

# **The Single Assessment Process**

**The National Service Framework for Older People, Standard 2: Person Centred Care, proposes that the Single Assessment Process means “far less duplication and worry” for the older person, is this reflected in practice?**

**Kim Baker**

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*Please note: This study was conducted as part of an MA at Keele University. There is a literature review which accompanies it and an extensive reference list, both of which are available from:*

*Kim Baker  
Social Services  
Darby House  
Telford  
TF3 4JA  
Tel: 01952 202820 (kim.baker@telford.gov.uk)*

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## ABSTRACT

The Single Assessment Process was introduced in the National Service Framework for Older People and is intended to promote an effective, appropriate and timely response to older people who require services from health or social care. The aim is to reduce duplication in assessments and promote a standardised process, with a claim that it will result in “far less duplication and worry” for older people (DOH 2001).

The study is in two stages; stage one consists of a literature review that raises issues concerning the implementation of SAP using evidence from previous research on assessments for older people. Stage two consists of a research project which involved interviewing older people; exploring the experience of older people assessed using the new process, and collating views from professionals via a questionnaire, with the overall aim of establishing whether the claim that the process will reduce duplication and result in less worry for older people is a reality.

The study concluded that whilst there was evidence that the process can reduce duplication for older people, this has implications for professionals. The reduction of worry for older people as a result of the process could not be established, however there was evidence that there were other factors that did assist in reducing stress; those of being supported during the assessment by a family member, and being given the opportunity to engage in conversation once the crisis had passed. The assessment process did appear to have facilitated a person centred approach, but again this has caused some difficulties for professionals as in order to improve practice and responses to service users, more time is required to involve older people, gather the appropriate information and share this effectively.

## Introduction

### 1.1 The Policy Context

Health and social care boundaries have long been on the agenda for political debate; as far back as the 1950's the shortage of residential care and rising costs of health care, led to the development of social care residential provision and to a culture of bargaining between health and social care in deciding which service was responsible for the meeting the needs of older people (Glasby & Littlechild. 2004) Since this time a similar picture emerged in relation to community services leading to the community care reforms of the of the 1990's.

The assessment process is the way to ensure that needs are met effectively and services are targeted appropriately. However, since these reforms there appears to have been a lack of consistency in assessment practices (Challis et al 2004).

In 1998 the White Paper 'Modernising Social Services' was published; a new national agenda for improving care and services provided for older people. The contents were based around promoting independence, aiming to provide a consistent response throughout the country, by placing the older person and their families centrally in the system, and promoting joint working between health and social care. The response was to create services that promoted independence and that focussed on rehabilitation and prevention (SSI 2001). This theme was reflected in the NHS plan (DOH 2000), a key part of which was the National Service Framework for Older People (NSF)(DOH 2001) which is a strategy that sets standards to promote "better, fairer and more integrated health and social care services for older people" (DOH 2003).

The NSF promotes a 'Whole System Approach', working on the concept of working across boundaries, using joined up processes for assessment, commissioning and delivering services (The Audit Commission 2002). This is imperative because older peoples needs are often complex and will need to span several agencies, and it can be difficult for people to distinguish between the roles and responsibilities of the different services, when there can be often many members of staff involved.

The publication of the framework has been welcomed, and is considered in the main to be a positive move forward in raising the awareness of some of the issues faced by older people and their carers. It also highlights the need for the development of new services that specialise in the treatment and care of older people, setting clear targets relating to each of the standards (Watson, J. 2001).

The NSF for Older People is presented around eight standards;

1. Age discrimination
2. Person centred care
3. Intermediate care
4. General hospital care
5. Stroke
6. Falls
7. Mental health
8. Health promotion.

