

# Are we getting it right at the front door?

## Rochdale Case Study

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**Are we getting it right at the front door? Examining re-referral rates of people signposted to community services and how we best optimise our strength based prevention approach.**

### **Introduction**

Rochdale Adult Care recently took part in the Greater Manchester Social Work Academy Teaching Partnership “HUB Model” research project which aspires to create a genuine ongoing interface linking academics to social work practice; the definition of a HUB being a team of staff around an area of practice.

Taking part in the HUB generated a lot of energy and galvanised the wish to improve aspects of service and the HUB gave a channel for how to do this.

Positively, undertaking the work drew attention to some issues that may have been overlooked, for example, the learning needs and future development needs of unqualified members of staff.

### **Background**

The Care Act 2014 is the most significant piece of legislation since the establishment of the welfare state. It builds on a patchwork of legislation built up since the 1948 National Assistance Act. The Act begins by defining the primary responsibility of local authorities in the promotion of individual wellbeing and a focus on preventing or delaying the need for support which involves signposting to community resources, facilities and assets to help prevent needs from escalating further.

The aim of our research project was to determine if we are preventing or delaying the need for support at the first point of telephone contact.

### First point of contact – telephone referrals

Admin Officers are the first point of telephone contact for new referrals to Adult Care. A Telephone Referral Screening Tool is completed which records demographic information and asks why the person is contacting Adult Care and based on the information given there are three signposting options:

1. **Signposting and prevention** - navigate the person to support available in the community; third sector service to prevent, reduce or delay the progression or development of the person's needs.
2. **Refer to a Care Navigator** - for non means tested equipment or assistive technology that can be provided to maintain independence.
3. **Refer to the duty service** - safeguarding concerns, fluctuating or perceived risks.

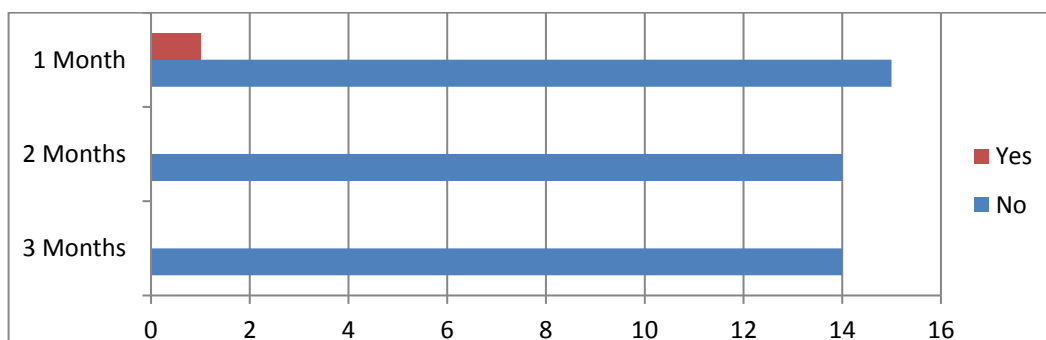
One of our aims was to review the Telephone Referral Screening Tool to incorporate an asset-based focus on a person's needs, preferences and outcomes rather than the historical prescriptive approach in response the "the worse-case scenario". We wanted to embed an asset rather than deficit approach - look first at what someone can do, not what they can't do. Changing the Telephone Referral Screening Tool led to improvements; increasing the questions about risk resulted in less inappropriate referrals going through to duty.

Whilst the Telephone Referral Screening Tool was updated and improved, due to the fast changing landscape of service provision in readiness for Adult Care joining the Local Care Organisation we have now progressed to start to developing a universal, outcome determination screening tool which will be used by Care Connectors who are physically located in each of our neighbourhood localities.

### How did we do?

We wanted to reduce the rate of re-referrals for formal service provision by appropriate signposting or provision of non-means tested equipment.

Over a two week period we recorded details of 76 referrals of these only 16 were unknown to the service and were followed up at one, two and three months. Whilst the sample size was very small we were able to evidence that we could reduce re-referrals by signposting to the right community resource or by providing non-means tested equipment /assistive technology.



### **Unintended /unexpected consequences**

The work of the HUB prompted the need to look at the duties of posts overall and raised questions about whether some posts can be brought together. Two Care Navigator posts were created in response to the HUB project these would previously have been administrative roles.

Discussions within the HUB revealed the level of complexity and duplication in the customer journey more fully, described as being 'like peeling an onion' and enabled us to really look at how other parts of the service work together from a service user perspective.

Undertaking the work also drew attention to some particular aspects that may have been overlooked, for example, the learning needs and future development needs of unqualified staff. We are developing a career pathway for unqualified workers linking to the Higher Apprenticeship scheme for Social Work and launching a quarterly practice forum for unqualified practitioners.