improve the lives of people with disability. This may be due, in part, to a lack of measurement built into the early piloting of the local area coordination approach, pre-NDIS. Evaluation of LAC during this period was largely based on the subjective experiences of its participants, with researchers suggesting that its potential and merit to provide the foundation for community capacity building could be further built upon and extended [6,8,17]. This lack of research evidence may also be due to the absence of a framework from which to assess the efficacy of local area coordination services being engaged in community capacity building. With the completion of the NDIS roll-out nationally and local area coordination roles now in place in Australia, the recent findings of the NDIS review, and the increasing uptake of LAC internationally, it is timely to ‘take stock’ and critically review the evidence on this topic within the contemporary disability reform landscape. As the scheme continues to develop and embed itself into the disability landscape in Australia, it is also an opportune time to consider a framework that could underpin the ongoing monitoring and evaluation of local area coordination and aligned initiatives such as service navigation. This may also be relevant for other countries that have adopted local area coordination as a way of building community capacity or who are considering other initiatives, such as service navigation in their disability reform space.

The primary aim of this critical review, therefore, was to identify research evidence that has focused on LAC and community capacity building, regardless of their research design or conceptual focus. Further, this critical review aims to map, synthesize, and analyze the content of the literature according to the Community Capitals Framework (CCF) [18]. The CCF is premised on change and capacity within communities that are built upon investment and development in each form of community capital: *social, natural, cultural, human, political, financial, and built*. These forms of capital interact with each other in both an upward or downward spiraling effect, with investment or divestment in one or more forms of capital correspondingly increasing or decreasing [18]. It is asserted by Emery and Flora (2006) that social capital, in the first instance, is the foundation for this spiral, with investment in social capital directly linked to further generation of the other forms of community capital [18]. By mapping the LAC and community capacity-building literature against the CCF, this paper provides a critical evaluation of the existing evidence on LAC and community capacity-building within disability populations. The resulting map shows the evidence of the community capitals that have been the focus of LAC research and practice to date while highlighting those that have been overlooked. Our second aim was to present the CCF as a theoretical foundation to inform future LAC and community capacity-building research and practice directions to develop an evidence base that is meaningful for people with disability and their communities.

2. Method

Given that the focus of this review was on LAC and community capacity-building evidence and the conceptual mapping of this work according to the CCF, a critical review was chosen as the appropriate method to synthesize and analyze the existing literature [19,20].

2.1. Eligibility Criteria

The eligibility criteria for this critical review included studies that focused on the LAC role with people with disability (population) in a disability service context (context) and community capacity building (concept). Articles that described LAC models of care or practice were also included. Peer-reviewed journal papers and grey literature documents (including policy documents and evaluation reports) that were written in English were included if published within the defined period. The period for the search was 1 January 2000 to 1 August 2023 inclusive. This time frame for publications was chosen by the researchers to align with the growth in local area coordination in contemporary disability reform in Australia and internationally. The search was conducted on 18 August 2023 (See Table 1).

Table 1. Inclusion and Exclusion Criteria.

Inclusion Criteria	Exclusion Criteria
LAC role with people with disability (population) AND LAC role in a disability service context (context) AND LAC role focused on community capacity building (concept) LAC models of care or practice with people with disability	LAC role in communities that are not focused on disability
Published 2000—Aug 2023 Peer-reviewed journals Empirical studies: qualitative and quantitative studies Literature reviews Expert opinion papers Grey literature documents: policy documents and evaluation reports	Published before 2000 Case studies Book Chapters, Conference Papers, and Abstracts Submissions (e.g., to enquiries or commissions)
English language No geographic limitation	

2.2. Information Sources

There was a comprehensive search of the Web of Science, ProQuest, CINAHL and SocIndex databases to identify potentially relevant empirical studies. Given that knowledge

on this topic is emergent, these databases were selected as the researchers (in consultation with a senior librarian at the University of Melbourne) anticipated that there would be limited peer-reviewed empirical studies. For the grey literature search, Trove and Google Advance were used to identify potential evaluation reports. The first 100 search results in Google Advance were screened. Additional grey literature was provided via direct contact with key authors on this topic. The information sources were chosen by the authors due to the limited peer-reviewed publications with the knowledge base and evidence to inform the LAC role and local area coordination.