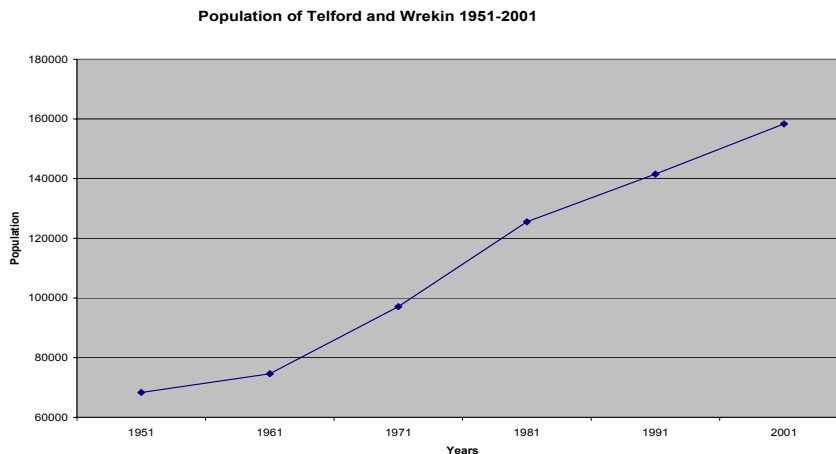
Standard 2 of the framework, 'Person Centred Care' aims to ensure that: "Older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries" (DOH 2001. p23). It states that this should be achieved by the

introduction of several key interventions, one of which is the implementation of ‘A Single Assessment Process’. The aim of the process is to create a more standardised assessment that spans health and social services, where the older persons needs are assessed holistically, reducing duplication and resulting in less worry for the older person by improving information sharing and assisting in the provision of a seamless service (DOH, 2001). It is this aim that will be the focus of this study.

## 1.2 The Setting: Telford and Wrekin

The research was conducted in the borough of Telford and Wrekin, an area which was given ‘New Town’ status in 1963, and became a unitary authority in 1998. The area over this time has increased in population and between 1991 and 2001 was recorded as the fastest growing local authority area in the West Midlands, with a population estimated at 158,325 in the 2001 census.

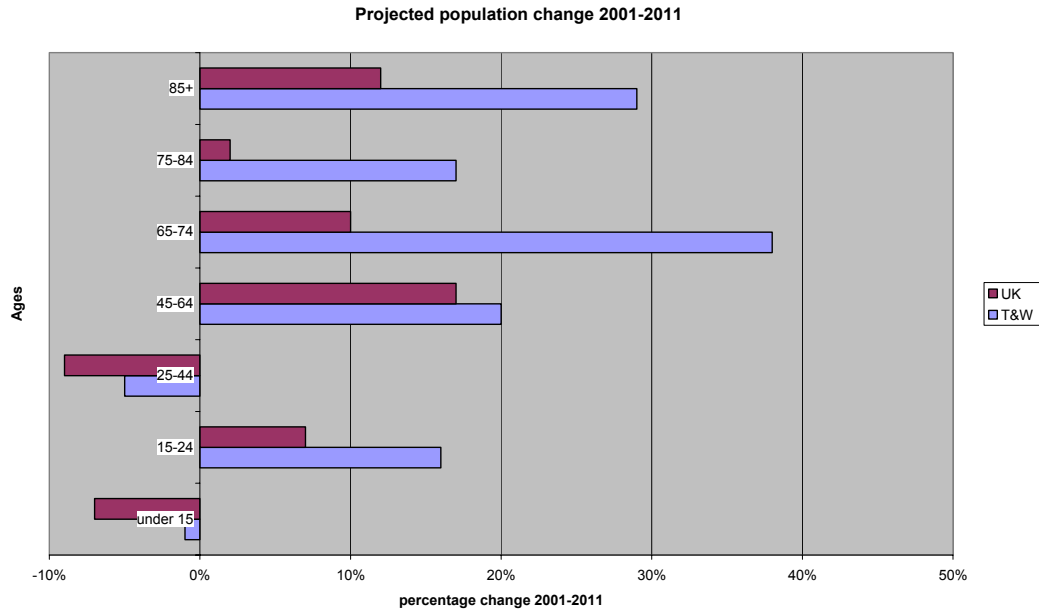
Chart 1. Population of Telford and Wrekin



*(Source: Census, Office for National Statistics 2001)*

Between 1991 and 2001 the number of older people in the borough increased by 2,376 to 19,626, and this trend is set to continue with the number of older people increasing at a higher rate than the national average, however this is not reflected in the overall population figures because of the overall growth in the boroughs population, resulting in an age profile that is younger than the national profile. Chart 2 shows the projected growth of population by age group, comparing Telford and Wrekin with the national figures,

Chart 2. Projected population change.



Source: Office for National Statistics 1996 (based on population projections)

The reasons for this increase lie with the original population shift in the 1960's when the new town became the destination for young couples re-housed from neighbouring authorities, where there were housing difficulties. This, coupled with the national trend of an increasingly ageing population, has resulted in the unprecedented increase in elderly population within the area.

