WORCESTERSHIRE COUNTY COUNCIL ADULT FRONT DOOR

REPORT

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Acknowledgments

We would like to thank all the people who spoke with us about their experience of the Adult Front Door.

We would also like to thank the managers and staff of the Adult Front Door service for their help and co-operation with this project. A special mention to "the Nicky's" and to those Advisors that we sat with and observed.

EXECUTIVE SUMMARY

ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) gathers feedback about local publicly funded health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

INTRODUCTION

The Adult Front Door (AFD) is the main point of contact for Worcestershire residents (18+), their families, carers and professionals who require information and advice, access to services or practical help to manage care and support needs or are in times of crisis. It is the gateway to Adult Social Care services in Worcestershire. Through this project we aimed to understand people's experience of the response from the Adult Front Door to their enquiry and whether the 'appearance of need' for Adult Social Work services according to Care Act criteria is being identified at the Adult Front Door.

WHAT WE DID

In total we engaged with 24 people. During March and April 2025 we observed 11 calls with AFD Advisors over 5 half day sessions. The Advisors made additional calls during our visits; however, these did not turn into strength-based conversations. We carried out 7 follow-up interviews with this group of people. We also spoke with 13 people whose interaction with the Advisor we had not observed.

This was a qualitative project. We engaged with a small sample of people who use the AFD, therefore this Report represents a snapshot of their experience and may not be representative of AFD users in general or the wider Worcestershire population. We also focused only on the public contacts with the AFD and therefore we cannot comment on the service provided to professionals or those seeking Safeguarding advice.

WHAT WE FOUND OUT

Overall, there are many positive findings in this Report.

The majority of people we spoke with described a good experience of their contact with the Adult Front Door. People who phoned the AFD were satisfied with how quickly they were able to book a telephone appointment. There was praise for Adult Front Door Advisors. Most people were clear about what the next steps were and reassured that action had been taken. Our findings should therefore be viewed in this context.

We have also identified some opportunities for learning, based on our observations and understanding of the barriers people faced or concerns raised about their contact with the Adult Front Door.

CONTACTING THE ADULT FRONT DOOR

The Adult Front Door can be contacted via the telephone and through a webform on the Worcestershire County Council website.

Some people experienced barriers when trying to contact the Adult Front Door. A number of people were confused by the term 'Adult Front Door' or did not realise that this was the gateway to Adult Social Care. Some people experienced difficulties using automated menus when contacting the Adult Front Door by telephone. Several commented that they found the online self-referral form lengthy, and difficult to navigate and complete. One of our volunteers, who is blind, experienced difficulties using the online form as some fields were incompatible with a screen reader. Some people found it difficult to find the phone number for the Adult Front Door or the call booking option from the WCC website. Accessing the Adult Front Door presents significant barriers to people with sight and hearing impairments. We noted that there is not a text talk option or access to BSL interpreting advertised on the Get in Contact with Adult Social Care webpage.

GETTING A RESPONSE FROM THE ADULT FRONT DOOR (AFD)

Almost all the people we spoke with who had telephoned the AFD were pleased with the quick response they received. Booked telephone calls that we observed were made within a couple of days of referral and were generally made on time by Advisors. High priority self-referrals made through the website/portal were dealt with first, then by date order by the Advisors that we observed.

Waiting time for a response to a self-referral through the website/portal appeared to be longer than if people make contact by telephone. At one point we observed that the wait for a normal priority self-referral call back was 12 working days. We questioned the priority given to some of the self-referrals that we observed or followed up on. We thought that some of the calls should have been identified as a high priority, thus enabling a quicker response. We did not always observe Advisors addressing whether consent to a referral had been obtained by the caller, or whether a Power of Attorney was in place.

The nature of enquiries to the AFD is very varied, and for some calls 45 minutes is not sufficient time to deal with the issues presented, which may lead to the next call being delayed. We suggest that the Adult Front Door moves to a two-hour slot for a booked call, rather than the am/pm model being proposed.

TALKING WITH THE ADVISOR

Almost all the people that we spoke with praised their interaction with the AFD Advisor. They were variously described as 'brilliant', 'helpful', 'understanding', 'precise', informative' and 'clear'.

