

**A Systematic Evaluation of the Development
and Impact of the Single Assessment Process
in England**

**Stage II – Impact of the SAP from the
perspective of multiple stakeholders
Volume 6 – Final overview report**

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**A SYSTEMATIC EVALUATION OF THE DEVELOPMENT AND IMPACT
OF THE SINGLE ASSESSMENT PROCESS IN ENGLAND
STAGE II – IMPACT OF THE SAP FROM THE PERSPECTIVE OF
MULTIPLE STAKEHOLDERS
VOLUME 6 – FINAL OVERVIEW REPORT**

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PREFACE

This report summarises the work undertaken by PSSRU at Manchester in the evaluation of the implementation of the Single Assessment Process. The work has been produced as a series of discussion papers as commissioned in the original funding.

There were six elements to the study, all produced as separate reports:

- Literature Review
- National Survey of SAP Lead Officers
- National Survey of Specialist Clinicians
- Needs Identification Study
- Care Plan Study
- Survey of User Experience

This report summarises the contents of the six reports into a digestable form and seeks to draw out some overall messages.

Paul Clarkson has led on the production of this report on behalf of the whole SAP study team – David Challis, Paul Clarkson, Jane Hughes, Michele Abendstern and Caroline Sutcliffe. I am grateful to all of my colleagues for their work on this study.

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CHAPTER 1: INTRODUCTION

1.1 Background

This report presents an overview of the material from Stage II of the PSSRU project: *'A Systematic Evaluation of the Development and Impact of the Single Assessment Process in England'*. The aim of this stage of the project was to offer a multidimensional evaluation of the impact of the SAP from the perspective of multiple stakeholders. The material in this stage was built around the issues identified in the review in Stage I (Challis et al., 2004a) as key themes relevant to the implementation of the SAP: the nature of assessment; the contribution of older people; the role of key actors; information sharing and multidisciplinary working; and links with other assessment processes. A number of sub-studies, offering a variety of methods of data collection and analysis, were used to determine the differing impacts of the SAP relating to these issues. The issues were highlighted in our Stage I review as being of particular importance, both in viewing possible difficulties emerging during implementation and, in the context of the material in this report, as informing an analysis of the impact of the SAP. The findings from each of these studies have already been presented in separate reports (Challis et al., 2006a, 2007; Clarkson et al., 2006a, 2007; Hughes et al., 2006; Abendstern et al., 2007).

The viewpoint taken in Stage II of the study reflected the original aims of the research outlined in the bid to the Department of Health. The study overall was designed to provide an evaluation of the early impact of the SAP with respect to both process issues connected with early implementation and outcome issues covering the relevant themes above. A number of research strategies were employed including surveys, focus groups, document analysis, interviews with staff and older people, and examination of the effectiveness of assessment. These were all designed to provide a rounded evaluation of the impact of the SAP across England.

It must be stated at the outset that the SAP is viewed here as constituting a number of structures and processes which together share the goal of improving the assessment process for older people. It is therefore a policy with multiple aims at a number of different levels and it is for this reason that judging its success required evaluation from a number of perspectives. For instance, in reviewing the SAP guidance (Department of Health, 2002a), a number of policy aims were articulated:

- To help deliver a person-centred approach to care;
- To generate a more efficient assessment process for older people;
- To put in place assessment systems that lead to more effective care;
- To ensure the scale and depth of assessment is kept in proportion to older people's needs;
- To ensure that agencies do not duplicate each other's assessments;
- To ensure that professional contributions are appropriate;
- To ensure timely responses to older people's health and social care needs.

The aims of the SAP are therefore expressed at different points along the continuum of care: there are both process aims and outcome aims (Sefton et al. 2003). Process aims relate to how services are expected to perform such as whether joint working is in place, whether shared approaches and tools are used, and whether

staff uphold the values underpinning good assessment practice (such as person-centred care). Outcome aims, by contrast, relate to whether the policy has achieved changes in older people's lives, concentrating on changes which are specific to the objectives of the policy. Outcome aims of the SAP therefore focus on assessment as a *goal directed activity*. In other words, the goal of assessment is hopefully to generate information that leads to more appropriate and effective care being provided rather than being an end in itself. By aiming to improve the assessment process the SAP is also designed to eventually result in more efficient and effective care, although this is dependent on appropriate process being in place. The success of both types of aim is appraised in this report as a way of systematically evaluating the impact of the SAP. This necessitated the use of a number of information collections using both process and final outcomes data. By contrast, much of the previous research conducted on assessment, as shown in our Stage I report (Challis et al. 2004a), has used only process measures such as whether professionals share similar value bases, the extent to which they are satisfied with their involvement, or whether older people have been fully involved in their assessments. The point here is that both types of measures are necessary for a full evaluation of the impact of the SAP.

This rationale was reflected in our studies in Stage II, a summary of which forms the substance of this report. The analysis was undertaken employing a range of data collections, both national and local, using both types of measures. These are set out in Box 1. General findings from each of these studies are presented in Chapter 2 of this report. The studies are presented in the order given here (Box 1) and the report follows the rationale of first, presenting data on process measures evaluating the overall success of SAP implementation (the first two studies) and second, presenting outcomes data on the effectiveness of the SAP (the last three studies). The report therefore moves from a presentation of broad data collection at the national level, informing us about the range of impact in terms of processes and procedures, to specific collections at the local level, using client-level data to evaluate the outcomes of the SAP. Subsequently, conclusions are drawn from all the studies in the last chapter (Chapter 3), which attempts to pull together the material and offers evidence as to the overall impact of the SAP from the perspective of all participants.

Box 1: Data collections to evaluate the impact of the SAP in Stage II

- *A national survey of lead officers responsible for SAP implementation.* This was a national survey administered by questionnaire. The aim was to investigate the extent to which processes supporting the SAP were in place across localities. The survey identified such elements as arrangements for co-ordinating assessments, the types of material collected and whether this was stored electronically.
- *A national survey of specialist clinicians in old age psychiatry and geriatric medicine.* This was a questionnaire administered survey to ascertain the extent of involvement of clinicians in the SAP. Again, process measures were studied with the aim of evaluating the extent to which this important group were part of the SAP across localities.
- *A survey of older users.* This study explored in detail the experiences of different groups of older people with respect to implementation of the SAP. The primary aim was to evaluate whether the SAP had resulted in person-centred care from the point of view of participants in the assessment process. Issues included whether appropriate information was provided, whether assessments took full account of older people's views and whether users were satisfied with both the process and content of assessments.
- *A study on the accuracy of needs identification for older people at risk of entering care homes.* This study was conducted in one social services authority for which comparable data existed on assessments pre-SAP. The study compared data from actual community care assessments with those from standardised assessment instruments to determine whether a range of needs were more accurately identified post-SAP.
- *A care plan study of older people in receipt of care management.* This study was conducted in three social services authorities for which comparable data already existed on assessment practice pre-SAP. The aim was to evaluate the extent to which care packages were more closely aligned to needs after SAP implementation.