The borough consists of 34 wards, served by one PCT and 22 GP practices. There is one acute hospital in the borough; The Princess Royal Hospital, which this year has merged with The Royal Shrewsbury Hospital to form one hospital trust.

The profile of the population raises concerns about the health and living conditions within Telford and Wrekin;

- 57% of the population live in wards that fall within the top 25% of the most deprived wards in England.
- 50% of the wards fall within the top 25% of wards nationally with the poorest health and disability.
- 33% of wards fall within the top 25% of wards nationally with the poorest housing.
- 15 of the wards fall within the top 25% of wards nationally with the highest levels of multiple deprivation.
- 4 of the wards fall within the top 25% of wards nationally with the poorest access to facilities.

(Source: DLTR & ODPM 2004)

These factors impact on the elderly population that is growing at a higher rate than the national average, and result in concerns about how services will be organised and delivered in the future. This reflects the concerns highlighted previously about the drives behind the new reforms and some of the expectations of the Single Assessment Process to assist in addressing these.

### **1.3 The Implementation of SAP in Telford and Wrekin**

The implementation of the process has been determined, as with every other council, by the milestones and guidelines set by the Department of Health (2002) (see Appendix 7). This is a phased implementation, commencing with a paper based system, later to be developed into an integrated electronic system, linking health and social care systems through a national programme of IT development. The project implementation however required that information be shared between the agencies in the interim period. The way in which this has been achieved in Telford and Wrekin is to create a paper record (client summary record), a copy is given to the service user and to other health or social care professionals that are involved. For example: on discharge from hospital, the older person would be given a copy of their record, which includes a summary of the assessment information, and a copy sent to the relevant professionals in the community. This system has the advantage of ensuring that the older person has access to their own information and can choose to share this with whomever they choose. The disadvantage is that the excessive amount of time required to copy and forward the information between agencies has caused some difficulties.

The assessment documentation has been developed and agreed locally, using the guidelines set by the DOH. The assessment has stages according to the presenting need of the older person, and explores the situation holistically rather than focussing on the medical diagnosis of the person, recognising the need to consider health, housing, social and medical needs and wider environmental factors (Challis 2004).

The system was initially piloted within the area between January and March 2004. Three district nursing practices were nominated by the community nurse managers, one in each area of Telford (North, South and Central), if a person was assessed for services and was served by one of the three practices (whether a nurse was actively involved or not) the older person was assessed using SAP, the pilot linked to Intermediate Care and Social Services and the local acute hospital with nominated workers in each setting completing the assessments.

## Research Findings

The study was completed in order to explore whether in reality, the Single Assessment Process would reduce duplication and result in less worry for older people as the claims from the DOH indicate (DOH 2001).

In order to collect some qualitative evidence a small sample of 10 older people were interviewed; 7 women and 3 men, with ages ranging between 65 and 90 years, having a mean age of 78.6 years.

The staff questionnaire resulted in responses from 73 members of staff, representing a cross section of health and social care practitioners both in the community and acute settings. (See Appendix 3b, and Appendix 4).

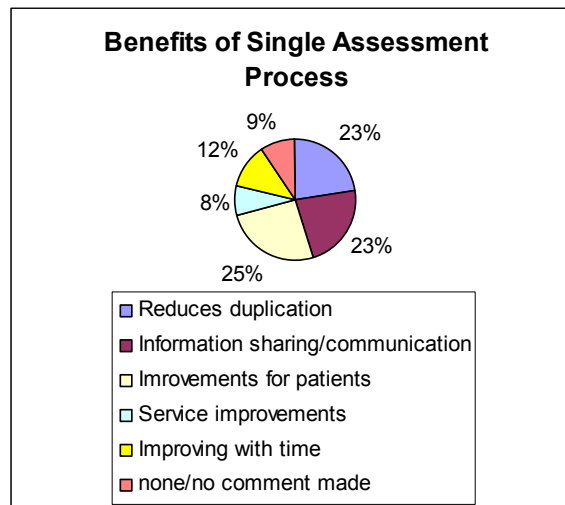
Older people reported that the majority (7) of the assessments had been completed by social workers, with 3 being completed by district nurses. This is a reflection of the ratio of assessments being completed by individual agencies during the early stages of implementation (see Appendix 4).

