Reducing inappropriate referrals at the front door of adult social care services in Leeds

Literature Review

In this literature review we explore decision-making at the front door of adult social care. We begin by reviewing evidence of previous attempts by local authorities to improve the efficiency of the 'front door' of adult social care. We then move on to considering a range of behavioural factors which we believe may be at play when 'front door' staff make decisions about where to refer callers.

Improving the efficiency of the front door

Following the financial crisis of 2008, and the subsequent contraction in public spending over the 2010/15 parliament, local authorities faced significant financial pressures. As outlined in the introduction to this report, council budgets fell by 25% between 2010/11 – 2013/14[i] at the same time as demand for adult social care services continued to rise. [ii] Local authorities therefore began to look at ways to improve the efficiency of services. In adult social care, one of the ways they did this was to explore how to make the 'front door', the place where new contacts to the council from professionals or members of the public go first, could become more efficient.

This drivers was often seen as part of a broader trend in social care policy, the shift toward 'strengths-based' approaches. Strengths-based (or asset-based) social care is a theory of practice in social work which encourages social workers to support people by building on their strengths.[iii] It is often contrasted with a traditional approach to social care in which social workers focus on identifying where people have problems or needs and then identifying outside services or sources of support that can 'address' that need; a process which strengths-based practice advocates would see as harming peoples independence, wellbeing and sense of autonomy. Strengths-based approaches are now considered the mainstream in adult social care and the 2014 Care Act requires social care assessments to take a strengths-based approach.[iv] In strengths-based social care, 'strengths' can be seen as individual or social; people's friends, family and social

relationships are all considered as assets which can be built on to help them maintain a good quality of life and independence.

Existing evidence on front door efficiency programmes

The existing evidence on programmes to improve the efficiency of the adult social care front door is very limited. The evidence that exists can mostly be found in policy documents and research reports produced by sector bodies and there is no peer-reviewed evidence published in academic journals addressing this challenge.

The major source summarising projects by local authorities to improve the efficiency of their adult social care services is the Final Report of the 'Improving Adult Social Care Efficiency' programme. Funded by the LGA and a number of UK government departments, this programme supported nearly a third of upper-tier authorities in England to test new approaches to delivering social care support.[v]

This report summarises two projects by local authorities which sought to improve the efficiency of the 'front door' of adult social care specifically.

The first of these, in Shropshire, is the creation of a new service called People2People. This is a social enterprise, run by the local community, which operates the 'front door' service in the county. There are several key features of the model which make it different to a traditional social care front door:

1. Members of the community and service users are involved in the service at both strategic and operational levels; from providing expert input on strategy to working for the organisation as peer supporters
2. Front door staff are trained to provide more wide-ranging advice on benefits, housing options and community sources of support.
3. Traditional services responses *'are only considered once community-based solutions have been exhausted'*[vi]

Case studies from the LGA suggest that the approach saved £800,000 in its first year.[vii] There does not yet appear to be a final evaluation of the approach, and most interim

evaluations focus elements of the People2People model other than the way the front door is operated.

The second of these, in Calderdale, is the creation of a joint front door team for both health and social care called 'Gateway to care'. The main feature of this model is that it uses trained clinical and social work staff at the 'front door'. The goal is to offer people more intensive support before beginning a social care assessment, helping them to address whatever their current problem is more quickly and regain independence.[viii] A case study hosted by the LGA suggests that, in total, Calderdale saved £1.025m per year in adult social care from 2014/15 – 2016/17 and highlights Gateway to Care as the "main approach" which enabled this. [ix] However, we were unable to find details of how these figures were calculated, nor how much the council believed was attributable specifically to the change to the front door service (rather than broader changes in adult social care).

Potential behavioural factors at play in decision-making at the front door

Next, we consider the behavioural factors that might be at play when staff make decisions about where to refer callers who contact the social care front door. In Leeds one specific team of around 30 CSOs is responsible for making decisions about whether cases require a social care assessment or whether the caller should be signposted to other sources of support because they do not meet the thresholds for an assessment.