The title and abstract were searched in all databases and grey literature sources. The following search terms were intentionally broad to capture the relevant literature: 'local area coordination' AND (disability or 'disability services') AND 'community capacity building'.

2.3. Selection of Sources of Data

All identified articles were independently screened at the title and abstract level by two authors (LCH and JD) to minimize potential bias. Articles that met this first-stage eligibility criteria screening were subsequently independently reviewed in full text by the same two authors. During each stage, all three authors (LCH, JD, and LKH) were allocated to resolve any conflicts when disagreements occurred between review decisions. After the full-text review, consensus was achieved on which articles met all the inclusion criteria.

2.4. Data Charting Process

Two authors (LCH and JD) developed a data charting form that specified the variables to be extracted. In an iterative process, the authors independently charted the data, discussed the results, and updated the data charting form. Disagreements on data extraction were resolved by consensus and discussed with another author (LKH) if required. The data charting form captured key study characteristics (e.g., authors, title, year of publication, and sample characteristics) and detailed information that related to local area coordination roles or services with people living with disability and community capacity building.

2.5. Quality Assessment

In line with a critical review methodology, no formal quality assessment of the research evidence was undertaken, nor was a comprehensive or systematic identification of all literature sought. Instead, articles that met the selection criteria were analyzed and synthesized to create a new interpretation of the existing data using the CCF model.

2.6. Analysis and Presentation of Results

A descriptive summary of the characteristics of the included papers was completed. The included papers were then critically evaluated according to the CCF as an analysis frame through which to assess the currently available evidence for its specific applicability to community capacity building [18]. The findings from this critical review identified what is known about local area coordination through the lens of the CCF in relation to (1) theoretical underpinnings, (2) the research and specific methodology used, and (3) policy and/or frameworks. These findings included descriptions of both 'investment in' and 'achievement of' different forms of capital across these groups.

Through this lens, it was established for this critical review that the 'evidence' could also include 'promising leads' that could inform the strengths and limitations of local area coordination practice in community capacity building. While these 'promising leads' will be highlighted in the CCF synthesis, it is also important to note that the quality of local area coordination research was not assessed in this review. As such, these findings are an analysis of what has been put forward by researchers and evaluators and how this could sit within a CCF frame rather than an endorsement of their content or conclusions. Central to this analysis is then a proposal for further research and a quality-driven evidence base for community capacity-building work by local area coordinators.

3. Results

3.1. Study Selection

After the removal of duplicates, 627 references were identified from the searches of the electronic databases and grey literature and through manual review reference lists of review articles and reports. Based on the title and abstract screening process, a further 574 articles/reports were excluded. Of the remaining 53 full-text articles/reports, 36 were excluded after review. In the end, a total of 17 publications met the inclusion criteria following a full-text review of the available literature. The screening process for research papers was conducted systematically by the authors. A PRISMA flow diagram has been used to depict the screening process [21] (Figure 1).