Advisors we observed were empathetic, good listeners, didn't rush callers and gave people time and space to describe their situation. In general there was a high degree of sensitivity to people's needs and Advisors demonstrated skill and empathy to elicit further information. Some advisors used the strengths-based conversation framework flexibly, finding out what they needed to know through natural conversation with the caller.

On occasion there were some issues which, in our view, were underexplored by the Advisor, although the main issue presented was addressed. Some had broader

knowledge than others about local support services. We observed that contemporaneous note taking could be a barrier to active listening. Some of the language/terminology used by the Advisors assumed a level of knowledge about Adult Social Care which the caller may not be familiar with. We noted that Advisors did not routinely ask carers about their support needs or offer information about Worcestershire Association of Carers.

OUTCOME FROM THE CONTACT WITH THE ADULT FRONT DOOR (AFD)

Advisors offered callers access to a range of services depending on the needs they identified. They checked if the caller was able to follow up suggestions themselves or if they would like the Advisor to make a referral on their behalf.

Advisors accurately identified needs that appear to be eligible under the Care Act and displayed a good knowledge of the role and function of the various social work teams. We did not observe Advisors acting as gate keepers to Adult Social Care (ASC) services from our observations and follow-up calls.

Advisors recapped at the end of the call the actions that had been agreed during the call, so that the caller was clear on next steps.

However, not everyone had agreed actions confirmed via email/in writing. Those who did not reported feeling uncertain about whether promised actions had been taken or not. Some callers expected their enquiry to be dealt with at the Adult Front Door rather than referred onward. Timescales for when people might expect to be contacted by another team or agencies were not always clearly explained to callers. People reported varied waiting times for Neighbourhood Adult Social Care teams to contact them depending on where they lived.

Initial positive contacts with the AFD were on occasions let down by lack of follow-up by the service the individual was referred to.

SUMMARY OF RECOMMENDATIONS & CONSIDERATIONS

Recommendations

1. Consider how the role of the Adult Front Door can be better communicated to the public, particularly to those groups who are most likely to need access to care and support services
2. Use paper based as well as digital communication methods, for example information adverts in local press; posters in community-based locations; GP surgeries; care homes; SEND locations; hospitals; libraries; community organisations etc. This should be additional to widespread promotional use of social media and digital channels
3. Provide details about all of the ways to contact the Adult Front Door in the promotion above, including via telephone.
4. Add an additional phrase to the term Adult Front Door (AFD) that makes it clear that this is how you contact Adult Social Care (ASC) – for example “Adult Social Care services can now be contacted through the Adult Front Door, either online or via the telephone”. The link between the AFD and ASC should be made clear in all future promotions.

5. Ensure that the telephone number for the Adult Front Door is integrated into the WCC website and available to people at relevant points, including as they complete the online self-referral form
6. Clarify the AFD telephone menus. The current option to speak with someone is "for help booking an appointment press X" we suggest for clarity changing this to "to speak to someone to book an appointment press X"
7. Improve access to the AFD for people with Sensory Impairments. This includes ensuring that the online web form is fully compatible with screen reading devices and ensuring that the communication needs of people who are D/deaf are addressed
8. Set a target date to address accessibility issues, we would propose this is within 12 months of the response to these recommendations
9. Make it clear that until accessibility issues are resolved the online form is not compatible with a screen reader and provide the telephone number instead
10. Task telephone call bookers with verifying name, date of birth, whether there is an existing online (LAS) record and consent to prevent confusion
11. Consider whether sufficient resources are allocated to responding to web-based referrals from the public, particularly as this is the AFD preferred method of contact
12. Provide assurance that web based self-referrals are allocated the correct priority for callback
13. Consider whether text messages to web-based referrers with proposed call dates and times would be useful to avoid repeated unsuccessful contacts and unnecessary delays
14. Provide a return telephone number when calling people in response to a web-based referral – either the Advisors direct line number or the number for the AFD
15. Introduce a two-hour window to receive a call from an AFD Advisor, rather than move to an am/pm model. This would deal with the issue of call length, whilst also giving recipients a specific time period in which to expect a call
16. Offer carers information about Worcestershire Association of Carers as routine practice, unless to do so would be inappropriate
17. Consider the extent of information that needs to be gathered at the AFD, and how this is used as part of needs assessments under the Care Act
18. Offer callers a summary of agreed actions and outcomes from the call in the format which they prefer
19. Consider how to enable Advisors to provide an expected time scale for when the next steps that have been agreed will take place, starting with those services provided by WCC
20. Consider how access to ASC social work teams can be improved in areas of the County with longer waiting times