1.2 Evaluating the impact of the SAP: progress so far

During the initial implementation of the SAP commentaries emerged that reflected on the picture so far, summarised in some of the material presented in our first report on Stage I (Challis et al., 2004a). This type of material offers a context by which to judge the progress of SAP implementation. Such material has been an important consideration as our research on Stage II has progressed. It has been important, for example, to gauge the degree to which all processes necessary for the effective implementation of the SAP have been put in place across localities. One important point to emerge has been the wide variation in the position of localities in having processes in place to support SAP implementation from the milestone date of April 2004. Reflected in the letter from the Director of Care Services (Department of Health, 2004), some areas had not fully implemented all their procedures to support the SAP by this date. This fact raised some questions for the conduct of our research in Stage II: to what extent could we evaluate the overall impact of the SAP when some areas were ahead of others in terms of the pace of implementation? What effect could this have on the research design? Were some elements more important than others in ensuring that SAP procedures were firmly established and that assessments were viewed as more appropriate by users?

Such questions were, therefore, taken into account in our approach to research design in this stage of the study, discussed in the next section. In addition, the problems emerging during implementation also raise issues as to the value of various approaches that attempt to integrate and standardise assessment processes, across health and social care and throughout different areas of the country. Such approaches are now viewed as important policy concerns in a number of countries outside England. Their importance and their manner of operation are discussed in the conclusion where important issues are raised as to the effectiveness of policies such as the SAP in relation to other policies also undergoing implementation.

1.3 Strategy for data analysis

The study was explicitly designed as an evaluation of policy impact (Ham and Hill, 1984) constructed to analyse the impact of the introduction of the SAP on older users and staff. As a policy evaluation study, therefore, it was designed to assess the extent to which the recorded outcomes had achieved the policy objectives (Hogwood and Gunn, 1981) and illustrated the use of evaluative data to identify problems so as to support and develop practice (Smith, 1979). This strategy therefore necessitated the use of multiple data collections and a mixed methods research design (Golder, 2007). A range of methodologies were used to gather and analyse data systematically to provide information about assessment practice, the context in which it has developed and its impact. In this way it was envisaged that the research would contribute to the further implementation of the principles enshrined in the SAP. Data were collected on a national basis and were supplemented by more detailed data collection in selected areas. These areas, providing case studies of particular aspects of early implementation, were important in judging the impact of the policy, especially from the point of view of participants in the process. Similar themes have emerged from studying assessment in other countries. Work in Australia following the Aged Care Reforms, for example, indicates that the process of assessment is itself shaped by the context in which it is undertaken, such as the type of setting, and whether it is mono or multidisciplinary (Challis et al, 1995). During data collection, information requests were targeted on groups specially selected because of their ability to provide data relevant to SAP implementation and for which PSSRU Manchester has baseline information. In this way, the research provided data concerning the nature and scope of changes in practice consequent on the introduction of the SAP. The study overall was designed to examine process issues associated with implementation, explicate the different approaches to assessment developed by the SAP, identify the differences evident in assessment after SAP implementation and evaluate the extent to which these arrangements met the stated policy goals.

1.4 Locating the SAP as part of the wider policy agenda in community care

Finally, it is pertinent to consider the role played by the SAP in promoting wider processes, important in offering incentives and appropriate structures to improve the care delivered to older people. The SAP may be viewed as an attempt, framed in national policy, to translate the concept of multidisciplinary geriatric assessment (Stuck et al., 1993) into a form that can be used across the country. This involves

changes at a broad level, in terms of a structure to assessment and the contributions required from multiple professional groups. It also requires changes of a more specific nature, such as the more routine use of tools and scales, joint training and staff development. Our review of assessment in Stage I (Challis et al., 2004a) showed that previous commentary, from professional and academic perspectives, had failed to view assessment in this broader context. By concentrating primarily on a professional perspective to community-based assessments of older people, both in health and social care, commentators had neglected the wider role of assessment as a mechanism to assist resource distribution and as a policy driver to ensure more effective care across the country (Fisher, 1998). Some of these wider issues connected with the role of assessment are raised in the concluding chapter to this report where their relevance to the long term effectiveness of the SAP is discussed.

After this brief introduction to the rationale and methods for evaluating the impact of the SAP in Stage II of our research, the following chapter summarises key findings from each of the studies comprising the overall evaluation. We then take forward some of these findings in the conclusion in Chapter 3, which brings together some of the material in order to raise issues for the future conduct of assessment and policies that attempt to improve assessment practice.

CHAPTER 2: SUMMARY OF FINDINGS FROM THE STUDIES

The findings from each of the sub-studies comprising the main evaluation in Stage II are summarised below. Different approaches were used to determine the differing impacts on the issues relevant to SAP implementation and these are also outlined under the appropriate headings below.

2.1 National survey of SAP leads

As mentioned in the introduction to this report, context is an important aspect to implementation. The variability in the way the SAP may have been implemented in local areas, already brought to the attention of policy makers (Department of Health, 2004), is therefore likely to be a key issue in terms of judging the overall impact of the policy. This part of the study comprised a national survey questionnaire of SAP lead officers across England. The areas included in the questionnaire were designed to reflect a number of key issues stemming from the rationale for the SAP: that assessment should be person-centred, standardised, multidisciplinary and pitched appropriately; information should be shared between professionals; and assessments carried out by one professional group should be accepted by another. The domains and specific questions used in the questionnaire sought to reflect the knowledge base of respondents, SAP lead officers. Questions also had to be salient to the implementation process and quantifiable for statistical analysis. Areas included in this part of the study therefore reflected elements of SAP implementation which could be captured through consideration of: the design and use of documentation; the nature and extent of shared practice across agencies; and the use of information technology. The questionnaire sought to highlight how far systems and practices had developed in order to meet these criteria.

An 82 per cent response rate for the survey across English local authority areas was elicited, which entitled us to draw conclusions that were reasonably robust regarding implementation of the policy. Table 1 highlights some of the key findings from this study in terms of the issues addressed, including specific details on the number of respondents surveyed. Of note is the strong suggestion from these data that local authorities had become the lead agency and indeed that their staff were taking the major role in implementing the SAP. The extent to which this will affect inter-agency acceptance of the implications of this initiative is of concern in the longer term. One possibility is that the SAP may become a predominantly local authority concern. Nonetheless the boards and professional executive committees of PCTs appeared to have a higher degree of involvement than elected members of local authorities. As might be expected, the initial training which was provided for the SAP involved care managers, district nurses and occupational therapists. There was relatively lower engagement of geriatricians, old age psychiatrists and GPs. The content of the training largely reflected the guidance issued by the Department of Health in 2002 (Department of Health, 2002a).