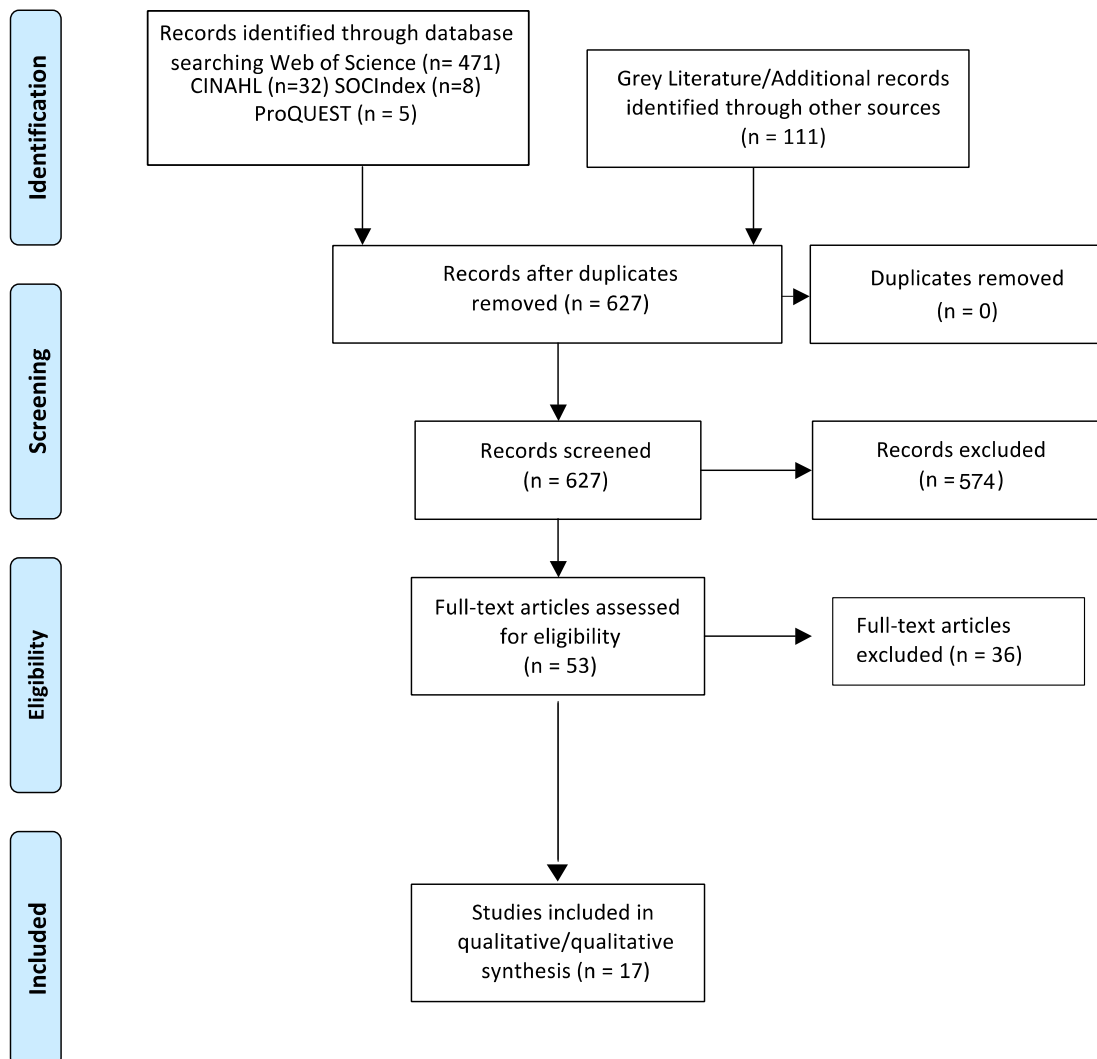


Figure 1. Prisma Flow Diagram of the screening review process.

3.2. Characteristics of Included Papers

Many of the included papers (n = 7) related to evaluation reports of LAC services. The included empirical studies differed in methodological approaches, including qualitative (n = 2), mixed methods (n = 2), and literature reviews (n = 2). Published expert opinion papers (n = 2) and reports (n = 2) were also included. Summaries of these publications are included in the Supplementary Table S1 [13,22–37].

3.3. Synthesis of Results According to the CCF

The included publications are described according to each of the CCF capitals: (1) *social capital* (n = 9) [13,23,27–30,32,34,35]; (2) *financial capital* (n = 8) [22–24,26,28,30,34,37]; *human capital* (n = 9) [13,23–25,28,29,32,36,37]; *built capital* (n = 6) [25,26,30,31,36,37]; *political capital* (n = 4) [26,33,36,37]; *cultural capital* (n = 2) [32,36]; and *natural capital* (n = 0).

A synthesis of the capitals and their connection with other capitals is outlined in the Supplementary Table S2.

3.3.1. Social Capital

Social capital is understood as the connections between people and organizations. It includes bonding capital—the close ties between individuals that create community cohesion—and bridging capital—the ties across organizations and groups [18]. According to the CCF, building social capital is the foundational base for the spiraling up or down of community capacity. The key elements of social capital include participation, reciprocity, trust, social norms, common resources, proactivity, and tolerance of diversity [38]. Social capital is also the core aspiration of local area coordination; this is reflected by the high proportion (52%) of publications that focused on this capital [13,23,27–30,32,34,35]. Despite this high focus on aspects of social capital, none of the publications included a collection of outcome measures at the community level—as opposed to individual—for social capital. However, evidence of the social capital elements was present in the included studies.

