

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

Research and Policy Update

PSSRU

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EDITORIAL

Assessment has been a longstanding concern as a means to achieve better care for vulnerable people, more closely attuned to their needs. Until the 1980s, however, this was entirely the province of professional debate.

In the White Paper *Caring for People*, which preceded the community care reforms, assessment was defined as one of the cornerstones of good quality care. Effective assessment was seen not only as ensuring that services were more closely matched to people's needs, but also achieving the

broader policy goals of enabling people to live at home and preventing unnecessary entry to institutional care. Assessment thus became both a practice tool and a mechanism to achieve core policy goals. This has been reinforced in subsequent policy.

However, during the 1990s, studies indicated that despite a significant investment in assessment tools, the quality of assessment processes and instruments was not of a high standard. These concerns were reflected in the development of the Single

Assessment Process (SAP) as part of the National Service Framework for Older People.

The PSSRU has been commissioned to undertake an evaluation of the development and implementation of the SAP in England, as described below. *Research and Policy Update* is designed to provide information about this study. The initial focus is on the findings from the literature review. We expect to publish further copies of the *Update* at key stages in the progress of the study.

THE SINGLE ASSESSMENT PROCESS AND THE PSSRU

The PSSRU undertakes research into health and social care issues, and receives some funding from the Department of Health. The focus of the Unit's work is community-based long-term care, particularly in relation to services for older people and people with mental health problems. Increasingly, the research spans the interface between health and social care.

This study, *The systematic evaluation of the development and impact of the single assessment process in England*, is being undertaken at the University of Manchester. It has been commissioned by the Department of Health as part of the research programme to support the National Service Framework for Older People. The project has two aims. The first is to review the conduct of assessment across health and social care in order to highlight key issues in the initial implementation of the Single Assessment Process (SAP). The sec-

ond is to evaluate its impact from the perspective of multiple stakeholders: users; managers in health and social services; and professionals including specialist clinicians. A literature review has explored key issues in implementation of the SAP derived from previous research in both the UK and overseas. This has been supplemented by a focus group comprising SAP lead officers in the North West of England in order to highlight the issues of particular relevance to those charged with the task of implementing the new arrangements for the assessment of older people in localities. Some of the key messages from this are summarised in this document.

In the research, data will be collected at three levels – national, authority and individual service user – to evaluate the impact of the SAP in five parts:

- a national survey of SAP lead officers to identify who coordinates

assessment, the types of material collected and whether this is shared electronically.

- data from specialist clinicians in geriatric medicine and old age psychiatry will be collected to explore the extent to which medical practitioners are involved in the SAP.
- a sample of older people being assessed at the point at which entry to a care home is being considered will be compared with data collected previously to explore if the introduction of the SAP has led to a more effective identification of needs.
- a sample of older people in receipt of care management in three local authorities will be compared to data collected previously to explore if care packages are more closely aligned to needs.
- a survey of users' experience of the SAP is planned to identify the extent to which information was provided and addressed.

THE RESEARCH TEAM

The PSSRU staff conducting this study are David Challis, Paul Clarkson, Jane Hughes, Michele Abendstern and Caroline Sutcliffe at the University of Manchester. For further information please contact pssru@manchester.ac.uk. This *Update* was edited by Jane Hughes and Michele Abendstern and sub-edited and typeset by Nick Brawn.

ASSESSMENT: SOME KEY FINDINGS FROM THE LITERATURE

This article presents some of the key findings of the reviewed literature. The review considered studies published after 1985 and included both evidence based reports and policy and practice reviews. Sources were predominantly from the UK although some international studies were included. In particular these came from countries with the closest policy frameworks to those in the UK, namely, the US, Australia, and Japan. The international literature served to emphasise the overlap between approaches to the assessment of older people in other parts of the world.

A note on methodology

The evidence base from which this literature is drawn is large but of variable quality. Many of the studies are qualitative, using narrative or biographical approaches to highlight important areas of practice. However, when they are also based on small sample size, as is often the case, generalisation is compromised. The literature on assessment also focuses largely at the micro level: that of the individual practitioner and service user, demonstrating a limited view of assessment. Few studies examined assessment more broadly, for example, how it varies across the country, or its links to performance criteria. Finally, the majority of studies only investigated process measures and did not consider the impact of assessment in terms of outcomes for service users.

Putting the individual at the centre of assessment

The SAP elevates the notion of person-centred care from a desirable idea to a central value within the assessment process. The literature on the practice of a variety of professionals involved in the assessment of older people demonstrated that although largely supported in theory, person-centred care was often not adhered to in practice. The National Service Framework for Older People (Department of Health, 2001) provided indicators to judge whether assessments supported person-centred care. Findings from this literature review relating to one of these, the involvement of older people in the process, are summarised in Box 1.