Of those interviewed, seven had experienced assessments previously; three by social care, two by health and two by both agencies. Of these, five considered the process had changed in some way, one was not sure and the other felt the process was unaltered.

Nine of the people were in receipt of services following the assessment. Given the small sample it is unclear whether the outcome of the assessment affected their perception of the process itself, therefore a conclusion could not be reached as to whether older people are in fact concerned about the process at all, or whether the only important factor to them is that they receive the services they require at the appropriate time. However, this said, the one person who was not in receipt of services did not express any dissatisfaction with the assessment itself.

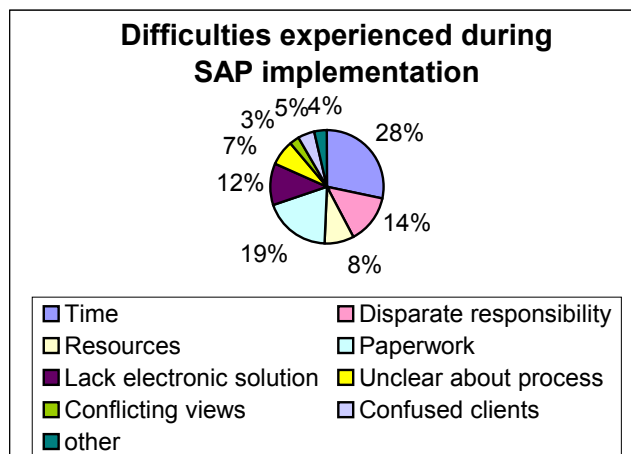
The staff were asked to comment on what they considered to be the benefits and disadvantages of the process and the results were as follows:

Chart 3: Benefits of SAP



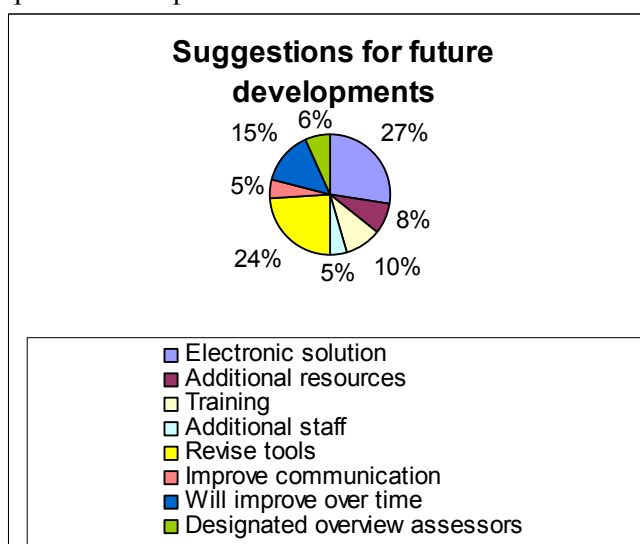
Benefits included those of reduced duplication, improved information sharing and communication between agencies, and direct improvements for patients and services. A concern is that 9% of people considered that there were either no benefits or did not make a comment at all.

Chart 4: Disadvantages of SAP



The difficulties cited included those of lack of time and resources available, the lack of electronic solution, the documentation and disparate views and responsibilities.

Similar themes were evident in the response to requests for suggestions about the future development of the process:



(NB: In recording that, for instance 23% of the people who responded considered that the benefits included reduced duplication, this does not mean that 77% considered that this was not the case; it means that they cited other benefits).

In examining the results from both the older persons interviews and the staff questionnaires, two overlapping themes emerged: those that related to a person centred approach and reduced duplication of information. The other themes were restricted to one group or the other, with the need to talk and feel supported being important for older people whilst the need for additional time and resources were important to staff.