Of the 17 articles, three studies discussed the use of common resources adopted by local area coordinators as a valuable inclusion into the disability field [13,30,34]. Broad (2012) reported on the experience of employing the LAC role to ‘signpost’ people toward community-based resources and away from any networks that divert people towards the service system to specialist services, thus enabling people to connect with common universal resources in the community to meet their previously unmet needs [13]. Linking people to common resources also allows the LAC role to collaborate with programs within the community that go beyond the individual, building social capital between LAC service users and their wider communities [34] to build community capacity to understand and adapt to the natural diversity of a whole community. Lunt and Bainbridge (2019) reported that individuals involved with the LAC role received common resources, were involved in joint visits with a third party or service, experienced reciprocity with community connection (linked to an individual and/or community group, information, and advice), experienced reciprocity with non-service solutions (service is reached with no service costs), had proactivity with self-advocacy (self-referral to LAC), and were signposted to services (passed over to a signed service) [30].

The element of proactivity in social capital building was also identified elsewhere in the literature. Two articles [29,30] explored the benefits of LAC roles in delivering early preventative and early intervention measures that positively support the well-being of communities and minimize any social problems that might negatively influence outcomes for individuals and communities [30]. LAC roles achieved these outcomes by supporting the creation of coordinated, efficient systems that are recognized and legitimized by the community. These systems are seen to be part of the solution to existing problems [29] and relate to social and cultural shifts aimed at social norms and tolerance of diversity [30].

Reciprocity is another element of social capital identified in the local area coordination literature (n = 3) [23,27,28]. Hall and McGarrol (2013) argue that a productive, holistic model or social care ‘values framework’ can benefit individuals and wider communities simultaneously by moving away from an over-reliance on more formal, individually driven service responses [28]. Reciprocity is achieved through co-produced and relational ways of caring for individuals and communities by drawing on the existing supports and resources within the wider community [23]. It is suggested that the LAC role can also foster a level of reciprocity and participation by bridging the gap between spheres of employment and social care for individuals with disabilities [27]. Local area coordination can also play a ‘brokerage role’ for individuals with disabilities, enabling them to participate in activities

that are considered of value and social importance. LAC roles as ‘brokers’ equipped with local knowledge can negotiate the activities, spaces, and relationships for individuals with disabilities to enable them to engage in ways beyond the narrow definitions of employment.

Trust is another component of the social capital element identified by one of the included studies [32]. This study identified that individuals with disabilities have a need for safe havens within their communities. To build safe havens, the study suggested that individuals with disabilities need to self-advocate for these spaces/places in the community. LAC coordinators can play a supportive role to the individual with the disability by providing additional advocacy and clarification about the importance and need for safe havens in the community [32].

Alongside these reported benefits of the LAC role and their ‘potential leads’ in relation to social capital development, there have also been doubts expressed about the impact these roles are having on building social capital in the communities. For example, Peter Fletcher Associates Ltd. in 2011 conducted an evaluation of the LAC role in Middlesbrough, United Kingdom. This evaluation argued that, while the LAC role is having a positive impact at an individual level, there was little to no evidence beyond this level that linked the role to building social capital [35]. In another study, Duggal et al. (2021) recommend that early intervention outcomes, combining client outcome data and people’s individual stories, act as an alternative way of beginning to build evidence of the benefits of local area coordination and the role it can play in building capacity within communities [23].

Social capital for individuals is a central documented element of the papers discussed above, and yet there also exists a lack of specific evidence of LACs using the same capital to build capacity and inclusion at the community level. This would suggest that there is strong potential for using this element of the CCF in LAC work but that further expansion and understanding in the community capacity-building space is required.

3.3.2. Financial Capital

According to the CCF, financial capital is the systemic and individual resources that individuals, families, and communities can invest in to build community capacity. Financial capital also encompasses the future resources available for disability reform and how it is implemented [18]. However, in the literature included in this review (n = 8), financial capital has primarily been explored in relation to the costs of the local area coordination workforce and the funding system ideology more broadly [22–24,26,28,30,34,37].