Considerations

1. We have identified the following possible training opportunities from our observations; these will not apply to every Advisor:

- Using plain English – avoiding jargon, acronyms and 'in house' terms when communicating with the public
- Knowledge of local support services
- Appropriate professional curiosity and the types of issues that may trigger this
- Note taking during telephone calls
- Ending calls to the AFD

2. Consider whether any further training needs have arisen from the observations made in this Report

Share Your Experience

What is your experience of the Adult Front Door?. Tell us:

Have Your Say

01386 550264

WORCESTERSHIRE COUNTY COUNCIL ADULT FRONT DOOR (AFD)

1. INTRODUCTION

1.1 About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about local health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

1.2 Why this work?

The Adult Front Door (AFD) is the main point of contact for Worcestershire residents (18+), their families, carers and professionals who require information and advice, access to services or practical help to manage care and support needs or are in times of crisis. It is the gateway to Adult Social Care services in Worcestershire.

Through this project we aimed to understand:

a. People's experience of the response from the Adult Front Door to their enquiry
b. Whether the 'appearance of need' for Adult Social Work services according to Care Act criteria is being identified at the Adult Front Door

The Council describes the role of the Adult Front Door as follows:

"When contacted, the AFD advisors will have a 'strengths-based conversation' with the resident. This is when the advisor will talk to the resident about their situation to understand how they are currently managing independently, and what their likely needs may be, to agree the best support available. For many residents this will involve the advisor providing support, signposting, advice and guidance to meet their needs, as well as making a referral to available community support and services. Sometimes information, advice and guidance will not be enough to meet the residents' needs, and in this instance the resident may be referred to one of the Front Door's Targeted Adult Support Teams (TASTs).

These teams will work with residents to offer a targeted package of support designed to prevent, reduce and/or delay residents' needs reaching the point where Adult Social Care support is required.

If a resident's needs already meet the requirement for Adult Social Care, the Adult Front Door will refer this directly to the appropriate social work team."[1]

The aim is for all new demand to come through the AFD. 'Demand' is defined as any request for support from residents aged 18+ or referrals from professionals.

[1] Report to Adult Care and Wellbeing Scrutiny Panel in October 2023

During 2024/25 the AFD created a total of 23,959 contacts. 7,036 of these were with the public and 16,923 were with professionals. This level of demand was described by the Council as challenging for the Adult Front Door within the current resources available. A number of measures have been introduced to better manage this. For example, call booking has been introduced to reduce long waiting times on the AFD phone lines.

How the AFD carries out its functions will be key to whether people get the right support, at the right time and from the right place.

Ultimately, we want to understand whether people think that the request that they presented to the Adult Front Door had been appropriately met.

This work will give us an opportunity to understand the Adult Front Door offer to people living in Worcestershire who require support.

1.3 What We Did

Two principal methods to gather people's experience were used:

Observation

With the cooperation of WCC a HWW staff member/Director and a volunteer listened in to calls from Advisors with the public. The consent of the caller was always obtained.

During March and April 2025, we observed a number of different Advisors who were either making telephone calls to the public, the time of which had been booked in advance or were phoning people about enquiries that had been submitted via the WCC website.

Interviews

We sought the consent of everyone whose interactions we had observed for us to contact them and talk about their experience of the Adult Front Door. Where possible we then conducted a structured interview over the phone.

We also asked the AFD to obtain permission from people other Advisors had spoken with, but whose calls we had not observed, for us to contact them. We used a similar structured interview format to speak with these people about their experience.

1.4 Who We Engaged With

In total we engaged with **24 people**.

We listened in to 11 calls with AFD Advisors. The Advisors made additional calls during our visits; these did not turn into strength-based conversations.

We carried out 7 follow-up interviews with this group of people.