## 2.1 A Person Centred Approach?

The advantages of a 'person centred' approach to assessment is well documented in much of the literature; Payne (1995), Jack (1995), Morris (1997), Age

Concern (2001), Wild (2002), Chevannes (2002) and Tanner (2003), and there was evidence from this research that this had been achieved with the introduction of the SAP: All of those interviewed considered that their opinions had been valued, and that they were given the opportunity to say everything they had wanted to during the assessments. The research therefore highlighted how older people considered the assessment had been completed in a person centred way, they gave examples of how the assessor had listened to their view and responded to their concerns effectively;

(Interview 6):

“I was not patronised I didn’t feel like an old woman, It was fair and balanced” and later added;

“ It seemed more simple, I felt confident in answering questions because they were all about me and my feelings”

(Interview 10):

“They asked me what time I did things usually and how I liked things done- for example she put in the assessment that I am a very private person and get embarrassed” and later added

“Absolutely everything that was important to me was covered”

(Interview 9):

“They asked me what I wanted and how I thought I could be helped”

These responses are evidence that a whole systems approach which is informed by people’s experiences and narratives can be achieved through the SAP, an approach supported by Foote and Stanners (2002) Tanner (2003) Chevannes (2002) and the Ulster research (2002). The assessment in essence should mirror the concept of the biographical approach to research. In that people are given the opportunity to tell their stories and this then is taken in the context of the situation they find themselves in.

“Biographical data thus helps us to understand what Ruth and Kenyon (1996) refer to as the possibilities and limits set by the historical period in which people live” (Phillipson. 1998 p23)

One health professional did question the relevance of person centred practice;

“I appreciate we need to ensure we have patients point of view, perceptions and plans for the future but they are not always a reality. At the end of the day, patients need to leave hospital and if a nursing home is the only place for them, then that is where they need to go regardless of whether they state they never want to go to a nursing home”

This reflects the evidence within the literature of the medical focus of an assessment by health professionals that said that they often fail to consider social factors that impact on the lives of older people (Tanner, 2003). However this approach was not widely represented in this study, with 23% of the staff saying that they considered that the benefits included improvements for the person, supporting the view that a person centred approach could be achieved. Examples of this were given as:

“The older person has greater input and control” (District Nurse)

“Holistic, covering all areas of a persons life and not focussing on just the physical disability” (Social Worker)

“It made me think about all of the issues that might be affecting the person rather than just their illness” (District Nurse)

These responses dispute the views expressed by Milner & O’Byrne (2002) and the evidence cited by the University of Ulster (2002), which said that older peoples views were still being ignored and there continued to be little allowance for their perspectives within the assessment process. It also disputes Tanner (2003) who said that the older person would not be seen as having expert knowledge of his or her own needs, and that the assessment tool would not enable a person centred approach to be accommodated, this is clearly not the experience of the people who were interviewed.

## **2.2 Duplication**

When asked about repeating information to more than one person during the assessment, the results were also promising; eight older people reported that they did not have to repeat the same information;

(Interview 10)

“They passed the information on which was good because looking back everything seemed to fit together in the background, and I wasn’t aware of all the work that was going on. This means a lot because I was ill at the time and wouldn’t have liked to be answering the same questions just for the sake of it”.

This statement links the reduction of the duplication to a reduction in stress experienced by the older person, at a time of crisis.

The staff group were also positive about this aspect; with 23% reporting that they considered a benefit to include reduced duplication and another 23% stated that they considered information sharing and communication between agencies had improved.

“Quick access to details and how best to deliver care to the patient” (Hospital Nurse).

“ One person records the information and passes it on to the others involved – that has got to be better than us all wasting time asking the same things over and over again” (District Nurse).

However, two of the older people interviewed did consider that they had had to repeat information, and they evidently found this to be a frustrating experience; (Interview 1):

“ They all asked me similar questions” (prompt – “ like what?”) “Well, who I was for a start off – you know my name and all that”

This negative experience is supported by evidence cited in the literature, for example; the report by the Audit Commission (2002), which expressed concerns over the repetitive nature of assessments, and the Ulster research (2002), which said that despite the implementation of the SAP, duplication would continue.

One person made a clear distinction between whom she considered did, and who did not share information during her assessment:

(Interview 9)

“Only one person did the assessment and then told the others what I needed, but the doctors don’t seem to be linked up – we had several emergency doctors in over a short period of time, and I went to A&E at one point, then my own doctor didn’t seem to know any of this”

Another person considered that the information flow seemed to be one way:

(Interview 3)

“.... But I wasn’t always given enough info by health people about what was happening to me”

Some members of staff (7% of responders) said that they were not clear about the process and considered that this had resulted in continued duplication of information;

“Patents are fed up with repeated questions” (District Nurse)

This could be linked to the early stages of the implementation, people have not had time to familiarise themselves with the process and in some cases, there appears to be a lack of trust- this has resulted in some practitioners continuing to use previous processes and documentation alongside the single assessment, therefore resulting in information being unnecessarily repeated. This is supported in the literature by Tanner (2003) who considered that there would be a preoccupation with the documentation, and was a concern expressed by one practitioner as:

“More paperwork means less time with the patient” (District Nurse)

There was evidence that the paper system that was being used was the cause of some of the difficulties being experienced:

“Once the computer systems are in, this will improve – because at the moment we have to photocopy loads of paper and spend ages faxing it to different people, this isn’t good use of time” (Social Worker)

These issues link to the concerns from practitioners about time.

