

**Getting past reception:  
Access and intake systems in Not  
for Profit Legal services providers**

**Mark Sefton**

# Aims

How NfP agencies provided access

How they organised their intake systems

What factors influenced these things

Pros and cons of different systems

# Methods

Qualitative

Interviews with managers of 16 agencies

Members of several different networks

Variety in agency set ups and  
types of intake systems

# Main access problems

*Not flexible enough in when we open*

*Obviously telephone is a big one*

*We don't have enough appointments*

*The clients [who] don't know about us,  
they're the ones who suffer*

# Demand almost invariably exceeded capacity

*If we had more caseworkers, we could run more telephone advice, more drop in advice sessions. .... I think the real issue is capacity*

*We could probably double most of our teams, and still be meeting really important needs – we wouldn't have people looking for cases*

# Client profiles

Black and Minority Ethnic (BME) clients

Lone parents

People with disabilities

Mental health problems

People without English as a first language

Alcohol and drug problems

Clients from eastern European countries

Young people (under 25)

# Abusive or violent clients

*By and large, clients are getting angrier*

*One of them threatened to kill me, which I wasn't very happy about – but ..... he was drunk*

*He presented as being violent; but when you actually understood him, it was his sheer frustration that he wasn't able to express himself ..... You need to spend time with your client to find out the root cause here*

# Impact of risks to safety

*People have worries – more about things that might happen than things that have happened*

On home visits:

*We have to send two people ..... you've just wasted four hours of adviser time ..... just not cost effective*

# No shows

*People have been all over the place ..... and if they see the other person first they don't bother to come to us, and they don't let us know*

*People who've got chaotic lives*

*I think sometimes ..... when it comes down to it, it's not that important to them. I think events take over, and that's all I can assume*

# What agencies were doing about access

Trying to improve telephone access

Trying different methods

- *pro bono* clinics
- self-help resources (online access and packs)
- outreach and targeted provision

Trying different intake systems

Generally, trying to prioritise resources

# Telephone access

*There's always been that ethos that somebody walking in through the door took precedence over somebody on the telephone*

*We would like to educate people to thinking that drop in isn't always necessary, that they can, with our increased capacity, contact us by phone*

# Self-help

*If the client is quite capable of dealing with their own situation with a piece of information, we don't need to apply any further resources*

*We were swamped with debt cases ... we decided that you can't have those debt clients who are coming back on a regular basis, because they're tying up appointment slots*

# Outreach and targeted provision

Clarity regarding who should benefit, and how access should be provided

May not be cost effective:

*you don't see as many people as you would like to see to make [outreach surgeries] worthwhile*

# Categorising intake systems

First come first served

First come first served with filtering and flexibility

‘Triage type’ systems

Gateway Assessments in CABx

# Filtering and flexibility

## Features

- Paid reception staff, or specialist advisers
- No set processes or target times
- Generally, intake staff expected to rely on training and experience

# Filtering and flexibility

## Aims

- Resolve – or progress, matters on first contact
- Conserve appointments
- Reduce waiting times for appointments
- Avoid raising expectations unnecessarily
- To fit the needs of the client group

# 'Triage type' systems

## Features

- Paid reception staff, or volunteers who were not fully trained advisers
- No set target times
- Some use of scripts, checklists, flow charts
- Otherwise, intake staff expected to rely on training and experience

# 'Triage type' systems

## Aims

- Advice given by people with appropriate skills
- People get through to the right person
- Manage high levels of demand  
(enquiries and for casework)
- Conserve appointments
- Avoid raising expectations unnecessarily

# Gateway Assessments in CABx

## Features

- Generalist advisers (volunteers or paid)
- Target times (with some leeway)
- Use of scripts, checklists, flow charts

# Gateway Assessments in CABx

## Aims

- Manage demand
- Help people more quickly
- Help more people
- Prioritise advice and casework resources
- Avoid raising expectations unnecessarily

# Key factors in intake systems

All trying to prioritise urgent cases and most vulnerable clients

Levels and the flow of demand

Who performed the intake function

Types of provision involved

# Clients' perspectives?

*Clients would've been coming two, three, four times ..... then wait for three hours, and then they'd see the adviser, and [the adviser] would say, 'Well, this is far too complex, we can't deal with it now' ..... It was just a **nightmare***

*Bizarrely, people like drop in! ..... It's **not** the answer I wanted*