We also spoke with 13 people whose interaction with the Advisor we had not observed.

To preserve people's anonymity, we chose to gather limited demographic information.

People whose interactions we observed:

11 people were female

10 were contacting the Adult Front Door on their own behalf and 1 was calling on behalf of someone else

People whose interactions we did not observe

6 people were female and 7 were male

10 were contacting the Adul Front Door on their own behalf and 3 were calling on behalf of someone else

Where quotes have been used, we have made the language gender neutral to maintain confidentiality.

Limitations

This is a qualitative Report. We engaged with a small sample of people who use the AFD, therefore this Report represents a snapshot of their experience, and may not be representative of AFD users in general or the wider Worcestershire population.

WCC selected which Advisors we would observe, and we were reliant on them to seek permission from other people for us to follow up. Our presence may have influenced the behaviour of the caller and/or the Advisor.

Nevertheless, we have no reason to believe that there was any variation from an Advisors usual work pattern due to our presence. The Advisors we observed were working from a list of pre-booked appointments or were responding to enquiries from the website that came into the public "trays" on the LAS system.

We were impressed with the openness of AFD managers and staff to our observations. This reflects what appeared to us to be a genuine culture of continuous improvement in the delivery of the Adult Front Door function.

We focused only on the public contacts with the AFD. We cannot comment on the service provided to professionals or those seeking Safeguarding advice

2. WHAT WE FOUND OUT

Overall, there are many positive findings in this Report.

Most of the people we spoke with described a good experience of their contact with the Adult Front Door. People who phoned the AFD were satisfied with how quickly they were able to book a telephone appointment. There was praise for Adult Front Door Advisors. Most people were clear about what the next steps were and reassured that action had been taken. Our findings should therefore be viewed in this overall positive context.

We have also identified some opportunities for learning, based on our observations and understanding of the barriers people faced or concerns raised about their contact with the Adult Front Door.

We have structured our feedback to identify both good practice and learning opportunities. Drawing on this we have developed clear recommendations for action, as well as points for consideration by the County Council.

2.1 Contacting the Adult Front Door

Although we did not focus on how people found out about the Adult Front Door during the course of our conversations some people shared with us their experience of finding out about the Adult Front Door.

Good Practice

- People are able to contact the Adult Front Door by telephone and via a webform on the Get in Contact with Adult Social Care page of the Worcestershire County Council (WCC) website.
- The How Do I Make Contact – Resident - webpage button prompts people to "self-serve" and use the online form to refer themselves to the AFD. For those who are computer literate and able to complete an online form this can be a useful option.
- Further down the webpage there is a heading "Alternative Ways to Contact the Adult Front Door". This releases a drop-down panel which provides both the telephone number for the AFD and a facility to book an am/pm telephone appointment on a specified date through the website.
- It is very important that these multiple ways to contact the Adult Front Door are retained, as there are many people who are not able or willing to use online services.

Learning

- A number of people were confused by the term "Adult Front Door" and did not realise that this was the gateway to Adult Social Care
- Parents of young people with Special Educational Needs transitioning from college to adult settings reported finding it very difficult to know who to contact as they had not received information about the Adult Front Door
- Some people we spoke with tried to contact the Adult Front Door through the WCC main switchboard telephone number. This is an automated service where people verbally state who they would like to speak with. People reported difficulties with the electronic voice recognition system, which for some did not recognise the phrase Adult Front Door
- Once transferred to the AFD there is a further electronic message and another menu of options to navigate in order to book an appointment with an Advisor, some people found these options lengthy and confusing.
- Some people found it difficult to find the phone number for the Adult Front Door or the call booking option from the WCC website
- A number of people commented that they found the online self-referral form lengthy and difficult to navigate and complete – there was no telephone number if they encountered difficulties completing this
- One of our volunteers, who is blind, experienced difficulties using the online form as some fields were incompatible with their screen reader. They were

therefore unable to progress through the form, instead being constantly looped back to the top of the page. The form is therefore not accessible to screen readers

- This reinforces our view from the engagement work we have done with people with both sight and hearing impairments that accessing the Adult Front Door presents significant barriers. We noted that there is not a text talk option or access to BSL interpreting advertised on the Get in Contact with Adult Social Care webpage
- For further information on this issue see our March 2023 Report 'Finding out about Adult Social Care services on the County Council website'

"First of all, I had terrible trouble trying to find out who I have to contact, because this name, "Front Door", didn't mean anything to me …. now I know that the Front Door means that you can communicate with somebody it's a lot easier, but I didn't understand why it said Front Door. I didn't think that was anything to do with me. …. the terminology didn't help."