Table 1: Findings from the National Survey of SAP Lead Officers
Survey conducted 2005/06

Issue addressed	Specific findings
Most respondents reported the use of locally developed assessment tools although two accredited tools were used in about 50 % of areas	Two-thirds of respondents used locally developed tools. The two accredited tools most frequently used were FACE and EASYCare, used by around a quarter of respondents
Social Workers, District Nurses and Occupational Therapists were most likely to be using overview assessments. Community Psychiatric Nurses and GPs were less likely to do so.	90% of respondents reported contribution by social workers to overview assessments, 82% by District Nurses, and 63% by occupational therapists. Just 9% reported GPs contributed and 36% reported Community Psychiatric Nurses contributed
A low level of involvement of medical staff in comprehensive assessments was reported	Less than a third of respondents reported contributions by geriatricians and Old Age Psychiatrists in comprehensive assessments
Despite the importance of information technology in development of the SAP, most inter-professional and interagency communication was by traditional means (paper, meetings etc.)	30% of respondents reported shared electronic information systems between Intermediate Care and social services departments compared to 17% of respondents who reported shared paper information systems
Greater user involvement in assessment was most evident in the use of person held records	46% of respondents reported routine use of person held records – these were always used by community nurses and slightly less frequently used by social workers and occupational therapists. Approximately a quarter of respondents reported their use by GPs and geriatricians
The SAP was only variably integrated with other assessment and resource allocation processes such as intermediate care and Registered Nursing Care Contribution assessments	Two fifths of respondents reported a separate assessment process was employed for this purpose however almost three quarters of respondents reported that SAP assessments were used as core documents in Intermediate Care

The extent to which the SAP was integrated with other assessment and resource allocation processes seemed to vary. However, this will be a critical measure of effective implementation. For example, whereas SAP appeared to be accepted as core documentation for intermediate care and case management for long term conditions in nearly two thirds of cases, it was only acceptable in one third of cases in relation to the Registered Nursing Care Contribution. Conversely the Care Programme Approach (CPA) appeared to take precedence over SAP for older people with mental health problems in most localities despite Department of Health guidance giving precedence to SAP for the majority of older people with mental health problems (Department of Health, 2003).

Given the goal of achieving greater standardisation in assessment processes it was noteworthy that in two thirds of localities SAP assessment tools appeared to be

locally developed. By contrast, of the accredited assessment tools only two appeared to have achieved national penetration. These were EASY-Care and FACE which between them appeared to be present in approximately half of localities. The apparent discrepancy between these figures is attributable to localities having some elements of the SAP locally developed and some elements standardised. It would be reasonable to infer that the development of greater standardisation still requires considerably more impetus than at present. However, it might be pessimistic to see the variety as being as great as was the case in the late 1990's (Stewart et al., 1999), since it is possible that there is a high degree of agreement in specific components of different locally developed tools. Further work is being undertaken to ascertain the extent to which this is the case.

Within the original SAP guidance there was a specification of four different levels and types of assessment, ranging from the contact assessment at one end to the comprehensive assessment at the other. It was interesting to note the extent of uneven development of these different SAP assessment types. The contact and overview assessments seemed to predominate numerically, with comprehensive assessment being much less frequently developed. In many ways it might be argued that it is these initial assessment processes which require the greatest standardisation to enhance inter-professional communication and therefore that the relatively strong investment in their development is encouraging. However, policy developments in other countries which have involved assessment of older people have tended to place much greater emphasis on the potential gains arising from improvements in quality and sometimes standardisation for the assessment of very vulnerable older people often at the point of care transition (Morris et al., 1990; Howe, 2001; Challis et al., 1995). An interesting observation, again to be further investigated, is the extent to which there is differential overlap between some contact assessments and other overview assessments, representing very different definitions of the assessment stages. The least prevalent item of documentation, despite its importance in the policy guidance (Department of Health, 2002a), was the current summary record. It would seem reasonable to infer that agencies have seen this document as of relatively little value and have therefore not prioritised it in the implementation process.

2.2 National survey of specialist clinicians

This survey was undertaken to elicit the views and experiences of specialist clinicians in Geriatric Medicine and Old Age Psychiatry, signalled as key players in the SAP from the original policy guidance (Department of Health, 2002a), on their involvement in the SAP across England. These two professional groups are seen as crucial in terms of implementing many of the principles of the SAP, particularly in terms of their role in comprehensive multidisciplinary assessments. Geriatricians, for example, are key players in this process, not least because geriatric medicine has developed from a tradition of comprehensive geriatric assessment covering a range of assessment domains (Stuck et al., 1993). The specialty is therefore in a position to influence the way the policy is implemented, particularly in informing debate as to the appropriate use of assessment tools and imparting specialist knowledge to other settings where assessments take place (British Geriatrics Society, 2003). Similarly, old age psychiatrists are central to providing specialist assessments of older people's mental health needs, an important, and often overlooked, aspect to their

ongoing care. Recognition of depression in older people, for example, is often poor in social care settings (Banerjee & Macdonald, 1996; McCrae et al., 2005), in primary care (Crawford et al., 1998), and in care homes (Mozley et al., 2004), despite its high prevalence (Livingston et al., 1990). Therefore, engaging old age psychiatrists in attempts at bringing together diverse assessments of older people, through their specialist contribution, is an important step in improving overall care. However, although some potential implications of the SAP for specialist clinicians, including old age psychiatrists and geriatricians, were highlighted in the original policy guidance (Department of Health, 2002a), the precise nature of their involvement nationally, once the policy had undergone implementation, was not known.