There is limited existing social care literature on front door decision-making specifically. However, we believe a range of behavioural factors might influence the initial decisions taken by CSOs when answering social-care related calls. Many of these factors have been identified in literature on professional decision-making in different types of organisations. We outline these factors below, along with evidence from related policy areas which may be applicable in this context.

Confirmation Bias

People tend to seek out information that confirms their existing beliefs, and will interpret ambiguous information in ways that support their beliefs.[x] Even when people receive

information contrary to their beliefs, they often maintain or even strengthen their views.[xi] For example, people who watch political satire often interpret it in a way that fits with their view of the world regardless of how it was intended.[xii]

In the context of the adult social care front door, this may pose problems in two specific ways – through the expectations of the service user (or their family), and through the expectations of front door workers.

When individuals call into the front door of the social care service, they do so because they are concerned about themselves or one of their loved ones. They likely believe that the person they are calling for needs care, and may have a clear idea of what this care should look like. Moreover, many people believe this will be provided for free, even though most people who receive care now contribute to it.[xiii]

There may also be an expectation among staff in the Contact Centre that people who call do so because they, or their loved one, definitely need support.[xiv] If this is the case, the conversation they have may be shaped by, and interpreted in light of, this belief. For example, if they expect that the person the call is about will likely need an assessment they may quickly move a referral to a specialist team rather than investigating whether a strengths-based approach is more appropriate.

Ambiguity Aversion

People are hardwired to like certainty, and to avoid uncertainty.[xv] This has been demonstrated in a number of laboratory experiments.[xvi] [xvii] Ambiguity aversion is captured in the idiom "Better the devil you know than the devil you don't."

In the context of conversations at the front door, when the outcome of the call is important for the caller and their loved ones, this could mean that callers seek the most certain outcome. This may not be the outcome that is best for the person who requires help, but is the outcome which gives the most certainty. Receiving a full assessment by a social care worker is a clear outcome in this respect. On the other hand, being signposted to a third sector or community group, or to another less familiar resource, may feel vague and unclear.

In the context of ambiguity aversion around signposted services, BIT propose investigating what can be done to make alternative options to full assessments as certain as possible. Part of this could be ensuring that in the conversation there is a clear explanation of the process and outcomes of the service people are signposted to.

Operational Transparency

Social care is an emotionally charged area, and it is important that people feel like they are understood and taken seriously when they call into the service. However, many people report feeling lost, and not knowing what is going on.[xviii] Especially confusing are the complex mechanisms around how social care is funded, and which parts can be funded by local authorities.[xix] While CSOs may follow strictly defined scripts or plans, from the perspective of callers these may seem arbitrary.

Research in the context of food services industries has found that increased transparency of processes ('operational transparency') can improve both user satisfaction and the effectiveness and speed of workers.[xx] It may be that the same is true in for users of social care services.[xxi] Callers will only properly divulge information if they trust that the process used for care decisions is fair, and that it has people's best interests in mind. However, this requires a level of transparency about the system that is not currently present.

As the Contact Centre is unable to give callers a deadline by which their case will be reviewed by a social worker, and in practice this length of time can vary a lot, it is not possible to provide callers with a timeline of when their case will be considered. While not currently avoidable, this can easily be perceived by callers as a lack of operational transparency. A lack of operational transparency, in combination with ambiguity aversion, may help explain why some calls into the front door come from people following up after an assessment. When people are not kept aware of what is happening with regards to their need for care, they will call to ask.

There are relatively straightforward suggestions we could make about how to avoid such follow up calls – such as providing regular updates or allowing people to access information about 'where' in the process their case is at the moment. This could

work in a similar way to the Royal Mail's service that lets you track deliveries. While it may be more complex to provide this type of service for decision-making within social services, our fieldwork suggested that this type of call constitutes a significant burden for the front door service and it is worth investigating if more transparency would help reduce this. However, taking this type of approach would probably require an up-front investment (for example in IT) which was beyond the scope of this project.