For example, Brown et al. (2013), in focusing on the funding required to improve the current workforce, argue that investment in training and education that focuses on the health knowledge of LACs is needed. It is suggested that integrating the general health and well-being of those individuals with disabilities receiving local area coordination services will result in broader public health community-based outcomes such as empowerment, advocacy, and community integration being achieved; this, however, is not evidenced [24]. In another paper, Vincent (2010) recommended re-defining elements of case management and community development to be efficiently incorporated into the LAC role, thus reducing the financial resources needed to adopt new reform initiatives [37]. According to Duggal et al. (2021), the local area coordination workforce also needs resourcing to allow connection to national networks and the autonomy to respond to local needs [23].

Across eight papers, financial capital has also been linked to political capital and funding systems as expressions of political ideologies, as reflected by the CCF concept of ‘spiraling up’ [18]. Hall and McGarrol (2013) stated that financial resources invested into local area coordination services as a form of financial capital differ between countries, specifically those that adopt austerity localism compared to progressive localism. While financial resources are fundamental to any disability reform, progressive localism as a way of empowering individuals with disabilities has less focus and reliance on these resources [28]. By adopting progressive localism, it can be argued that the LAC role goes beyond the individual by engaging with the individual’s networks, community partners, and volunteer agencies to deliver cost-effective care [22,34].

The financial capital built in the community has yet to be examined against both the costs of the LAC workforce and the deferral of costs from formal services [30]. The Social Return on Investment (SROI) measure—a framework for measuring social value or social impacts of activity—has been applied in only a limited number of studies [30]. Further, the definitions employed to describe the individuals' issues and local area coordination activities and value expectations within this measure have not been employed consistently [23,26]. Better Care Fund metrics have also been applied, but there are tensions between the LAC asset-based community model and the 'sharper' clinical edge of this metric [30].

These papers suggest that while financial capital has been strongly linked to community capacity-building outcomes and community inclusion, there remains only a theoretical linkage and speculation still exists within existing research. There exists a clear opportunity for further studies on the utilization of the CCF to measure and assess both the direct and spiraling impact of this capital.

3.3.3. Human Capital

Human capital in the CCF is premised on the ideas that individuals and families can use and enhance their skills and abilities to increase access to resources, understanding of community building, and provide proactive leadership in the shaping of communities and community capacity [18]. In our review of the literature, we identified nine articles that addressed human capital in local area coordination [13,23–25,28,29,32,36,37].

In these articles, it is argued that the formal resources needed by people with disability are often to be found in complex systems but necessitate a person to take on the responsibility of self-managing their own care. Human capital research has not focused on how the individual with the disability can develop their own skills and abilities to enhance their own resources and access formal resources [32]. Instead, the emphasis in the literature has been on the LAC role and how it can facilitate this process with some key principles, practice approaches, and a set of skills that can be employed to support the individual with the disability.

The LAC role embodies principles associated with supporting an individual with a disability to develop a vision for their own life, drawing on strength-based [13] and person-centered practice approaches [25,37]. Local area coordination principles also include empowerment through a changing social care 'values framework' that is co-productive with the individual with the disability and considers a holistic model of care linked to their well-being goals [28].

Five articles also sought to define the specific workforce capabilities required to support these elements of human capital. Duggal et al. (2021) suggest that a common vision with the continual engagement of political and organizational leaders is needed to positively drive the local area coordination agenda into practice outcomes [23]. Limiting the LAC coordinator also ensures that the relational aspect of working with individuals, their families, and communities remains a priority. Advocacy is also identified as an important skill needed to be an effective LAC coordinator, particularly the dual function of advocating for individuals with disabilities and empowering these individuals to advocate for themselves [32]. In addition, LAC coordinators need to possess skills related to effective communication (including sign language for individuals who are hearing impaired), good listening, and qualities such as patience, trustworthiness, and flexibility. Working in partnership and in a non-judgmental manner is also important. Credibility gained via lived experience and/or work experience of disability is also perceived in the literature as beneficial [36]. While health promotion is not seen as a core function of the LAC coordinator role, an understanding of health needs was considered to be an important—yet unmet—attribute of the human workforce capital [24,29].

While there were no papers included in this critical review that directly addressed the potential of human capital within LACs to be spiraled into community capacity building, the focus on the forms of human capital currently existing in LACs and their

role in individual outcomes provides a clear foundation for its use in understanding community inclusion.