Developing information sharing

The literature highlighted the fact that a single and collaborative approach to

Box 1. Older people's participation in assessment

Professional group	Some findings from the literature
Social workers	Assessment of rather than <i>with</i> user Consulted rather than involved Emphasis on procedure, agency centred Not if user had communication difficulties User involvement central in theory only
Community nurses	Client centred assessment practice central in one study Fear of raising expectations that could not be met
Hospital nurses	Involved users despite their reluctance Majority of users felt able to express views
Occupational therapists	Agency and professional agenda took precedence Only minority of users were aware that they had been offered an assessment

assessment, involving multiple agencies but coordinated by the social services care manager, was one intention behind the community care reforms. However, the evidence reviewed suggested that such a pivotal approach was not fully established and that, instead, separate assessments, often with little sharing of information, have taken place. Breakdown in communication between professionals and agencies was found to be particularly pronounced at points of transition from one care situation to another, such as hospital discharge. This resulted in the repetition of the assessment process performed in hospital, once an older person returned home.

New technology

The introduction of information technology was considered by the majority of those addressing this issue to have huge potential to overcome some of the structural obstacles to information sharing that have existed to date. However, it was also acknowledged that this will not be fulfilled unless professional values and cultures also merge.

Professional values and multidisciplinary working

The lack of successful structures to enable information exchange was closely linked to inter-professional mistrust. The existence of different professional values or ideologies is identified in the literature as one issue impeding effective multidisciplinary working. Profession specific perspectives influence the conduct and content of the assessment process.

The concept of need

A number of studies highlighted that the conceptualisation of 'need' in com-

munity care assessments remained problematic for practitioners. This was a particular difficulty for those professionals who had responsibility for assessment and a gate-keeping role in respect of scarce resources. The studies suggested that practitioners of different disciplines lacked a clear framework, both conceptually and practically, for undertaking needs led assessments.

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FINDINGS FROM A FOCUS GROUP OF SAP LEAD OFFICERS

To evaluate the extent to which the findings from the literature review resonated with the local experience of implementation two focus group interviews were convened. In terms of the implementation of the Single Assessment Process (SAP) these took place midway between the requirement for localities to have processes in place to support the new ways of working (April 2004) and the requirement to demonstrate compliance with government guidance (April 2005). Twenty five members of the SAP Lead Officers group in the North West of England participated in this process. A focus group approach was adopted because it helped participants to reflect upon their own experience of implementing the SAP and enabled the use of group dynamics to explore issues in depth (Bowling, 1997). The key implementation issues detailed in government guidance (Department of Health, 2002) and summarised in Box 1 are reflected in the selection of findings reported below.

Box 1: Key implementation issues

- The nature of assessment
- The contribution of older people
- The role of key actors
- Information sharing and multidisciplinary working
- Links with other assessment approaches

A standardised approach

One suggestion was that structured assessment with a clear logic to the process might not be sensitive to the user perspective, since this format could impede good interaction. However, participants agreed that the quality of the assessor was key and that a skilled assessor can use any tool well. The example was given of one of the assessment tools accredited by the Department of Health, EASY-Care, being sufficiently flexible to permit different styles of assessment interaction. On balance, the group favoured the introduction of greater standardisation into the process of assessing vulnerable older people. It was noted, for example, that ‘experienced professionals can

do a reasonable job with any tool but standardisation can raise standards overall’.

Involving users

How people are consulted and enabled to contribute could be seen as a criterion of evaluation for the effective implementation of the SAP. Self assessment was identified as an opportunity to maximise involvement of the older person since they would be articulating their needs. The counter-posing of self-assessment versus standardised assessment was seen as inappropriate since they were not mutually exclusive. Both were identified as integral to the assessment process and examples were given of older people completing an initial document which was taken into account in the standardised process undertaken by an assessor.

Professional approaches influence the assessment

Marked variations in approaches to assessment both within and between professional groups were noted. There were also distinct ‘comfort areas’ when professionals undertook assessment directly related to their expertise. For example, some professional groups perceived themselves as having more immediate and timely roles and responsibilities than others. For a nurse responding to immediacy was necessarily non-reflective. The introduction of the SAP was seen as an opportunity to make explicit these different roles to improve understanding amongst professionals and provide a framework and incentives for the development of multidisciplinary working. However, it was also acknowledged that greater individual professional accountability may run counter to integrated practice.

Duplication in information collection and retention

The duplication of assessment information was seen as a major difficulty not only across professional boundaries but also within them. Although professionals criticised the number of forms

they had to complete, they were often protective of their own documentation and unwilling to share it with others or accept information gathered by others. Documentation was often viewed as belonging to their organisation rather than the service user. The group recognised the need to move to a position where the service user kept their records and the various professionals involved added information to this as appropriate. In this context there was discussion about whether or not it was appropriate for more than one professional to gather basic information directly from a service user. On one side was the concern that this was frustrating to the service user, on the other was the notion of building rapport with basic information gathering being a good opening to do this.