### **2.3 The Need for Time**

A concern evident in the staff responses, across all agencies was that of the perceived excessive amount of time required to complete the relevant documentation and to familiarise themselves with the whole process. 28% stated that lack of time was a difficulty for them and 19% said they had experienced difficulties with the paperwork.

Examples of some of the comments are;

“The amount of information to be recorded is too much and too time consuming” (Social Worker)

“Difficult to find time to talk to patients” (Hospital Nurse)

This is supported in the literature by Edwards (2001), Wild (2002) and Banks (2002), but creates a dilemma; in order to improve practice and responses to service users, more time is required to involve older people, gather the appropriate information and share this effectively. A balance therefore needs to be reached between overburdening staff and slowing down the assessment process, and delivering a quality service.

“Communication between health and social services has deteriorated due to everyone feeling stressful” (District Nurse)

“I think it will be easier when we start doing it more – it will become second nature” (Ward Sister)

An important factor in this is the reliance on a paper-based system for this first stage of SAP implementation. This has affected the information sharing capabilities of the agencies involved and reflects the concerns expressed by Glasby & Littlechild (2004) about practitioners trying to work more cohesively without the relevant support from government. In this case, had the resources been available to develop electronic links more quickly, practitioners would not have experienced the difficulties caused by trying to share information using a paper based system. The staff recognised this as an issue with 12% saying that the lack of the electronic solution had caused difficulties, and 27% considering this as an important factor in future developments.

However, this said, my concern about a fully electronic system is that the person that will be removed from this link will be the older person themselves; During the research, only one older person reported that they had not been given a copy of their assessment; this could, if not monitored, alter once the system becomes fully electronic because at present the older person is a major link for information sharing purposes. It will be imperative that older people continue to be part of the information sharing process; otherwise the system will only result in benefiting the professionals.

The staff also expressed dissatisfaction with the documentation itself, with 24% calling for a revision of the tools, this could be a reflection of a resistance to change, (people wanting to revert to a previous system) or that they feel that the paperwork could be improved further, without further exploration it is difficult to be certain. However, 12% considered that the benefits to the system included that it would improve over time, and 15% considered that the process needed more time to become established when considering further developments. This would indicate that difficulties experienced during the initial implementation might well improve in the future.

## **2.4 The Need to Talk**

The responses during the interviews highlighted for some, the importance of being part of the process, in that they expressed their enjoyment of talking to others about their situation. This places in doubt the direction of the National Service Framework for Older People, “to minimise the need for users and carers to provide similar information to different professionals and agencies” (DOH 2001). The assumption that every older person finds this to be a worry may well be flawed. They are individuals with unique needs and aspirations, and one of these needs may be to tell their story as many times as they wish.

Three of the ten people interviewed spoke of their need to talk to others about their needs, citing that sometimes their only reason to interact with others was linked to their dependence due to illness or disability:

Interview 3:

“I quite like answering their questions – it gives me chance to have a real conversation with people, even if it is just about my aches and pains – better than nothing isn’t it?”

One person even expressed his thanks for being part of the research, as it gave him a further opportunity to engage in conversation with someone other than a carer;

Interview 6:

“I’ve enjoyed answering your questions, its nice to talk to somebody who isn’t here to wash me”

However, there was a clear distinction for one about needing to answer repeated questions at a time of crisis as opposed to a more relaxed and stable time. At the initial stage of the assessment, having been admitted into hospital following a sudden deterioration in health, the person expressed their gratitude that questions had been limited and information had been shared effectively. This was in contrast to being in a more stable situation following discharge from hospital, and then wanting involvement from more people,

Interview 10:

“Thank you for listening to my story. Now I am better, I don’t mind people asking me things– it gives me chance to chat to someone who is willing to listen to what I have to say”.