"Whether there were …. leaflets that you can hand out to parents who are trying to get the transition as smooth as possible between …. college to …. wherever they're moving on to, maybe just some print outs or something."

"I failed miserably with the [WCC main switchboard] *telephone system, I just couldn't get past the messages, of course it's all automated …. Adult Front Door didn't seem to register with it at all …. Then I tried the website, and I failed miserably at that. It was a really lengthy form …. so I wrote to them in the end, sent a letter"*

"I found the online referral very difficult to navigate and I'm fairly switched on"

Recommendations

- Consider how the role of the Adult Front Door can be better communicated to the public, particularly to those groups who are most likely to need access to care and support services
- Use paper based as well as digital communication methods, for example information adverts in local press; posters in community-based locations; GP surgeries; care homes; SEND locations; hospitals; libraries; community organisations etc. This should be additional to widespread promotional use of social media and digital channels
- Provide details about all of the ways to contact the Adult Front Door in the promotion above, including via telephone.
- Add an additional phrase to the term Adult Front Door (AFD) that makes it clear that this is how you contact Adult Social Care (ASC) – for example "Adult Social Care services can now be contacted through the Adult Front Door, either online or via the telephone". The link between the AFD and ASC should be made clear in all future promotions.

- Ensure that the telephone number for the Adult Front Door is integrated into the WCC website and available to people at relevant points, including as they complete the online self-referral form
- Clarify the AFD telephone menus. The current option to speak with someone is "for help booking an appointment press X" we suggest for clarity changing this to "to speak to someone to book an appointment press X"
- Improve access to the AFD for people with Sensory Impairments. This includes ensuring that the online web form is fully compatible with screen reading devices and ensuring that the communication needs of people who are D/deaf are addressed
- Set a target date to address accessibility issues, we would propose this is within 12 months of the response to these recommendations
- Make it clear that until accessibility issues are resolved the online form is not compatible with a screen reader and provide the telephone number instead

2.2 Getting A Response from the Adult Front Door

When people contact the Adult Front Door by telephone an appointment is made to speak with an Advisor. This appointment is booked on a date and time which is convenient to the caller. The waiting time to when an appointment can be booked varies, but within the period of our observations this was usually within two working days of the initial call. Advisors are currently allocated a 45-minute time slot per call; this includes time to complete any follow-up arising from the call.

An appointment can also be booked via the website (see above).

When a self-referral form is submitted via the website this will go into the public tray on the Council's Adult Social Cares online system (known as LAS). The forms are triaged and allocated a priority, high or non-urgent. The service standard is for high priority referrals to be actioned within 2 working days of referral being received, non-urgent to be actioned within 5 working days of referral being received. If these timescales are exceeded the referral should be reviewed and if necessary subject to management oversight. Non-urgent referrals are dealt with in date order (oldest submitted forms first).

The Advisor will call the person who submitted the form and ask if it is convenient to speak. If not, an appointment will be made for a mutually convenient time. If there is no response the Advisor will leave a message that they called, but no return telephone number. If the person calls back via the Adult Front Door the system shows which Advisor has picked up the referral and the call will be dealt with by them. The Advisor will try three times to speak with someone before the referral is closed.

Good Practice

- Almost all the people we spoke with who had telephoned the AFD were very pleased with the quick response they received
- Booked telephone calls that we observed were made on time by Advisors
- High priority self-referrals made through the website were dealt with first, then by date order by the Advisors that we observed

- Advisors were flexible and understanding when people were not able to take their call, and arranged to call back at a suitable time
- When Advisors said they would call someone back at a particular time they did so
- Some Advisors were flexible in managing their own time, bringing forward possible shorter calls to make more time for calls which were expected to be longer or more complex
- Some people who submitted a self-referral through the website told us that the Advisors sent a text message stating when they would ring, which was helpful in providing notice of the call or the potential to change it if inconvenient
- We observed some Advisors dealing very sensitively with issues of consent – securing this in a thoughtful way from the person that the referral was about

"I was quite shocked how quick they got in touch because I went through Worcestershire County Council and gave my phone number and picked a day and a time and within like a few days the appointment was made."