Local links with other assessment processes

It was reported that, in some areas, interest had been expressed in exploring the extent to which both the approach inherent in the SAP and its contents could usefully be applied to other user groups. Related to this was the extent to which it was appropriate and desirable for information collected within the SAP to be available to colleagues within primary care, secondary care and the local authority sector, recognising that not all professional groups within each sector were equally interested in accessing all information collected within the assessment process. In recognition of these, it was suggested that the identification of a core data set would be useful. Such an approach would have the advantage of linking the SAP with other assessment processes and retaining the unique features of particular relevance to meeting the needs of vulnerable older people.

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RELATED PUBLICATIONS

David Challis, Paul Clarkson, Janine Williamson, Jane Hughes, Dan Venables, Alistair Burns and Ashley Weinberg (2004) The value of specialist clinical assessment of older people prior to entry to care homes, *Age and Ageing*, 33, 25–34.

Karen Stewart, Jane Hughes, David Challis, Kate Weiner and Robin Darton (2003) Care Management for Older People: Access, Targeting and the Balance Between Assessment, Monitoring and Review, *Research Policy and Planning*, 21, 13–22.

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RELATED RESEARCH

Coordinated Care, Care Management, Service Integration and Partnerships

The focus of this programme of research, based at PSSRU at the University of Manchester and funded in part by the Department of Health, is the evaluation of the different care management arrangements which have emerged since the implementation of the community care reforms in 1993.

It has involved the collection of data in a sub-set of authorities which were representative of different sets of care management arrangements for older people and those with mental health problems. Visits were made to 11 authorities and the fieldwork involved: the collection of background information; interviews with a senior manager and a first-line manager; a diary study of staff time use; and a care plan study. As part of the latter, 275 mental health case files and 367 old age case files were examined. These files were selected because they met specific criteria which indicated that the service user was in receipt of community based packages of care provided over a longer rather than a shorter period of time. Information was collected about: user characteristics; service receipt; and indicators of the care management process. Five quality indicators were identified which were adjudged by representatives of participating authorities to be both practical and relevant for current practice. These were: care plan in the record; documentation signed by the user; documentation signed by the assessor; evidence of review of record by person other than the care manager; and the same person retaining responsibility following the allocation of a service.

This research was conducted by David Challis, Jane Hughes, Karen Stewart and Kate Weiner at the University of Manchester. For further information please contact Jane.Hughes@manchester.ac.uk.

Social Care Services Before the Influence of Modernisation: A Review of the State of Service Delivery, Commissioning and Service Impact

This study was undertaken by PSSRU at the University of Manchester and funded by the Department of Health Modernising Social Care for Adults Research Initiative. It provides a review of the state of delivery and commissioning of social care services in England for the four principal user groups: older people; adults with a mental health problem; people with a learning disability; and people with a physical disability, prior to the impact of modernisation. The key themes, are: integrated health and social care; independence; consistency; support to carers; making sure services fit individual needs; and workforce issues. The study maps the nature of the current service system, from access to services, through models of service provision to processes of commissioning, so as to establish a baseline from which to measure the changes arising from the modernisation process.

We used two research methods: a systematic review of peer reviewed literature from 1990 to 2001 and a national survey of services of English local authority social services departments in respect of the four user groups (response rate 79 per cent). Together these provide a representative picture of services before modernisation and insights into the potential difficulties and pressures consequent on the introduction of the modernisation agenda.

This study was conducted by David Challis, Chengqiu Xie, Jane Hughes, Sally Jacobs, Siobhan Reilly and Karen Stewart at the University of Manchester, in collaboration with Suzy Braye at the University of Sussex, Paul Cambridge at the University of Kent and Iseult Cocking of Derbyshire Social Services Department. For further information please contact pssru@manchester.ac.uk.

Services for Older People with Mental Health Problems: The Balance of Care in Cumbria

This study was commissioned by Eden Valley NHS Primary Care Trust working in partnership with Cumbria Social Services Department and North Cumbria Mental Health and Learning Disabilities NHS Trust. It aimed to evaluate the current provision of services for older people with mental health problems in North Cumbria and to provide data to inform local commissioners' decisions about the mix of services needed, thereby underpinning future strategic planning.

The work was undertaken by PSSRU at the University of Manchester in four stages: local and national data regarding the current pattern of services was compared; current patterns of service allocation were examined; the feasibility of changing the existing balance of services was explored; and alternative service options considered. It concluded that if enhanced community services were available, a number of people currently admitted to residential or hospital beds could be more appropriately supported in their own homes at a cost that is no greater than that which local agencies currently incur. However, in order for the balance of care to be shifted in the direction of the community, a number of additional building blocks needed to be in place: integrated community mental health teams; intensive care management arrangements; expanded community services such as specialist day care; a strategy to support carers; the development of specialist support for generic services; and the development of an information network which can support front line staff and service planning.

This study was conducted by Sue Tucker, Jane Hughes and David Challis, at the PSSRU University of Manchester. For further details email sue.tucker@manchester.ac.uk.

RELATED PUBLICATIONS

Abendstern, M., Reilly, S., Hughes, J., Venables, D. and Challis, D. (2006) Levels of integration and specialisation within professional community teams for people with dementia, *International Journal of Geriatric Psychiatry*, 21, 1, 77-85.

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