A study of signposting at the British Red Cross
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Abstract

Background: The Care Act 2014 identifies information and advice as central to the promotion of well-being, sitting at the heart of personalised and self-directed care and forming a key part of the broader prevention agenda. The British Red Cross Support at Home service provides time-limited support to people in crisis across the UK and recognises the challenge of effectively signposting people as they leave the service. The current study explored signposting practice, both within the Red Cross Support at Home service and the external context, to inform the production of signposting guidelines.

Methods: The study included a scoping stage; an evidence review and interviews with stakeholders at external organisations; and case study research in four Red Cross Support at Home services.

Results: The external evidence review identified three key steps to good signposting: identifying and engaging individuals; offering the ‘right’ information in the ‘right’ way; and ensuring the outcomes and impacts of signposting are understood through follow-up and evaluation. The case study sites engaged in four key activities with regard to signposting: undertaking comprehensive needs assessment; supporting service users to access services; building knowledge of and relationships with local service providers; and following up service users to ensure needs have been met.

Conclusions: The findings support adopting a broad definition of signposting and highlight the need for robust measurement of the outcomes of signposting. Consistent messages from the external evidence review and the case studies do translate into signposting guidelines.

Recommendations: Guidelines for good practice in signposting have been developed from the study findings. These could inform the management and delivery of services within the Red Cross and other health and social care organisations.

Key words: Social Care, Access, Information, Signposting, Guidelines

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Background
Over the last decade, health and social care policy has emphasised the development of a personalised approach to the delivery of adult social care. Putting People First (Department of Health, 2007), was the shared vision and commitment of the Local Government Association, the Association of Directors of Adult Social Services, the NHS and others to transform adult social care over a period of three years. Key elements included: prevention; early intervention and re-enablement; personalisation; and information, advice and advocacy. The NHS Five Year Forward View expresses a commitment to empowering patients by providing better access to information, supporting self-management and improving choice (NHS England, 2014). In addition, in 2015, a set of fundamental standards came into force for health and social care services, including the right to person-centred care that is tailored to meet individuals’ needs and preferences (Care Quality Commission, 2015).

The Care Act 2014 identifies information and advice as central to the promotion of well-being, sitting at the heart of personalised and self-directed care and forming a key part of the broader prevention agenda (Great Britain Parliament, 2014). The Act places a statutory duty on local authorities in England and Wales to establish and maintain an information and advice service about all care and support for adults and support for carers (not just the council services) in their area.

Access to good quality information and advice is, therefore, recognised as an important component of empowering service users to share decision-making and self-manage. On the ground, however, the information, advice and advocacy services older people need to remain independent, are often limited, come without adequate support, and fail to take their experiences and ideas into account (Joseph Rowntree Foundation, 2009). Older people clearly state that they often need more than information; they also need guidance and support (Joseph Rowntree Foundation, 2009). Therefore, while information and advice may represent an important starting point in enablement, more is required to empower people to stay in control. People’s capacity to act on advice or information received is dependent upon a wide range of factors, including their own confidence and expertise and the nature and complexity of their needs.

The British Red Cross Support at Home service focuses on supporting, mostly elderly, people after a stay in hospital, helping them to settle into a normal routine and to regain confidence and independence. The service can include befriending, help with attending health appointments after hospital discharge, and help with shopping. The service is time-limited, with most service users receiving support for between six and twelve weeks. The time-limited nature of the service means that service users can still be vulnerable at the point of exit. Effective signposting is, therefore, vital. Previous research conducted by the Red Cross into the Support at Home service (Joy, Corral and Nzegwu, 2013) reported that effectively signposting people as they leave the service was a particular challenge, and recommended that guidelines in this area are needed.

The central aim of the current study was to identify what works in signposting practice in order to produce guidelines to support the future standardisation of signposting at the Red Cross. The study aimed to learn from existing practice, both within and outside the Red Cross, with a primary focus on older people while also considering issues of access for other groups. The study worked with a broad definition of signposting, understood as a continuum of support, with the aim of
enabling access to the service provision that is best placed to support an identified need.

Methods
The study involved four phases of activity:
1. Scoping: This involved a series of interviews with key Red Cross staff, and an initial review of existing literature around signposting. A conceptual framework was developed to guide the study.
2. External evidence review: This stage included a structured review of published evidence and semi-structured telephone interviews with six respondents from other voluntary sector organisations.
3. Case study research: The study team visited four Red Cross Support at Home services (based in Ipswich, Midlothian, Portsmouth and Swansea) to explore how signposting is being implemented in practice. Fieldwork involved document review and in-depth interviews with staff, volunteers and service users. Members of the study team also accompanied staff and volunteers on home visits to service users.
4. Producing the guidelines: Red Cross staff representing the case study sites; operational and programme leads; and advocacy and communications staff attended a workshop to review the findings. The discussion fed into the production of the signposting guidelines.