"The Adult Front Door sent me a text saying they're going to call at 4:15. Which X did more or less. Then the next day X told me that she would ring my son at 14:15, which X did. That was helpful, because it meant I could be with him and provide that bit of reassurance."

Learning

- Waiting time for a response to a self-referral through the website appeared to be longer than if people make contact by telephone. Although response times varied across our observation period at one point, we observed that the wait for a normal priority self-referral call back was 12 working days, based on the information about when the form was received and the date of our visit. This is a lengthy delay for the referrer and could result in additional demand on the AFD as people ring to check progress with their online submission.
- We understand there is a framework in place for allocating priority and assessing risk at the Adult Front Door. However, we questioned the priority given to some of the self-referrals that we observed or followed up on. We thought that some of the calls should have been identified as a high priority, thus enabling a quicker response (e.g. care required after hospital discharge but not planned as part of discharge arrangements)
- When we followed up with people who had self-referred through the website some felt unprepared for their call with the Advisor, as this had not been booked with them in advance
- On some telephone appointments the nature of the enquiry / call was not clear from the booking notes
- The nature of enquiries to the AFD is very varied, and for some calls 45 minutes is insufficient time for the Advisor to deal with the issues presented and to follow up on the actions agreed
- This can lead to Advisors being late in making their next call, resulting in frustration and anxiety for people waiting and additional pressure on the Advisor. The AFD is aware of this issue and considering moving to an am/pm call

time, rather than a specific time. This has implications for callers however, some of whom may not be able to take a sensitive call in such a wide time frame.

- We did not always observe Advisors addressing whether consent to a referral had been obtained by the caller, or whether a Power of Attorney was in place.
- We observed some enquiries/referrals which we did not think should be coming through the public-facing route into the Adult Front Door:
  - Social work professionals from another Authority who want to make a referral to a specific social work team
  - People who had already been in touch with an Adult Social Work Team coming back through the Adult Front Door to chase progress

"X just called out of the blue. I didn't know X was going to call … I was sort of in the middle of something…. if I had been more prepared that would have been better…had X made an appointment, that would been better for me."

"Maybe a text to say I'm running late or whatever so still wait for the phone call it will be coming …. It was that uncertainty"

Recommendations

- Task telephone call bookers with verifying name, date of birth, whether there is an existing online (LAS) record and consent to prevent confusion
- Consider whether sufficient resources are allocated to responding to web-based referrals from the public, particularly as this is the AFD preferred method of contact
- Provide assurance that web based self-referrals are allocated the correct priority for callback
- Consider whether text messages to web-based referrers with proposed call dates and times would be useful to avoid repeated unsuccessful contacts and unnecessary delays
- Provide a return telephone number when calling people in response to a web-based referral – either the Advisors direct line number or the number for the AFD
- Introduce a two-hour window to receive a call from an AFD Advisor, rather than move to an am/pm model. This would deal with the issue of call length, whilst also giving recipients a specific time period in which to expect a call

2.3 Talking with the Advisor

Almost all the people that we spoke with praised their interaction with the AFD Advisor. They were described variously as 'brilliant', 'helpful', 'understanding', 'precise', 'informative' and 'clear'.

Our observations revealed that Advisors deal with a very wide range of issues presented at the AFD. They have to strike the right balance between enabling people to fully explain their situation and gathering enough information to make the next steps clear, whilst avoiding moving into a social work role.

Where it appears that the person may have eligible needs under the Care Act the AFD Advisors use a strengths-based conversation framework to ascertain and record what the needs may be. This framework is largely based on outcomes identified in the Care Act.