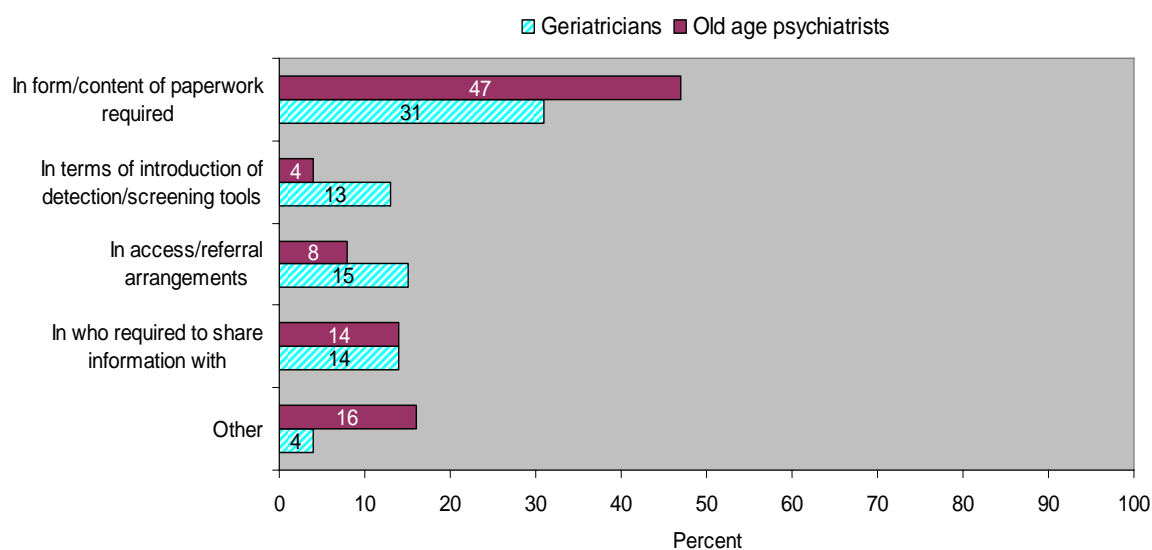
A self-administered postal questionnaire was therefore designed to ascertain specialist clinicians' views of their degree of involvement in the SAP and to elicit information concerning aspects of service delivery in their areas deemed central to achieving the aims of the policy. Questions were arranged across five domains reflecting processes likely to be important in judging the involvement of clinicians in the SAP; in other words, broad areas serving as pre-requisites for effective implementation of the policy. These domains were: changes in the process and/or content of assessments; the use of standardized assessment tools; degree of integration with primary care and social care; patient involvement; and training and involvement of clinicians.

A response rate of 49 per cent from geriatricians (from 781 sent questionnaires) and 60 per cent from old age psychiatrists (from 533 sent questionnaires) was elicited from the national surveys. This lower response rate than from the national survey of SAP lead officers perhaps reflects the more contentious nature of the policy from the viewpoint of specialist medical personnel, and the controversy surrounding the actual implementation of the policy with its new systems for information collection, joint working and its resource implications (Swift, 2002; Grimley Evans and Tallis, 2001). Table 2 describes some of the key findings from this study in terms of the issues addressed, including, again, specific data from the respondents surveyed. Overall, the survey reflected the views of 700 specialist clinicians who responded. Of note is the new information provided by this survey and the fact that it builds on, and offers more detailed data on, existing information concerning the processes in which specialist clinicians are engaged after SAP implementation. Initial Department of Health monitoring of progress on the SAP highlighted that engagement of geriatricians had been patchy (British Geriatrics Society, 2003) and other studies have shown that the introduction of the SAP had not significantly changed psychiatrists' practice (Tucker et al. 2007). This survey showed that less than a third of clinicians were actively involved in the development of the SAP, and that, over 18 months after formal implementation of the policy, assessment had not changed to any discernable degree for around two thirds of clinicians. However, encouragingly, extensive use of standardized assessment tools was reported, with their use by old age psychiatrists being slightly more prevalent than shown by national baseline data collected before SAP implementation (Reilly et al., 2004). Integrated activities around assessment were, however, less prevalent although the use of a single care plan was reported by over half of clinicians. As Figure 1 shows, the perceived changes for clinicians arising from the introduction of the SAP were predominantly

related to new paperwork rather than information sharing or new arrangements for referral.

Table 2: Findings from the National Survey of Specialist Clinicians
Survey conducted 2005/06

Issue addressed	Specific findings
Despite the importance of their role in comprehensive assessment, less than a third of respondents reported involvement in the SAP within their day to day practice	Only 36% of geriatricians and 27% of old age psychiatrists (31% of clinicians overall) reported that the introduction of the SAP had altered their assessment practice.
The use of standardised assessment tools was more common than was found before the introduction of the SAP	Just under a quarter of geriatricians reported use of at least 1 formally accredited SAP tool – EASYCare being the one most frequently used
The degree of integration with other agency assessments and patient involvement in assessment were only modest	Over half of clinicians reported working with social workers as core members of their team



Note: Categories not mutually exclusive.

Figure 1: Specialist Clinicians' views - nature of changes to assessment after implementation of SAP.

2.3 Survey of older users

Moving from studies that explore data relevant to the process of implementation to studies that evaluate the effectiveness of the SAP, this third study used qualitative and quantitative data from a user experience survey, specially constructed to elicit older users' opinions about the assessment process and to capture their experiences of the SAP. The survey of user experience was rooted in person-centred practice, in terms of individual involvement in assessment and care planning, as one of the

central tenets of the SAP (Department of Health, 2001). One of the particular strengths of the survey instrument employed in this part of the study was that it captured older service users' experiences of the SAP by means of a tool validated by older people themselves, and one that was capable of being administered in a variety of ways. This strong face validity and flexibility of the survey tool enabled three groups of older service users to be targeted in the survey.

- Older people who had recently received an assessment and who were accessing services for the first time or newly accessing services following a break in service and a new assessment, referred to as the 'new access group'.
- Older people who were in the process of considering direct payments – their needs had been assessed and eligibility for service determined - subsequently referred to as the 'care planning group'.
- Older people identified as being on the verge of major life change – people in receipt of extensive care packages, or recognised as needing this although they would either not accept services, or were being supported informally, or those who were considering long term care - subsequently referred to as the 'major life transition group'.

A series of focus groups were held with older people in order to elicit their priorities regarding material gleaned from existing research tools and literature. The survey questionnaire was then developed using the topics highlighted as most relevant to the experience of assessment by members of the focus groups. This was piloted with a group of older people, and changes made subject to their comments.

In the 'new access group', 55 completed questionnaires were returned, representing a response rate of 20 per cent. Although this rate may be regarded as low, it is fairly representative of postal survey responses (Geron, 1998; Krosnick, 1999). In the 'care planning group', older service users in the process of considering direct payments were asked to complete questionnaires. This was, in effect, a convenience sample and 28 questionnaires were completed, with no respondents who were given questionnaires recorded as either unwilling or unable to complete them. In the 'major life transition group', service users who had consented to take part in a separate study within the SAP evaluation – frail older people in Manchester – completed questionnaires. As all had already given their consent to the larger study, there were no refusals, however out of 110 successful interviews completed, 30 users were unable to complete the questionnaire. In most cases this was due to cognitive impairment, or an inability to remember the assessment being carried out. This represented a 73 per cent response rate for the third group. Therefore, the overall sample size was 163. Noteworthy findings from this part of the study included the fact that the schedule was considered acceptable to older people and the local authorities who took part in administration of the survey and that the tool discriminated between groups of older people receiving different types of assessment. Ninety three per cent of the 'new access group' felt very comfortable with the assessment compared to 68 per cent of the 'care planning group'. Eighty seven per cent of the 'new access group' agreed that they had been asked if they were happy to share given information compared to 60 per cent of the 'major life transition group'. There were some differences between the groups as to how happy respondents were with how sensitive issues were dealt with but these did not quite

reach statistical significance. Significant differences were apparent between the 'new access group' and the 'major life transition group' in both whether they felt they had been given enough information to make care option choices (83 % and 59 % respectively), and whether information in the documents they received was accurate (92 % and 57 % respectively).