3.3.4. Built Capital

Built capital refers to the physical or systemic infrastructure required to support community capacity building [18]. The impact of local area coordination as part of the NDIS infrastructure or built capital is not yet clear, and there is an absence of data pertaining to long-term service or client outcomes in the literature. There is no evidence that addresses the LAC's roles in community capacity building in relation to physical infrastructure in the wider community. Therefore, built capital, as referred to in this synthesis, relates to the service system infrastructure. We found six papers that explore aspects of built capital [25,26,30,31,36,37].

According to Vincent (2010), the built capital or infrastructure supporting local area coordination efforts needs to move away from being highly separated, specialized patterns of service delivery that hold specific budgets and tasks [37]. Roorda et al. (2014) warn that if local area coordination services are 'tacked on' or located in parallel to the larger system, there is a risk of these services being perceived as an 'optional extra' and, therefore, not as valued by individuals with disabilities [36]. Disability reform is underway in various countries, and there is criticism that the associated restructuring is creating a more diverse, fragmented environment [33]. Lunt et al. (2019) offer suggestions for how local area coordination can be incorporated into a changing social care re-structure through the use of multi-agency leadership groups, community mapping, and engagement with target groups to ensure built capital structures are in place to support LAC roles [30]. These highlight the different types of LAC models that have been developed in response to community needs [31].

What this literature highlights is the lack of evidence that informs how local area coordination services can measure outcomes. To build this evidence, Gamsu and Rippon (2019) recommend a large-scale database that reflects the local area coordination activity and population-level problems within the disability community [26]. Lunt et al. (2019) recommend a data set based on a review of local area coordination studies [30]. There are challenges associated with the accurate measurement of these outcomes that need to consider the following: infrastructure, location, a professional workforce with the requisite skill mix, and financial considerations. In addition, the built capital for local area coordination also needs to include the allowance of wider boundaries, creative thinking, and problem-solving, all of which can be challenging when measuring long-term outcomes [25].

Understanding of the current evidence base for built capital is limited; however, the CCF provides a lens for future assessment and measurement of this capital. Unlike the proposals put forward in these papers, a more integrated response to measurement reflects the complexity and diverse built capital investments needed to further community capacity building and inclusion.

3.3.5. Political Capital

Political capital is the measure of access to power and resources and the agency of individuals to find their voice within political systems and advocate for their community, [18]. There were four articles that focused on the influence of political capital on local area coordination services [26,33,36,37].

These articles highlight that government policies and public funding have shifted towards personalization, choice and control, and independent living by creating new spaces of care that rely on a mixed economy. This 'mixed economy' includes private and voluntary sectors with a reliance on public funding to 'fill the gaps', albeit unevenly and unequally [33]. In the United Kingdom, the use of political capital by one metropolitan local authority demonstrated how the introduction of a local area coordination program could be used to devolve government policy to a local level to broker health policy reform [26].

Conversely, political capital can negatively influence the connections individuals with disabilities and their families utilize to access support [36]. An evaluation of the introduction of the LAC role was undertaken in an area where individuals with disabilities had a strong commitment to and engagement with existing disability services. In this political capital context, the LAC role was not viewed by potential recipients of the service as an enhancement to the existing services. Government reporting requirements also negatively influenced the uptake of support by individuals with disabilities who were averse to yet more ‘form filling’ and the need to ‘meet eligibility criteria.’ The informal nature of some of the LAC service provisions, while more acceptable for individuals with disabilities, makes it difficult for the government to reliably profile (demographic data) those accessing LAC services in order to identify/understand the needs and measure interventions and outcomes for individuals with disabilities in the community [36]. This is an important consideration, particularly in political capital environments where measurable outcomes are defined and understood with paid employment and other socio-economic benefits for the individual and/or community [27].

One article describes further challenges that may negatively impact how the LAC services are received within an existing political context [37], reflecting reduced political capital. In Northern Ireland, there was an unsuccessful attempt to adopt the LAC model of care with fidelity from the Australian (Western Australia) LAC model of care design due to differences in existing spaces of care within the welfare sector, geography, cultural diversity/lack of diversity, and workforce expectations—specifically, social worker professionals [37].

The application of the CCF to map the research evidence focused on political capital provides insights into the tensions that exist within the disability reform space. The papers articulate this changing space, and through the lens of the CCF, there is potential to track these changes and their associated impacts over time.