These accounts perhaps reflect the social isolation experienced by some older people, particularly when their health deteriorates and they become dependant on formal care for support, and is linked to another theme identified in the responses; that of family support and involvement.

## **2.5 The Need for Support**

The majority (6) of the service users had been accompanied during the original assessment by a family member, in all cases this was either a spouse or offspring, all of these people reported that they had wanted someone with them at this time, and one person who had not been accompanied considered that he would have preferred someone to have been there with him.

Those that had someone accompanying them reported the importance of this when they considered how their views were being recorded during the assessment, for example:

Interview 10:

“I was very poorly at the time so my family (my husband and daughter) helped me with the questions. They (the nurses) passed the information on which was good because looking back everything seemed to fit together in the background and I wasn’t aware of all the work that was going on. This means a lot because I was ill at the time and wouldn’t have liked to be answering the same questions just for the sake of it”

Interview 4:

“Because I was so poorly I didn’t want to say much, my son helped me answer”

Interview 7:

“But I didn’t feel very well at the time so I was pleased my wife was there to help answer”

Interview 9:

“I was very poorly at the time so my husband answered for me, but I was happy with that”

The importance of understanding meanings for people, their history and how this can affect their ability to cope in times of crisis is reflected within the literature. Bee (1994) talked of the critical importance of a person’s perception of his or her needs, whilst Phillipson (1998) considered the importance of understanding someone’s life history in order to ensure that responses are appropriate.

This perhaps questions the timings of assessments, and how it may be more appropriate to gather a person’s perception, their life history and aspirations at a time when they are not actually in crisis. However, this causes a dilemma, often the first contact with health or social services is at such a time, and it is then that information needs to be gathered efficiently and effectively in order to ensure appropriate support is arranged to meet the needs of the individual. The key appears to be to ensure that the depth of the assessment and the number of people involved is kept in proportion to the need of the individual, whilst ensuring that the information is shared at times of crisis to reduce the stress, however remembering that following the crisis, it will then be more appropriate to gather the additional information that makes up a persons story. There is perhaps here a need for self-assessment prior to any crisis or need for intervention from services, thereby giving the professionals a good background into how the person considers them selves within the context of society.

The importance of having family members present during the assessment is evident within the responses, and this appears to indicate that a factor in reducing the worry experienced by older people may not be related to the process itself, but is more to do with feeling supported at a time of crisis.

## **2.6 Summary**

The themes that emerged as a result of this study, reflected both the hopes and concerns for the implementation that were evident in the literature; The person centred approach to assessments was evident from the interviews with older people and was considered to be one of the benefits from the professionals’ perspective.

There was evidence that older people had not needed to repeat the same information in most cases, and this had been linked to a reduction in worry in one case, with staff also reporting that they considered a reduction in duplication to be a benefit of the process, but there were concerns over the time this took to achieve, and the lack of an electronic solution was an issue.

There was also evidence that in providing a more person centred approach to assessments there were implications for staff and organisations; staff considered that time and the assessment tool itself were issues for them with the new process demanding more of them, with its reliance on a paper based system at present.

Some older people indicated that repetition of information might only be an issue at times of crisis, raising questions about the timings of assessments.

The need to talk and interact with other people was evident as well as the need for support from someone they know during the assessment process, both of which appear to be factors that might reduce the worry experienced by older people.

The study did provide evidence that the SAP could result in less duplication, whether it also reduced the worry for the older person is still open to debate, as this is difficult to prove or disprove, however there appeared to be other important factors that might alleviate the worry; those of being able to engage in conversation after the crisis had passed, and being supported during the assessment by a family member.

## Conclusion

### **3.1 Summary of Findings**

The Single Assessment Process was introduced in the National Service Framework for Older People and is intended to promote an effective, appropriate and timely response to older people who require services from health or social care. The aim is to reduce duplication in assessments and promote a standardised process, with a claim that it will result in “far less duplication and worry” for older people (DOH 2001). This study aimed to explore the experience of older people assessed using the SAP and the perceptions of professionals involved in the implementation in Telford and Wrekin to determine whether this claim was achieved in practice.