Discounting and Time Preferences

When people make decisions, they tend to value outcomes in the immediate future much more than outcomes that are delayed. For example, if we offer people the choice between £100 now or £105 next week they may impatiently choose the £100 now. However, when we offer them the £100 in one year, or the £105 in one year and a week, they will probably wait for the bigger pay-off.[xxii] This inconsistency in the time value of money suggests a present bias in decision making rather than a reasoned approach to reducing value with time. This applies in all types of contexts, including in social care. For example, support offered in the short term is likely to be valued much more highly than support offered in the longer term.

Present bias means that people will be averse to waiting for an assessment or other service. It also impacts how people interpret being signposted to other services, especially if they suspect that they will need a full assessment soon.

One approach to overcoming discounting is to move certain benefits forward. It is unlikely that this can be achieved by doing the assessments quicker as the service is already at full capacity. However, an alternative could be to highlight how quickly a signposted service could be put in place. Customers are likely to care about when a service can get started as well as when the service would lead to tangible benefits for the customer. There are programmes that can be accessed quickly but for which the benefits are delayed. For example, physical activity programmes can help people with mild-to-moderate dementia, as increased levels of physical activity have the potential not only to delay the onset of dementia, but also to slow its progression.[xxiii] The benefits of this service may be discounted, but by highlighting the quick access customers may value it more highly. Domiciliary care, on the other hand, would lead to immediate benefit but may

take a lot longer to access (due to the time assessments take). If these elements are highlighted when signposting people, and it is explained that these services are accessible immediately, people might be more receptive to signposting.

Implementation Intentions and Reminders

Once people have been signposted, the work of the CSOs is complete. However, for the people that need support the work is just beginning. To make the most of the signposted services, it is important to ensure that people actually engage with them.

BIT has worked on improving the uptake of programmes, for example in Job Centres,[xxiv] as well as on reducing missed appointments, such as those for health checks.[xxv] An evidence based approach to such problems is to ask people to set achievable goals and to make implementation intentions.[xxvi] This generally involves making concrete plans for what to do and when to do it, including writing down details such as dates and times. This has been effective in increasing flu vaccination rates, for example.[xxvii]

During the phone calls to the front door, after people have discussed the services they can access, an implementation intention approach could be tested. Asking people to specify the date and time during which they will attend the service is an important step in this. Another approach would be to invite callers to make specific 'if-then' plans for overcoming obstacles.[xxviii] Moreover, depending on the obstacles people face in attending services we could provide targeted information during or after the phone call that would seek to improve engagement with the signposted services.

Make accurate signposting easier

One of the key tenets of behavioural science is that to encourage a behaviour, it should be made as easy as possible. This is captured in BIT's EAST framework.[xxix] BIT has encouraged more people to pay their taxes by simply eliminating the need to click through one additional webpage in the declaration process. We have also supported a project that improved the accuracy of medical prescribing simply by making the prescription pad easier to fill out and read.[xxx] If we want to improve signposting at the front door of the adult social care service, a key element is to make it easy for the CSOs to do so.

In the context of a Contact Centre, there are a number of things that can be done to make the process easy. First, CSOs should be provided with clear and simple signposting tools which are comprehensive, easy to navigate and make it simple to identify the right support to signpost people to.

Once the caller has explained the reason for calling and has been signposted or provided information, the CSOs should provide clear information on what the next steps to take are. This could be provided in a summary statement at the end of the call, and, ideally, would be followed up with a written plan as well. This could possibly also allow for some personalisation, which has also been used to improve engagement with programmes[xxxi] by tailoring this information to the individual's' local circumstances.

Such an approach could be taken further by asking the CSOs to make appointments for the individuals they receive calls from or about. However, this may not be feasible and would make each call last a few minutes longer. Where available, home-delivered services should also be promoted, as these make it easy for individuals to engage as well.

Risk aversion amongst CSOs

Different people have different appetites for risk but experimental evidence has shown that people are generally averse to risk.[xxxii] Given the incentives of CSOs we expected some risk aversion and this was confirmed by our fieldwork. While none of the services that CSOs can signpost to are likely to pose a risk to service users, there is a risk of not having done enough or accidentally sign posting a case that required an assessment. For this reason, staff may be averse to signposting people that are potentially close to requiring an assessment. The 'safe bet' therefore is often to refer to a full assessment, especially for cases where some level of care is likely to be appropriate. A possible solution to this is to create an intermediate option that 'feels like' taking action from the caller's perspective, but does so in a way that is not too resource intensive.