Supplementing these general findings, the overall satisfaction score from the questionnaire was broken down into two dimensions corresponding to satisfaction with the process of the assessment and satisfaction with the content of the assessment. Again, analysis showed differences between the groups, with regard to older people's scores on these two dimensions with the 'new access group' having the highest mean scores on both subscales (see Figure 2).

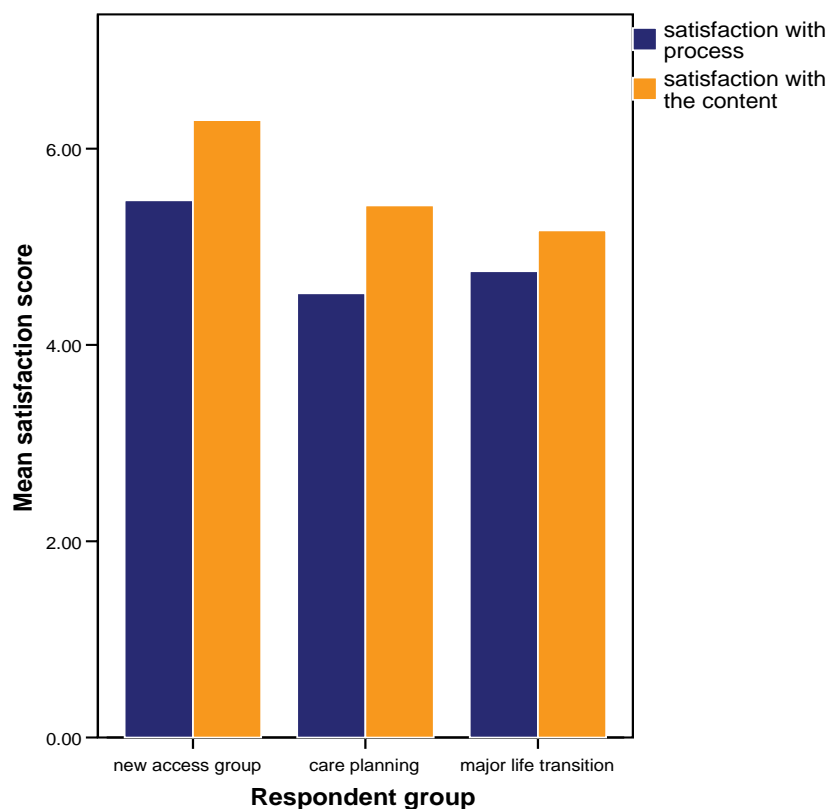


Figure 2: Satisfaction scores and respondent group in survey of older users

Multivariate analysis of the data from this study also revealed that the determinants of satisfaction with assessment included the effectiveness of the professional assessor in identifying need, the health status of the older person and an absence of cognitive impairment. These findings importantly suggest that strategies designed to enhance workforce quality and particularly to enhance staff knowledge and skill, are particularly likely to be valued by service users and thereby contribute to better well-being, outcomes, and resource utilisation (Challis et al., 2004b; Venables et al., 2006).

2.4 Study on the accuracy of needs identification

Again, examining the impact of the SAP, this fourth study used client-level local data collected in one local authority, Manchester, to examine the effectiveness of the SAP in improving the accuracy with which assessments identify the needs of older people. Manchester was chosen because comparative data on the existence, and identification by care managers, of a range of older people's needs in the area were already available from before implementation of the SAP. These data were from a previous randomised trial conducted with respect to a sample of older people, the findings of which have already been reported (Challis et al., 2004b; Clarkson et al., 2006b). The study, whose data collection took place between July 1998 and November 2000, provided a baseline from which to conduct a quasi-experiment relating to whether the needs of older people were more successfully identified after SAP implementation than before. Data relating to a second time frame were collected between February and July 2006, between twenty one and twenty seven months after formal introduction of the SAP in England.

The accuracy of needs identification between these time frames, reflecting pre and post SAP implementation periods, was elicited by comparing data on the existence of needs by social services care management assessments with that from standardised instruments administered in interviews with frail older people. A coefficient of agreement (kappa) between needs identified by each of these procedures enabled routine social services assessments to be compared with a research 'gold standard' (Goldberg and Huxley, 1980; Wachokter et al., 1993). The success of the SAP in leading to more effective identification of needs could then be ascertained by comparing the strength of the coefficient of agreement between the two time frames.

Over the pre SAP time period, after exclusions, there were 127 older people referred for which a full social services assessment was available, of which 106 (83%) agreed to take part and were interviewed. The corresponding figures for the post-SAP period were 134 referrals with 110 (82%) being interviewed. Figures 3 and 4 highlight some findings of note with respect to selected domains of need between the two time periods in this study. As can be seen, in all areas, with the exception of depression and the presence of the associated behaviour 'apathy', agreement between social services assessments and the research interview was higher post SAP. The greatest improvements in need identification were in the areas of cognitive function, mobility and activities of daily living. These findings strongly suggest that the identification of major areas of need in older people was more accurate after the introduction of the SAP. However, other findings suggest that this conclusion should be treated cautiously. As a policy evaluation, it is exceedingly difficult to isolate the effect of the phenomenon of interest (the policy change) from other influences ongoing at the time of the study. Although the samples of older people before and after the introduction of the SAP were similar in terms of demographic characteristics, some needs were more prevalent after the introduction of the SAP.