3.3.6. Cultural Capital

Cultural capital reflects how the world is understood, which voices are privileged and listened to, and how innovation is fostered and supported [18]. In the literature, only two articles explored aspects of cultural capital [32,36]. Power and Bartlett (2018) explored the notion of cultural capital and its origins in social capital and built capital with individuals with learning disabilities uncovering and creating their own safe havens within the post-service or institutionalized landscape. These ‘safe havens’, built by individuals with disabilities, gave a vital sense of security, safety, and belonging. Socializing with others and building friendship groups were cultivated by these individuals from a need to be part of an inclusive community. This created places to rest, places to be safe without harassment, places of memory, and democratic spaces [32].

The conditions for cultural capital building may not always be optimal; it is important to consider and allow sufficient time to support significant cultural change in the disability space. Two articles highlighted the ingredients needed for cultural change [36]. ‘Speed of trust’ and ‘helping relationships build that are natural and sustainable’ are identified as key considerations in building cultural capital. The often challenging task of introducing LAC roles into an existing disability services sector illustrates the importance of managing community expectations in order to build trust, relationships, engagement, and ultimately, the success of the role [36].

Applying the CCF lens to these two papers highlights the connection between cultural capital and how these impact social and built capital for people with disability. Examining these papers through the CCF lens shows that there is more work needed to understand what cultural capital means for people with disability through the examination of the community in which they live and whose voices are privileged and shape the cultural views.

3.3.7. Natural Capital

Natural capital refers to the assets found in a geographical location that can be central in shaping the cultural capital associated with that place [18]. Within the scope of this review, no literature was found that considered or provided ‘promising leads’ in relation to the influence or creation of natural capital in the context of the LAC role.

4. Discussion

Applying the CCF to the current body of local area coordination and community capacity-building evidence demonstrates that research in this space has consistently spoken to the various forms of community capital. Apart from natural capital (although not articulated as such), the papers examined each of the forms of community capital, with many papers considering more than one form. The significant focus placed on social capital, in both the bonding and bridging forms, also suggests, in line with the CCF, that social capital may be the foundational and central form in the disability context. In the Emery and Flora (2006) application of the CCF, an initial investment in social and human capital was spiraled into wider community capital forms for the purposes of increasing and sustaining youth participation in communities [18].

The evidence examined in this critical review showed some indication community capacity building was occurring. However, what was not evident was an explicit process of how these forms of community capital interact or spiral in growth. When drawn together, a spiral of how capital investments in local area coordination may result/aspire to result in other capital outcomes for individuals and communities can be found. Political capital and political perspectives are put forward as drivers of political financial capital investment. Financial capital in disability systems is seen as directly influencing the systems of built capital. These systems of built capital, in turn, influence the nature and capacity of human capital and LAC workers. The human capital found in LACs then influences the capacity for social capital. Social capital remained at the center of many of these allusions to capital spiraling. For example, safe havens as an expression of cultural and built capital were dependent on trusted relationships and strong bonding and bridging social capital [32].

Nevertheless, how a spiral translates into outcomes or achievement of capital for individuals with a disability, their families, or communities remains elusive. One paper only suggested that cultural capital may grow from social capital investment in the ‘speed of trust’ and ‘helping relationships build that are natural and sustainable’; this remains a singular example rather than a process pursued with intent. Social capital, as the capital investment in individuals by a LAC, is put forward as potentially leading to cultural capital and change toward a community tolerance of diversity and financial and human capital in the form of employment for individuals with a disability. However, it is acknowledged that these aspirations, as well as social capital achieved by communities or the accessibility of built capital, remain lacking in measurement, evidence of achievement, or even consideration [16,39].

Based on the local area coordination literature, the development of capitals in communities is predominantly considered on an independent basis. There is a limited acknowledgment of the potential for investment in foundational forms, such as social capital spiraling to generate others, and minimal or no strategic intent behind programs of capital investment based on this process. The focus on capital investment in local area coordination, as opposed to capital achievement or outcomes in communities, suggests there may be barriers to taking community capacity development further in order to enhance existing local area coordination services. While much focus has been given to the human capital of the local area workforce and the capacity of this workforce to engage in individual acts of social capital, the lack of evidence that considers the spiral beyond this suggests that local area coordination may benefit from workforce enhancement based on skills in this spiral development. Person-centered approaches that acknowledge and actively engage with the social, cultural, and systemic contexts of individuals and their families may also provide a

practice approach that can enhance and propel the spiral of capital investment into capital outcome and achievement.