Results
External evidence review
Evidence from the literature review and interviews with other voluntary sector organisations suggests that signposting is not a well-defined concept and is rarely a stand-alone intervention. The interview data showed that, in practice, signposting is understood along a continuum from the simple giving of a leaflet, to the broader process of enablement within the context of collaborative and person-centred care. Published literature identifies four main modes of delivery of signposting information – written, online, telephone and face-to-face. Where resources are limited, the choice of which method to use depends on the target group, the cost of provision, and the type of information. For example, for many older people, written information can be sufficient, but those with the greatest needs may require information and advice delivered personally – either face-to-face or by telephone (Age UK, 2012). This has associated cost implications. Some types of information can be too complicated to provide in a non-interactive manner. A survey of people who had used Age Concerns’ information and advice services reported older people find benefit application forms complicated and particularly value support with form filling (Age Concern, 2008).

While signposting interventions are varied in scope and scale, and range from individual tools to whole services, the evidence points to three common steps to good signposting:
1. Identifying and engaging individuals: This includes knowing at what point to engage people and how to engage those who may be more challenging to reach initially, or who need different approaches. It is simpler to access individuals who are already part of a defined care pathway, but more challenging when the signposting service is part of a generic community service and open to everyone. Here, engagement relies much more on service users being proactive and may exclude those who are harder to reach. External interviewees reported that hard-to-reach groups include carers and disabled people. Published literature and the external interviewees also identified BAME groups (Zahno and Rule, 2008), self-funders (Miller, Bunnin and Rayner, 2013; Bottery and Holloway, 2013), people with mental health needs (Langford, Baeck and Hampson, 2013)
and people living in rural areas (Joseph Rowntree Foundation, 2009) as being hard to reach.

2. Providing the right information in the right way: Providing the right information relies on understanding service user’s needs. External interviewees concurred that this understanding is built up through a process of assessment. Providing high quality information also relies on signposting services having up-to-date and comprehensive knowledge of local support services and this can present a challenge. Social and voluntary sector services are often localised, fragmented and small-scale; the voluntary sector is poorly mapped; and different sectors have limited knowledge of each other (Bottery and Holloway, 2013). External interviewees stressed the importance of maintaining up-to-date knowledge of local service provision and developing relationships with the local organisations to which service users are signposted, but admitted this can be resource intensive. The way information and advice is presented also needs to match how people would prefer to access it. Too often information consists of a leaflet and a website, rather than access to the face-to-face support needed (Bottery and Holloway, 2013). The available evidence broadly suggests that signposting needs to be more than just giving a leaflet. How much more varies from service to service, but runs from offering advice alongside information to actively supporting users to access services (e.g. accompanying them to appointments) and working with them to build their confidence and ability to access services.

3. Understanding the outcomes and impacts of signposting through follow-up and evaluation: External interviewees stressed the importance of following up service users to gain information on progress and outcomes, and to ensure their identified needs have been met. Across the literature reviewed, there was limited evidence of follow-up, or of assessment of the outcomes of signposting. In the main, services collected information on outputs (e.g. number of calls to a service, number of service users seen) rather than outcomes. This issue was also raised by the external interviewees. They pointed out that service commissioners typically ask for output rather than outcome data, and that local authorities seldom have information on whether or not agencies signposted to are providing quality services. Signposting can have a wide range of outcomes and this makes it difficult to measure its impact. The external interviewees acknowledged this challenge and identified the lack of suitable metrics as a major obstacle.

Case studies
All four of the Red Cross case studies undertook a broad range of signposting activities. While each service was unique, there were commonalities in approach. Each engaged in four key activities with regard to signposting:

1. Undertaking comprehensive needs assessment: All services carried out a holistic needs assessment and identified and agreed goals with the service user using the Red Cross Top Three Goals approach (see Figure 1). These goals provided the basis for a bespoke support plan for each client.

2. Supporting service users to access services: The needs assessment process provides the foundation for building a support package that typically involves assisted access to additional or more specialist provision. Needs are understood to be interrelated and access to one form of support can be critical to accessing further services. Staff often undertake a key worker role and broker a package of support around the service user.

3. Mapping, visiting and building collaborative relationships with a wide range of local services: Signposting is described as working best when it adopts a two-fold approach. First, the service is
matched to the service user, their personal preferences and their needs. Second, the Red Cross establishes a relationship with that service and has a named contact to signpost to. Achieving this requires active outreach and more formal processes for building structured checklists or directories of provision. Both have time and resource implications.

