

# Single Assessment Process Research Project

**Counsel and Care's Survey into the implementation of  
the Single Assessment Process for Older People in the  
33 London Boroughs**

**Final Report January 2006**

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# 1 Policy Background

In June 2002, Government introduced the Single Assessment Process (SAP) for older people, with a two-year lead-in for full health and social services implementation by April 2004. It offered a new approach to the community care assessment process, focusing on person-centred care: placing the older person attempting to access support, their needs, views and objectives, at the heart of the needs assessment process. It aimed to do this through standardising and streamlining the needs assessment process on a national level, and encouraging much more effective joint-working between health and social services.

Counsel and Care welcomed the timely introduction of the SAP. We were aware through our Advice Service that many older people were required to have different assessments repeating the same detailed information to numerous health and social care professionals in order to get their difficulties resolved. We hoped that the SAP would end this frustrating duplication of information.

Under the new approach, one skilled professional has the responsibility to co-ordinate the assessment of the older person, help them explore their difficulties and establish their needs. If they need to seek more expert advice from another specialist, such as an occupational therapist or dietician, they should share the person's confidential information in a safe and secure way, directly with the specialist, in order to obtain a speedy expert opinion. The older person being assessed should not be expected to restart the process from the beginning. The assessment should explore every area of the older person's life, covering not just their health and practical needs, but also their psychological needs, such as the support they need to be able to maintain important relationships or the choice about where they want to live.

# 2 Introduction

Counsel and Care considered it would be an opportune time, a year on from supposed full implementation, to undertake a research study in order to establish the impact of the SAP on both older people and their families and carers, for whom the assessment process was introduced, and the staff responsible for its implementation.

Counsel and Care's Advice Service responds to over 5,000 enquiries each year. Throughout 2004-2005, we gathered statistics indicating that many older people and their carers in contact with our Advice Service were still continuing to experience poor quality needs assessments and duplication of information. Most were not informed about the SAP, its values or principles by the health or social care professionals they came into contact with. It seemed that some local council social services departments and primary care

trusts had not yet got to grips with the changes required for full implementation of the SAP.

### 3 Objectives

We were awarded funding from the Bridge House Trust to carry out our research study for a period of three years. The overarching theme of our research was to work towards a situation where:

- All older people living in London received the most appropriate Community Care through good quality needs assessments, co-ordinated by their local council Social Services.

We looked to achieve this through the following additional objectives:

- To establish what impact the SAP has had on older people living in London and the involved staff since its implementation in April 2004.
- To highlight effective assessment practices carried out by professionals, and use these examples to influence and improve the assessment process for older people living in London.
- To identify what and where the difficulties are that appear to impede good practice, and whether these are local or London-wide.
- To identify whether the reality of the SAP for older people living in London match the service delivery promise made by London boroughs.
- To identify the shortfalls (if any) and consider what future improvements are needed.

We wanted our research work to be a positive learning experience for all London boroughs, the outcome being to provide good practice examples to use as a learning tool to improve use of the SAP and, in turn, improve the assessment process for older people, their families and carers, living in London

#### 4.1 Methodology

We decided to make contact with the local council social services department and the primary care trust of each London borough to gain information on their perspective of how well the SAP had been implemented in their area.

In addition, we would make contact with a sample of older people and their families and carers from each London borough. We planned to use our Advice Service statistics to establish those who had contacted Counsel and Care for advice in the past year, and according to information provided, had

undergone, or should have undergone, an individual assessment of their needs in accordance with the SAP.

After consultation, we considered the most effective way of achieving our research objectives would be through dissemination of two questionnaires: one tailored to the SAP-leads from health and social services in the 33 London boroughs and a second tailored specifically to the sample of older people, their family and carers in London.

This way, analysis and comparison of questionnaire data could be made to see if results were in agreement or in conflict, and from this, whether the actual experience of the Single Assessment Process for older people concurred with the plans and expectations of each London borough.

The method of a postal or email questionnaire was chosen for professionals involved with older people and SAP, and the method of telephone interview for the older people and their carers. These different methods of approach were chosen due to the anticipated difference in prior knowledge of SAP between the two groups, stemming from the assumption that professionals involved with older people and the SAP would be more likely to recognise the terminology and, therefore, to respond well to a postal or email questionnaire, while many older people and their carers would be more likely to have little prior knowledge and find such terminology alienating. Through telephone interviews, we hoped to be on hand to provide instant definitions of the terms used, to answer any questions they might have and, in this way, to engage older people and their families and carers to provide a meaningful and informed response.