Many of the current principles and practices of local area coordination, including person-in-context practice, are already aligned with service navigation and social work, and this has been acknowledged in the literature [13,25,28,40]. Future opportunities exist for social workers to contribute professional knowledge and expertise to inform the community capacity work of local area coordination and service navigation, strengthen workforce capability, and build a future evidence base. The frameworks developed around service navigation in the disability sector highlight a dual individual and community/context focus, potentially providing enhanced workforce development of LACs, allowing for a focus on spiraling capital development [30,40,41]. A future service navigator role that draws upon the elements of local area coordination, social work, and the CCF offers an opportunity to provide general foundational supports to people with disability and their families by assisting the navigation of support systems, leveraging community capacity and inclusion, and providing information, advice, peer support, and advocacy.

Linking local area coordination and other community capacity-building initiatives, practices, evaluation, and research to outcomes of CCF spiraling processes will harness the true potential of capacity-building investment. This linkage will ensure that community capacity-building-related activities (service and individual) receive the appropriate focus and strategic intent required for success. A framework such as the CCF has the capacity to move community capacity building from an aspect of local area coordination which has 'potential' [8] to one that has clear and consistent measures of outcome success and a process for how to achieve them. Using the CCF model can also inform investment that specifically targets growth in particular capitals with flow-on effects on interacting capitals.

Given the recent trend of the disability reform agenda toward an individual focus, there is a risk that the LAC role will be viewed as incongruent with the intentions of the NDIS in Australia despite being included in the original design. Recognizing this risk, the NDIS Review has recommended a shift towards service navigation to build community capacity that can be sustained [4], with service navigator roles focused on social capital as a foundation to bridge and bond with other capitals in the community. It is incumbent on local area coordination services and other community capacity initiatives such as service navigation to not only articulate what is being achieved at an individual level but also to report the direct and indirect impacts that are occurring at the family and community service and policy levels. To achieve this articulation, community capacity-building roles need to translate the knowledge base into practice that can be replicated and scaled according to the community it seeks to serve. To do so, an evidence base also needs to be built that demonstrates the key tenets for community capacity building. Through this critical review of the literature, we have demonstrated the use of the CCF as a potentially useful framework for understanding the local area coordination's evidence-building and its potential to inform future research, practice, and policy directions.

5. Conclusions

Drawing from the review of the available limited evidence, the CCF offers a way of conceptualizing and measuring local area coordination outcomes in a range of international contexts. These outcomes can be linked to constructs that are identified as relevant to the LAC role and intended individual and community capital outcomes. These constructs can be synthesized from those currently collected by the NDIS as part of the local area coordination reporting requirements and those included in the literature. The result would be a framework of desired outcomes for a community with successfully developed capacity based on the aspirations of the NDIS and the CCF, alongside a local area coordination minimum Community Capacity Building data set that is aligned with those intended outcomes. This Community Capacity data set would provide important insights into the (1) met and unmet needs of individuals, families, and communities; (2) community capitals that are most or least commonly targeted; (3) education and training needs of local area

coordination workforce; (4) intended and unintended community capacity building efforts that have a positive and/or negative impact and outcomes; (5) contribute to filling that gap in local area coordination evidence-base; and (6) future directions for community capacity to further enhance the NDIS-LAC in achieving intended outcomes.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/disabilities4030031/s1>, Table S1: Summary of Included Papers; Table S2: Synthesis of CCF. References [13,22–37] are cited in Table S1.

Author Contributions: L.H. (Lyndal Hickey), J.D. and L.H. (Louise Harms) wrote the main manuscript text. L.H. (Lyndal Hickey) prepared the figures and tables. C.V., E.D. and L.S. reviewed the manuscript. All authors have read and agreed to the published version of the manuscript.

Funding: This research was commissioned by Baptcare, Australia.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Sources for the secondary data used in this research are available upon request.

Conflicts of Interest: Authors Emily Daniels and Lea Spaven are affiliated with Baptcare. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as potential conflicts of interest.

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