4. Following up with service users to ensure their needs have been met: Staff in the case study sites described the importance of following up service users once the period of active face-to-face support is finished. Frequently this was through maintaining telephone contact, either at a specified time interval or on a needs-led basis. However, the questions asked at follow-up and the capturing of responses was not standardised. None of the case study sites systematically draw together evidence of the outcomes of signposting for service users as distinct from the wider outcomes of their interventions.

The case study sites identified a number of key features of effective practice, including:

- Signposting needs to be a process that actively supports a service user to access a service. However, it also needs to be part of a process of empowerment that supports independent living rather than creating dependency.
- Getting to know service users’ individual needs and preferences is essential so that support can be tailored to them.
- On-going communication, networking and collaboration with local services are critical elements of good practice. This ensures knowledge is kept up to date and detailed. It also makes sure the sign poster has confidence that the service is right for the service user. Having a named contact also promotes effective signposting.
- Good communication is vital, including internally between staff; externally with other organisations; and between staff and service users.

**FIGURE 1** The Red Cross Top Three Goals approach

The Red Cross has adopted a goal-setting approach for the Support at Home service. The approach takes three service user defined goals as the starting point for planning support. These goals are identified in a collaborative conversation between the service user and staff member/volunteer. The aim is to place service users at the centre of support planning, so they are enabled to direct their own support. Goals are often linked to regaining or improving confidence.

The approach has three components

- Identifying service user goals
- Identifying which of the Red Cross outcome domains the goals map to
- Measuring whether outcomes have been met once the support ends.

**Red Cross outcome domains**

- Feeling safe and secure
- Making more meaningful use of time
- Improved ability to manage paperwork and finances
- Improved ability to manage day-to-day activities
- Increased satisfaction with the home environment
- Improved awareness of access to further services
- Improved social networks and friendships
- Improved ability to cope in a caring role.

**Conclusion**

The findings suggest there is support for good practice in signposting employing a broad definition of the term. Both the external evidence review and the case studies show that the outcomes of effective signposting lack robust measurement.

Consistent messages from the external evidence review and the case studies do translate into signposting guidelines. This guidance is intended to be universal to Red Cross Support at Home services, and is not intended to be prescriptive. The findings highlight the need to allow for flexibility in implementing guidelines; service capacity to achieve a “best” practice standard is dependent on local context and access to funding.

Although the guidelines were developed for the Red Cross support at Home service, we believe the guidance could have application across our other services –
such as our refugee services- and may be relevant for other organisations working in health and social care.

**Recommendations**
The recommendations from the study take the form of signposting guidelines and recommendations for implementing the guidelines. The guidelines detail ‘good’ practice and some ‘best’ practice options. A full description of the guidelines is beyond the scope of this paper.

Good practice in signposting is framed in the guidelines by an overarching approach of person-centred support. Among the practices detailed are:

- A range of signposting modes should be used, including face-to-face communication, telephone and online support, and written information.
- So called ‘hard-to-reach’ service users should be supported to access services, both in terms of initial access to the Support at Home service, and in terms of supported signposting to onward services.
- Carers’ needs require consideration, even when they are not service users themselves.
- Carers’ perspectives of service user needs may differ; service user perspectives of their own needs should be prioritised.
- Holistic needs assessment should be offered as a continuous process, in order to ensure that the right information is being offered in the right way. The Red Cross Top Three Goals approach is well suited to this.
- Local relationships are vital for providing accurate information. As a minimum, these should be formed, with the main organisations and services that service users are signposted to.
- Follow-up is important for ensuring service users’ needs have been met. It is also important for ensuring services are able to demonstrate success, and to add to a broader evidence base on signposting outcomes.
- A ‘whole team’ approach to learning and training is required to ensure effective signposting practice is embedded in services. All staff and volunteers should understand that signposting is part of their job, although there may be certain staff members who have additional coordinator/community capacity-building roles.

**Limitations of the study**
One of the limitations of the study is that signposting is not a well-defined concept; there is variability in how it is understood, and it rarely exists as a stand-alone activity. The evidence for effective signposting practice per se is, therefore, fairly limited and outcomes are difficult to disentangle from those of the wider intervention.

A further limitation is that we explored four case studies of practice within the Red Cross that might not be typical of other Red Cross provision. What is possible in one area might not be in another and will be contingent upon a number of local factors including resourcing, history of provision and commissioning priorities. Nonetheless, it has been possible to identify shared features of good practice that might be replicated elsewhere.
References