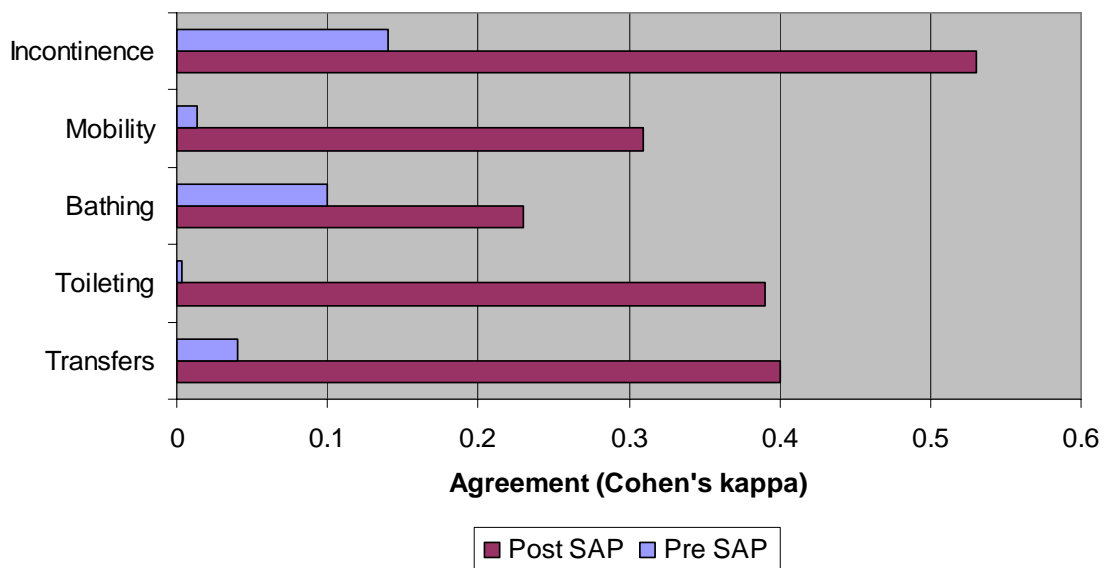


Figure 3: Accuracy of needs identification in one local authority before and after SAP implementation – physical functioning

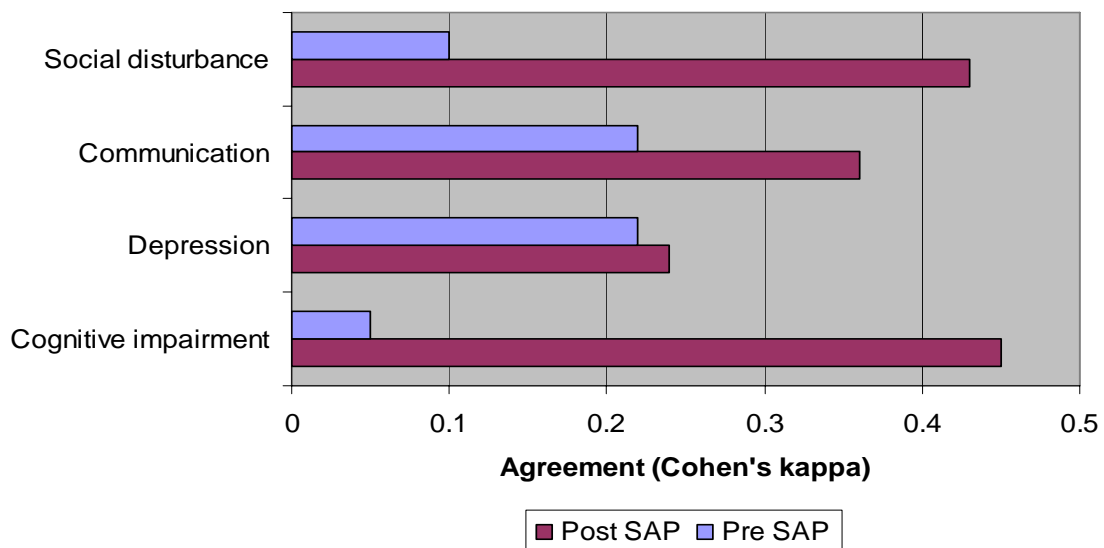


Figure 4: Accuracy of needs identification in one local authority before and after SAP implementation – mental health and behaviour

This may have been influenced by other policies being implemented during this period, such as the Fair Access to Care guidance (Department of Health, 2002b), and a tightening of eligibility criteria by the social services authority. This guidance may have impacted on the way assessments of need were conducted in that the threshold required to receive assistance from social services may have been raised. Thus, older people entering the system in the post SAP period may have been more dependent than previously and this may have made the detection of needs more likely. In addition, the SAP was only in the process of implementation at the time in the authority, so the effects identified may be more attributable to SAP training than

the new documentation itself. These influences may therefore have been possible confounding effects in the study as, by its nature, it did not allow for multiple influences. It is therefore difficult to conclude unequivocally that the SAP alone was instrumental in terms of improving the accuracy of needs identification; although the strength of improvement in the identification of cognitive impairment was statistically quite powerful suggesting an improvement over and above chance influences.

2.5 Care plan study of those in receipt of care management

This study, again, was one exploring data relevant to examining the effectiveness of the SAP, this time employing data collected in three local authorities. The purpose of the study was to evaluate the care plans constructed for older service users in receipt of care management and to ascertain whether these had changed since the introduction of the SAP. Again, comparable data from before the introduction of the SAP were available for these three authorities permitting us to assess the impact of the SAP on care planning. There were four research questions:

- Have assessment processes changed?
- Are needs identified differently?
- Does the range and mix of services differ in relation to need?
- Is there a closer fit between services and needs?

The study utilised information collected from an audit of case files in three local authorities in two time frames, 2000 and 2005, the first being collected as part of earlier research. Similar criteria were employed to identify a cross section of older people living in the community and in receipt of services in both time frames. Researchers obtained information from case files relating to seven domains: living situation of service users; level of physical dependency; cognitive function; multidisciplinary assessments; social care provision; health care provision, and measures of quality. Documents relating to assessment and care planning at a particular point within the specified timeframe provided the data for the study. One hundred and forty four case files were included in the 2000 sample and 145 in the 2005 sample. Findings of note are highlighted in Table 3.

It may be concluded that whilst this study presents some evidence of changes in practice following the introduction of the SAP, the findings are neither conclusive and nor can they be attributed solely to the introduction of this initiative. However, the study did reveal two areas worthy of further enquiry. First, whether or not the identification of need in the two samples was different for those users with some cognitive impairment compared to those whose needs were principally a consequence of their physical dependency. Second, the extent to which the documented evidence reveals changes in agency responses to assessed need in 2005 following the introduction of the SAP compared to that documented in the 2000 sample.

Table 3: Comparison of assessments and care plans in three authorities

3 Authorities sampled in 2000 and 2005

144 case files in 2000, 145 in 2005

Issue addressed	Specific findings
Post the introduction of the SAP it appeared that:	
Levels of dependency were higher	In two authorities there were significantly higher levels of physical disability noted
Levels of cognitive impairment were higher	More recorded evidence of cognitive impairment – in one authority an increase from 46% to 63%
There was less use of local authority home care, meals services and day care	Significantly fewer users were receiving home care provided by the local authority and more from the independent sector
There was more occupational therapy involvement in assessments	Two authorities recorded a significant increase in the number of assessments undertaken by occupational therapy (mainly social services)
There was greater involvement of secondary health care personnel in assessments	All authorities had an increase in specialist or secondary health care assessments. In one authority it increased from 43% to 61%
There were fewer assessment documents signed by users – attributed to the effect of electronic assessments	Between 6% and 10% of assessments were signed by the user in 2005
There was greater scrutiny of case records by someone other than the care manager	Significant increase in two authorities and in the third this remained high

In the following chapter we move from this summary of the research findings from the five sub-studies comprising the overall evaluation of the impact of the SAP towards their synthesis and draw from the findings to offer some conclusions regarding the future conduct of assessment.