Feedback on accuracy of decisions

Introducing 'feedback loops' is well-established as important in developing the professional intuition needed make complex decisions. Feedback loops give professionals information about the consequences of an action or inaction and enable them to

calibrate and adjust how they make decisions in future. A large meta-review found, for example, that feedback to health care staff had a positive impact on patient outcomes. Without such feedback, professionals are effectively reliant on their initial training and are unable to judge if they continue to be effective.[xxxiii] In addition to helping with decision-making, there is evidence that this kind of feedback has long term impacts on employee motivation and retention.[xxxiv]

The more specific and task related the feedback provided is, the more likely it is to lead to an improvement.[xxxv] Personalised feedback also tends to be more effective than generic feedback. Feedback provided to improve professional decision-making should ideally focus on clear, measureable outcomes of decisions. Ideally, it also has a built in assumption about what a 'good' or 'bad' outcome is. This is not always straightforward. In a medical setting, surgery outcomes based on mortality rates are clear and measurable, and have an unambiguous desired direction (though they are narrow and do not capture longer-term patient well-being). Meeting these two conditions is much harder in social care.

Feedback on performance norms

Changing the conversation at the front door will only be sustainable if the staff internalise the new way of working and making decisions. A necessary part of helping people to learn is to provide them feedback on their performance, especially in relation to others in their position. BIT has, for example, helped reduce antibiotic prescribing simply by informing the GPs that prescribed the most that they were in fact prescribing more than their colleagues.[xxxvi] We targeted the communications at those practices that prescribed the most under the assumption that this would be partially due to inappropriate prescribing. Similarly, if certain CSOs disproportionately refer people to full assessment this information can be shared, ideally on a regular basis.

Feedback on performance relative to peers can play an important role in ensuring consistency in decision-making. Achieving consistency within an organisation is much more difficult than it sounds, even within large businesses that pride themselves on responsible decision-making.[xxxvii] Daniel Kahneman therefore recommends organisations "adopt procedures that promote consistency by ensuring that employees in the same role use similar methods to seek information, integrate

it into a view of the case, and translate that view into a decision.” Feedback is necessary to ensure this similarity and integration.

Conclusion

There is a wide range of behavioural insights that could be used to improve the conversation at the front door of adult social care. In the next sections we set out how we used these in an intervention to reduce the number of inappropriate referrals by CSOs. We also set out how we evaluated the approach and the results this produced.

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[iii] A good introduction to the literature underpinning stengths-based approaches can be found in Corcoran, J. (2011). *Strengths-based models in social work*. Oxford University Press accessed at http://www.oxfordbibliographies.com/view/document/obo-9780195389678/obo-9780195389678-0006.xml

[iv] A good introduction to the requirements of the 2014 Care Act can be found on the website of the Social Care Institute for Excellence (SCiE) at http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/

[v] LGA Adult Social Care Efficiency Programme – The Final Report, July 2014, accessed at https://www.local.gov.uk/sites/default/files/documents/lga-adult-social-care-eff-549.pdf

[vi] Ibid

[vii] For example here: https://www.local.gov.uk/sites/default/files/documents/find-out-more-information-b3e.pdf

[viii] LGA Adult Social Care Efficiency Programme – The Final Report, July 2014, accessed at https://www.local.gov.uk/sites/default/files/documents/lga-adult-social-care-eff-549.pdf

[ix] See https://www.local.gov.uk/sites/default/files/documents/find-out-more-information-d49.pdf

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[xiv] It is possible that the opposite is true – if the call centre receives many calls about issues that do not warrant care the staff may be sceptical of any call coming in. The mechanics of what happens based on either expectation are similar, and unless further research and fieldwork reveals deep scepticism among the call centre staff we will assume that they expect, when the phone rings, that care should be provided.

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