Good Practice

- Advisors used information recorded on the LAS system appropriately to ascertain background information before making calls (e.g. past contact with Adult Social care, case notes, GP notes etc.)
- Advisors took account of the best person to speak with before making a call (e.g. whether it was more appropriate to speak with a family member/ carer rather than with the person the referral was about)
- Advisors gave callers their first name and stated where they were calling from
- Advisors were empathetic, good listeners, didn't rush callers and gave people time and space to describe their situation
- Advisors were sensitive to people's needs and showed skill and empathy to elicit further information
- Advisors asked open questions to find out about people's situation – for example one advisor asked a caller "tell me how does a normal day look for you"? This elicited lots of information relevant to the strengths-based conversation in a way that was natural to the caller
- Some advisors used the strengths-based conversation framework flexibly, finding out what they needed to know through natural conversation with the caller
- Advisors offered people an opportunity to take a break if they became distressed during a call and rang back when they said they would
- Advisors were flexible in allowing people time to speak with their relative/friend about the referral process and next steps
- Advisors appeared committed to providing a good service to the public

"I thought X was very, very good. Yes, very nice and …. appeared to be as helpful as they could be… I thought X handled it very well."

"It felt like a really good process. I didn't feel rushed. I felt very listened to and I felt X who I was talking to was really taking on board everything I was saying. I had been putting it off. If I had known that it would be as good as it was I would have done it before"

"They listened carefully. They advised relevantly. They knew what they were talking about and then they got things going."

"I'd give them ten out of ten"

Learning

- There was variation in the amount of information gathered by Advisors. We sometimes observed that it was quickly established that the caller appeared to meet the Care Act threshold for a needs assessment by Adult Social Care, but some Advisors continued to gather detailed information.

- Follow up calls sometimes revealed that people were asked for the same information provided to the Advisor from Adult Social Care teams that subsequently contacted them. This potential duplication of effort could be further explored by the AFD and ASC
- On occasion there were some issues which, in our view, were underexplored by the Advisor, although the main issue presented was addressed (e.g. in one call a mention of debt was not picked up by an advisor)
- Whilst most Advisors seemed well informed about local support services some had broader knowledge than others (e.g. a person was not advised of local bereavement support services), indicating a potential training need
- Some Advisors filled in notes on the LAS system contemporaneously to speaking on the phone, whilst others used a Word document/notepad to jot down key facts. We observed that contemporaneous note taking straight on to the system could result in typing errors and sometimes information being recorded that was superseded or contradicted later in the call – it may be that these notes are reviewed and resolved by the Advisor as part of the call follow up.
- We observed that contemporaneous note taking could be a barrier to active listening.
- When the strengths-based conversation framework was worked through in a formulaic way this could result in the person repeating information they had already given, or a more stilted approach whilst callers waited for the form to be completed, which can interrupt flow and conversation.
- Some of the language/terminology used by the Advisors assumed a level of knowledge about Adult Social Care which the caller may not be familiar with – e.g. Needs Assessment; Strengths based conversation
- Advisors did not routinely ask carers about their support needs or offer information about Worcestershire Association of Carers
- Advisors did not routinely ask if the caller had any more questions, or state that the caller can get back to them if the situation changed

"I found that they didn't use plain English, they used lots of terms I was not familiar with. It's just too much jargon. I am an intelligent X, but this is all new to me and I needed some help. I felt that the conversation could have used simpler language which is more familiar to ordinary people."

"I did find that with every conversation I had, I would go through the whole thing again, even though I knew it was documented because they would tell me it's documented…. There were about 3 or 4 phone calls where I would just go through the whole thing again"

Recommendations

- Offer carers information about Worcestershire Association of Carers as routine practice, unless to do so would be inappropriate
- Consider the extent of information that needs to be gathered at the AFD, and how this is used as part of needs assessments under the Care Act

Considerations

We have identified the following possible training opportunities from our observations; these will not apply to every Advisor:

- Using plain English – avoiding jargon, acronyms and 'in house' terms when communicating with the public
- Knowledge of local support services
- Appropriate professional curiosity, and the types of issues that may trigger this
- Note taking during telephone calls
- Ending calls to the AFD

- Consider whether any further training needs have arisen from the observations made in this Report

2.4 Outcome from the Contact with the Adult Front Door

We asked people what, if anything, had happened as a result of their contact with the AFD Advisor.