CHAPTER 3: CONCLUSIONS FROM THE RESEARCH

This chapter summarises the main findings from the studies conducted under Stage II of the project and generalises from them to highlight their implications for the future conduct of assessment and for policies that attempt to improve practices in relation to assessment. However, the chapter also attempts to assimilate the findings by linking them to wider debates concerning the role of assessment and the effectiveness of policies, such as the SAP, which aim to integrate and standardise the assessment process in pursuit of other policy goals. This conclusion therefore first offers some preliminary remarks concerning the changes to assessment brought about by the SAP before moving on to consider the evidence from the multiple studies presented in the previous chapter. The conclusion ends with some comments concerning the overall effectiveness of the SAP including possible links to future research needed to fully understand the way in which assessment may act as a driver to generate more effective care for older people.

3.1 Preliminary remarks

Writing in 1989, Williams noted that:

“For nearly twenty years the subject of assessment of elderly persons, both medically and socially, has lacked clarity. There has been confusion as to the purpose of assessment, when and by whom it should be undertaken and what it should include...The need for assessment of elderly persons arises principally from actual or potential breakdown of independent living. Breakdown in old age is complex and must be seen as a failure of equilibrium, often brittle, in which the effects of biological ageing, multiple pathology, harmful effects of drugs and social vulnerability are balanced against a person’s physical and mental health...Because of this complexity, assessment needs to be comprehensive and several disciplines need to work closely together as a team...to plan subsequent provision of support, rehabilitation or resettlement. To do this sensibly, information must be shared between the various professionals involved...the whole concept of multidisciplinary geriatric assessment will be successfully implemented only if it is integrated into, or has close liaison with, the rest of the health [and social care] system. It will probably need a revision of the current financial barriers to assessment at each point where it is necessary. The implications of this will vary from country to country, but the evidence is strong that assessments are cost-effective as well as being personally rewarding for the patients and families involved. In view of this, suitable educational and, if needed, legislative steps should be taken to help the integration of multidisciplinary geriatric assessment into the...system.”

(Williams, 1989, pp.150-154)

This viewpoint, quoted at length here, is important for the insight it provides in framing recent attempts at a national level to improve upon the assessment process for older people. The SAP may be seen as a policy that endeavours to offer a structure and logic to assessment to enable subsequent care planning to become more person-centred, more comprehensive and thus more effective. Williams’ comments, writing before assessment became a policy issue following the *Caring for People* reforms (Cm 849, 1989), are particularly apposite in terms of the issues raised, at the time, for a future prospectus for improving assessment. Many of these issues, principally the role of information sharing and the need for improved liaison between professionals, were included in the SAP as an attempt to respond to previously identified problems with assessment (Department of Health 2002a, 2004).

However, other issues still remain neglected or only touched on in the SAP guidance. One of these is the steps needed to integrate the multidisciplinary approach to assessment envisaged in the SAP into the wider health and social care system. The barriers to this, identified by Williams, remain some of the most pressing issues to consider in improving assessment approaches for older people. This is particularly the case in instances where procedures around health and social care assessments may cut across, or conflict, with each other (such as in the different financial arrangements for receiving an assessment or subsequent care). These links between assessment and its integration into wider processes were identified in our previous report on Stage I (Challis et al., 2004a). They remain an important consideration in identifying the steps necessary to improve the care delivered to older people, using assessment as a principal policy driver.

3.2 Evidence from the studies in Stage II

Taken together, the findings from the five sub-studies described in this report paint a picture of the complex issues involved in implementation of the SAP across localities in England. Regarding some of the aims of the policy there is evidence of positive impact, particularly when considering the authority specific case studies examining whether the SAP has resulted in more effective needs identification and the closer alignment of needs with care plans for older service users. Indeed the finding that service users place a high value on a good quality assessment, where their needs are correctly identified, harks back to the relevance of much early advice in social work training (Biestek, 1957). However, when examining the data at a more national level, a number of more problematic issues emerge. Three of the core goals associated with the introduction of the SAP were: the reduction of duplication in assessments; a greater degree of standardisation in assessment; and a more holistic assessment which addresses the person's needs 'in the round'. In general terms, the data from the national survey of SAP lead officers suggests that whilst some progress has been made in achieving these goals the pace of change has been slow, indicating that the process of implementing the SAP will be a long one. For example, information sharing was limited, often based upon traditional modes of communication, such as face-to-face interactions, whilst inter-agency electronic communication was not well developed. In terms of standardisation it was the case that two of the Department of Health accredited tools had penetrated a little over half of localities but these were used only for part of the assessment process. Locally developed instruments predominated and questions about transferability and comparability of information between areas remain. Undoubtedly localities were moving towards the use of the core domains of SAP assessment but coverage of core domains is only a necessary but not sufficient condition of high quality holistic assessment (Stewart et al., 1999).

A second facet of the development of the SAP would appear to be its unevenness in terms of the commitment of agencies and the differential development of the various levels of assessment. It was clear that social care organisations were leading the process and the initiative was making greatest headway in those settings. In health care settings the introduction of the SAP had moved more slowly and was only achieving partial acceptance, with the greatest gain being in areas of inter-agency concern such as intermediate care and hospital discharge. By contrast, engagement of GPs and specialist clinicians (from the evidence of our national survey of such

clinicians) appeared to be quite low. It was also clear that the major investment in the SAP was in the areas of contact and overview assessments. Whilst this may be entirely appropriate in terms of a core initial understanding of the problems of people with multi-agency needs, it is worth remembering that significant policy developments elsewhere in countries such as Australia have involved very significant investment in comprehensive assessments of the most vulnerable people in multi-disciplinary settings (McLeay, 1982). It would seem that as policy moves towards the definition of a Common Assessment Framework (CAF), covering a wide range of service user groups, these lessons of implementation of the SAP should be borne in mind. In particular, the question must be raised of where the greatest gain from improvement in assessment processes may be derived. In several countries this has been perceived to be in the area of comprehensive assessment where life transition judgements are being made in the support of vulnerable older people. Such interventions have indicated both resource and well-being gains both in the UK and overseas (Applegate et al., 1990; Stuck et al., 1993; Brokleyhurst, 1978; Challis et al., 2004b).