The study was conducted by firstly examining the literature, including research that looked at assessments in general and those that focussed on the impending implementation date of SAP in April 2004. A research project was then undertaken which involved interviewing older people to explore their experience of being assessed using the new process, and collating views from professionals via a questionnaire, with the overall aim of examining whether the implementation of the Single Assessment Process would improve practice by encouraging a ‘person centred’ approach that resulted in less duplication and worry for the older person.

The literature supported the idea that the SAP is about far more than changing the documentation used by agencies when assessing people’s needs, and more about a whole culture change of how older people are perceived by individuals, organisations and society as a whole.

There was recognition that the NSF for Older People has raised the profile of older people but there were doubts whether it will address the issues that matter to older people; quality services, practical assistance, improved transport and community facilities, and better financial resources. This will clearly not only require the collaboration of health and social care, but also the involvement and development of local communities and services that impact on the quality of a person’s life.

The NSF for older people does give the opportunity and impetus for improving services for older people; it is a good starting point by which to commence planning appropriate and effective services and support for the older people of today and the future ageing population. The changes required are challenging. The process does need time to be implemented fully and staff need time to familiarise themselves with new ways of working, however it is also important to measure impact and change whilst the process is in its early stages to ensure that the process is actually delivering what it claims.

The reduction of worry for older people could not be established in relation to the process, mainly because it is a difficult concept to measure but also because older people are sometimes at a time of crisis when needing intervention from health or social care, and this in itself would be the cause of stress. However, there was evidence that being supported by family at the time of the assessment and having the opportunity to talk following the crisis did assist in reducing the worry for older people. The assessment process was consistent with a person centred approach, which was evident from the interviews with older people and was considered to be one of the benefits from the professionals’ perspective. This has not been without difficulties, in order for professionals to improve practice and responses to service

users, more time was required to involve older people in the assessment, gather the appropriate information and share this effectively.

There was evidence that older people had not needed to repeat the same information in most cases, and this had been linked to a reduction in worry in one case. Some older people indicated that repetition of information might only be an issue at times of crisis, which raised questions about the timings of assessments and the type of information required at different stages. Some staff also reported that they considered a reduction in duplication to be a benefit of the process, but again there were concerns over the time this took to achieve, with the current reliance on a paper based system being an issue. This was also an implication of a person centred approach; staff considered that additional demands caused by the increase in time this took and the assessment tool itself was an issue for them.

The study did provide evidence that the SAP could result in less duplication, whether it also reduced the worry for the older person is still open to debate, as this is difficult to prove or disprove. The effectiveness of the process might be restricted for professionals at present by the paper-based system that has been implemented, and the early stage at which the research took place – with indications that practice would further improve in time. Without the support of better and more integrated systems to back up the process, and recognition that this process will require more time, practitioners will struggle to deliver a the person centred approach to assessment that is demanded of them.

### **3.2 Further Research Recommendations**

Research has as yet not had time to measure effectively the impact of the new reforms, in particular the Single Assessment Process for older people, however this is about to change; The DOH has commissioned the Personal Social Services Research Unit to evaluate the development and impact of the SAP, and the study is due to be completed in 2006 (Challis et al 2004). This study will include collating service user perceptions to measure the extent to which their views were taken into account during the assessment, mirroring the research completed as part of this study but on a much larger scale.

A longitudinal study would be of benefit to establish whether duplication would be further reduced with the introduction of the electronic system, and whether as people progress through the system this is maintained.

There is a need in general for more qualitative research with older people and this should include the experience of being assessed. As only by involving older people in research of this kind, can their aspirations and needs for the future be established and appropriate services be developed.

### **3.3 Practice and Policy Implications**

The process needs to be continually evaluated and adapted as necessary to ensure that the improved partnership working between health and social care that is key to the successful implementation is achieved. Also, older people themselves should also be part of this evaluation and partnership in order to ensure that the process does not lose sight of the person centred focus it has been built on.

Professionals responsible for completing the assessments with older people need to be supported to enable them to achieve this effectively. They will require their learning and development needs to be met, and acknowledgement that in practicing in a person centred way might well demand more time.

The process itself will need to evolve over time, perhaps a piece of work to look at the process and determine the most appropriate time to gather the relevant information would be advantageous, as this may assist in alleviating stress at times of crisis.

In conclusion, The Single Assessment Process is effective in promoting a person centred approach, it can result in less duplication for the older person but this has implications for practitioners, the claim that it will also result in less worry cannot at be substantiated by this study.

Kim Baker.  
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