Some reported that they had received follow up calls because of actions agreed with the Advisor. Others, however, were disappointed by the lack of follow-up and left feeling uncertain whether agreed actions had been followed through.

Good Practice

- Advisors offered callers access to a range of services depending on the needs they identified – examples we observed included referrals to Onside Advocacy, CABx benefit checks, Act on Energy, NHS Responders, OT Assessments, Falls Service, TAST teams and ASC Social Work Teams
- Advisors checked with the caller if they were able to follow up these suggestions themselves or if they would like the Advisor to make a referral on their behalf
- Advisors were proactive in offering to make referrals on behalf of callers when it was clear that this was the most appropriate course of action
- Advisors accurately identified needs that 'appear' to be eligible under the Care Act and displayed a good knowledge of the role and function of the various social work teams
- Referral to a Neighborhood Social Work Team we saw completed was thorough, detailed and accurate
- Advisors recapped at the end of the call the actions that had been agreed during the call, so that the caller was clear on next steps
- We did not get a sense of Advisors acting as gate keepers to Adult Social Care services from our observations and follow up calls

"X explained everything what they'll do and like what they can't do. So that was good. You know, I'd rather somebody be truthful and say, look, you can't have any help. We can't do this for you than say, oh, we'll sort that for you, we'll get that done and then nothing."

"So I know X's done that …. I had an e-mail back from X to give me the details for XX [service] *so I could self-refer and also telling me she had contacted XX and XX for me as well. I can tell that X has been proactive straight off the bat, gone and done what X said they would do and the balls already rolling".*

Learning

- Follow up calls revealed that whilst all callers were clear about the outcome of their call with the AFD advisor some had this confirmed via email / in writing whilst some did not. Those who did not reported feeling uncertain about whether promised actions had been taken or not.
- Some callers expected their enquiry to be dealt with at the Adult Front Door rather than referred onward
- Timescales for when people might expect to be contacted by another team or agencies were not always clearly explained to callers
- Initial positive contact with the AFD were on occasions let down by lack of follow-up by the service the individual was referred to
- People reported varied waiting times for Neighborhood ASC teams to contact them depending on where they lived

"I think they probably just need to give you more information as to the length of time it would take for an initial query because it just leaves you hanging when you get quite a good response initially and you say oh, it's going to be sorted very quickly and then as the weeks go by you sort of think well, am I being heard? Are they taking this seriously?"

"I know they're very busy and understaffed and all that, but when you phone these people, it's usually well, I was …. getting a bit desperate. I mean, I've calmed down a bit since. But you have to wait, say like a couple of months virtually before we see a social worker. I thought, you know, that's not particularly good when your problem is there and then and urgent"

"I've had a phone call from a social worker last week to tell me there was a long waiting list. They should be getting back to me in about four or five weeks with an appointment, and then it could take several weeks after that for the appointment."

Recommendations

- Offer callers a summary of agreed actions and outcomes from the call in the format which they prefer
- Consider how to enable Advisors to provide an expected time scale for when the next steps that have been agreed will take place, starting with those services provided by WCC
- Consider how access to ASC social work teams can be improved in areas of the County with longer waiting times

3. CONCLUSION

Our observations of the public aspect of the Adult Front Door, and our subsequent conversations with the people who contacted it, revealed a responsive, well managed service, which responded appropriately to the issues that people present. Advisors appeared committed to providing an empathetic and responsive service to the public.

Advisors gathered sufficient information to understand people's situation and responded accordingly. We saw Advisors being pro-active in referring people to sources of information and support, including the Council's own Targeted Adult Support Team and Social Work Teams.

We have identified a number of learning opportunities for the AFD service. These include improving initial access to the Adult Front Door (particularly for people with sensory impairments) and opportunities to learn and share good practice in respect of call handling.

We would particularly want to see carers being routinely provided with information about Worcestershire Association of Carers.

Some people we spoke with were clear that, however good their experience at the Adult Front Door, it was what happened next that was important to them. In other words, did their contact with the AFD result in them receiving the information and support they required. The picture with this was more mixed and is something that the County Council should consider as a result of this Report.

Share Your Experience

What is your experience of the Adult Front Door. Tell us:

Have Your Say

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