A further issue in judging the impact of the SAP overall is one of the introduction of other, multiple policy initiatives during the period of our study. This raised difficulties for methodology but also in terms of the confidence with which we could evaluate the policy's impact. Overall, it would appear that a number of changes occurred both in the assessment process and the resulting care plans following the introduction of the SAP in 2004. However, this policy initiative was implemented at a time of considerable change in the configuration of services relating to the provision of health and social care, most notably: the introduction of the guidance relating to decisions about eligibility for social care; the development of low level preventative services; requirements regarding the conduct of reviews; and, more generally, the drive towards more integrated health and social care provision. Thus the conclusions arising from the findings reported in the last chapter must be treated with caution and all the more so because it is possible that the changes in the assessment process may have contributed to rather than simply reflected them.

3.3 The overall effectiveness of the SAP

This study has been one of policy analysis rather than a study of a particular intervention or experiment in the care of older people. As such, it has analysed both the development and impact of the SAP, as a national policy, from the point of view of the problems it has sought to tackle and from the standpoint of its original aims. As policy analysis, the study's task was therefore to identify and formulate problems, before seeking to analyse the policy's impact, rather than offering stand-alone solutions (Wildavsky, 1979). The problem identification and formulation phase was presented in Stage I of the project where several problems with previous assessment approaches were articulated (Challis et al. 2004a). These problems included: evidence of unreported and unmet needs of older people; marked variability in social services' assessments with the neglect of information on certain domains such as cognitive impairment and mood state; disagreements between professionals such as clinicians, nurses and social workers on the existence of particular needs; and the lack of requisite health care inputs in social services' assessments (Williamson et al., 1964; Runciman, 1989; Department of Health, 1993). These difficulties have led to a lack of consistency throughout the country in

how assessments are conducted and have resulted in concern from the older user users' perspective over multiple contacts by different professionals involving duplication of questions and a lack of coordination between agencies (House of Commons Health Select Committee, 1998). Overall, in judging the success of the SAP, reference must be made to these problems in addition to detailing whether the SAP has achieved the aims originally set for it (Department of Health, 2002a). Overall, the findings from the study would suggest some progress on the majority of these aims. However, there was no improvement in the assessment and identification of depression and the growth of multidisciplinary assessment may have led to increased contacts between users and different professionals, although we cannot discern its precise effect.

The SAP policy, however, has faced a number of challenges in its implementation, many of which were referred to in our findings from the national survey of SAP lead officers. The policy can be viewed as an inherently complex endeavour as it represents a 'large solution' in public policy (Wildavsky, 1979). One challenge for such a national policy is that it involves changes to professional behaviour; a task which is inherently more complex and difficult than purely shifting resources across settings. Some of the data to emerge from the sub-studies reviewed in the last chapter highlight this challenge. In particular, the balance between national prescription of processes and tools, necessary to attain the policy goals, and the encouragement of local initiatives and implementation has been one theme that has emerged from the national data collections in the project.

3.4 Future research directions

The discussion above raises important issues concerning the role of assessment more generally in achieving a number of national policy aims in the care of older people and others. The SAP can be seen as a valuable attempt by policy makers to link desired improvements in the assessment process to wider national concerns, such as addressing inefficiencies in resource allocation. Assessment, viewed from this perspective, is a principal mechanism for allocating care provision across the country and so improvements in the way assessment is practiced are important for the consequences this will have on the amount, nature and quality of care that older people will receive. Often neglected in professionally-based commentaries on assessment are the questions of who is to receive what degree of care in what circumstances and by what principles; questions of particular relevance to those in government charged with allocating scarce resources on a national basis (Fisher, 1998). Building on many of the findings from the present study, the SAP may be viewed as part of an emerging policy perspective which attempts to use assessment as a major driver to pursue government concerns with improving efficiency, promoting equity and pursuing other performance-related aspects such as the timeliness and responsiveness of care, so responding to these concerns.

There is a research agenda emerging from these concerns that can offer benefits in terms of enabling assessment, both its content and the manner in which it is carried out, to more closely reflect the preferences and needs of service users and to enable the services arising out of an assessment to be provided in an efficient and more equitable way. For example, public policies arising from initiatives such as the Gershon review (Gershon, 2004), such as models of self assessment – offering a

more personalised approach to the assessment of vulnerable groups – have been viewed as potentially offering resource savings by concentrating professional resources on the face-to-face encounter with the user and encouraging ‘back office’ functions, such as those supporting the delivery of frontline services, to be performed by other, less costly, staff. The efficiency consequences of adopting these new modes of assessment can be evaluated by research which investigates the use of staff time and in experimental research that compares new approaches to assessment with standard practices (Challis et al., 2006b). Similarly, the efficiency of routine assessments for community care services can be evaluated by collecting data at the professional level and subjecting these data to operational research methods often used at a more national level (see, for example, Jiménez et al., 2003). One piece of work at PSSRU Manchester has already analysed the assessments of care managers in this way by employing data from an experimental trial of different models of assessment practice (Clarkson et al., 2004). That analysis found that individual care managers varied in their use of resources when supporting older people with similar levels of dependency and when working within different arrangements, in essence under a ‘standard’ and an ‘integrated’ model of assessment, involving liaison with specialist clinicians. One factor to emerge as important was the far more reliable detection of major domains of need, particularly the presence of cognitive impairment, in the integrated model, a fact which has resonances with data to emerge from our needs identification study as part of the SAP. A similar exercise could be performed over the period of SAP implementation to investigate whether assessments have produced efficiency savings after the policy’s introduction, but in this respect the analysis could be done at the level of the individual professional assessor rather than at the broad local authority level.

The long-term effectiveness of the SAP may therefore be analysed further at several different levels, and this will necessitate viewing the subject from a broad perspective covering both policy and practice. Taking this view, the research conducted in Stage II of this project has necessarily, therefore, been framed in response to issues of policy rather than purely those of field-level practice. Interestingly, the study has been found to have had an impact on practice in some of the localities where the field work was undertaken. This is evident in two ways. First, the satisfaction surveys have been employed as information into management and review planning by some of the participating authorities. Second, the findings which identify the lack of reliable detection of depression in community dwelling elders have been taken up jointly by the local authority and Primary Care Trust to develop future staff training. Thus, many of the findings in this second stage are particularly pertinent in the short-term and from the perspective of senior managers and practitioners. As the survey of SAP lead officers showed, many areas are still in the process of establishing the necessary procedures for staff liaison, training and the structures for effective multidisciplinary working. In the longer term, the impact of the SAP will be more appropriately ascertained with reference to recent national policy objectives rather than simply against professional standards. However, in undertaking the study it was striking to note the extent to which those responsible at a local level for implementing the SAP had been enthusiastically engaged in an initiative with the specific focus of improving the quality of assessment for older people. It would be unfortunate if such a high degree of policy and practice engagement at a local level were to be dissipated through the recent focus upon a more generic and less specific approach to assessment with which, at the practice level, it is harder to identify.

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