## 4.2 Questionnaire Design and Content

When developing the questionnaire design and content, our central concern was to tailor appropriately them to their potential respondents. It was important to their success to recognise that health and social care professionals would have high workloads and busy schedules, and this should be reflected in the design of the first questionnaire, while the second questionnaire should be structured in a way that would be accessible and appropriate for older people, their carers, relatives and friends. This might mean use of different terminology or more explanatory information.

### 4.2.1 Questionnaire for Professionals

We developed a questionnaire comprising nine questions for completion by health and social care professionals from the 33 London Boroughs (see **Appendix 1**). We chose the number of questions and the structure: seven closed questions, a space for comments and then two open questions, to maximise the amount of responses, while also ensuring quality.

The first seven questions covered the following factors:

- overall SAP implementation process
- consultation process with staff
- literature and information provided to staff and older people about the impending changes
- staff training
- partnership-working between health and social services
- whether it was felt the introduction of the SAP had had a positive effect on organisational culture
- whether it was felt the SAP experience had been a positive experience for older people.

These closed questions required a 'ratings' response on a scale of between 1 and 5. The ratings scale was varied so that on some questions, 5 was 'Very Positive' and on other questions, 5 was 'Very Negative'. This variation was to reduce automatic, knee-jerk reactions to questions.

The two further open questions were for the respondent to write briefly about:

- any concerns about the SAP since its implementation
- and, if so, whether these concerns were localised or London-wide.

Finally, there was a section where any further comments on issues the respondent felt would add to the consultation process could be included.

#### **4.2.2 Questionnaire for Older people, their families and carers**

The questionnaire aimed at older people, their families and carers consisted of six questions in total (see **Appendix 2**). It was designed to capture similar information to the first questionnaire, but from the perspective of personal experience. We reduced the number of questions between the first and second questionnaire: from nine to six, and the structure: five closed questions and one open question, in order to maximise the return-rate, while also ensuring meaningful responses. In particular, we were careful to construct the questions in as neutral a way as is possible using this type of research method, so not to subconsciously persuade them to take any one particular stance.

These questions covered the following factors:

- if provided, how useful was the information about the SAP
- whether carers and relatives felt included in the SAP
- when several professional opinions were needed, how well this was managed
- whether the older person (or their carer) was provided with copies of the assessment form or care plan (if appropriate) once completed
- their overall impression of the SAP

- what the older person (or their carer) felt could have been done differently to improve their experience.

The five closed questions required a 'ratings' response on a scale of between 1 and 5, with 1: 'Very Negative' and 5: 'Very Positive'. This was not varied due to difficulties experienced by respondents from the London boroughs.

Question 6 was an open question, offering an opportunity for respondents to say what they felt could have been done better. Space was left at the end for any further comments, not covered within the questionnaire.

## 5.1 Questionnaire Response-Rate

Overall, we were impressed with the level of openness shown by both the health and social services professionals from London boroughs, and also from older people, their families and carers, and the efforts made to answer all questions in a considered way. We were pleased with the high percentage of respondents to our two questionnaires, which produced a range of interesting data to analyse.

### 5.1.1 Questionnaire for Professionals

In making contact with each of the 33 London boroughs, we spent some time locating the lead officer for SAP implementation, before disseminating the questionnaires, making follow-up telephone calls and sending 'chase-up' emails. As we recognised the demanding nature of their work, we were, therefore, delighted to receive 23 completed questionnaires out of 33 in total, which was a very positive return-rate. Of the 33 London boroughs, only 2 explicitly stated that they did not want to participate in our project. Initially, another 8 agreed to participate, but were unable to do so due to either work commitments or inappropriate timing, such as holidays and sickness.

### 5.2.2 Questionnaire for Older people, their families and carers

We contacted each older person (or their carer) from our sample of 33 via telephone to discuss the aims of our research project. If they were willing to complete questionnaire, we provided definitions of the terminology used and answered any questions they may have had. After completing over the telephone, a printed version was sent to them to for signed approval. We received 12 completed questionnaires, 1 directly from an older person, 4 from carers and 7 from close relatives and friends that the older person trusted to respond.

In comparison to the return-rate for professionals, we received significantly less completed questionnaires for older people, their families and carers. This was due to a number of factors. In some cases, the older person was unwell, in hospital or due to other changes in circumstances, it was not appropriate for them to complete the questionnaire. Telephone questionnaires were also

much more time-consuming. Many took between half and one hour to complete, often requiring follow-up advice work.

However, we were pleased that once they understood the nature of the project, many older people, or carers, (many of which are older people themselves), appeared very keen to engage in the project. The quality of the responses we received still provided a varied and meaningful cross-section of experiences.

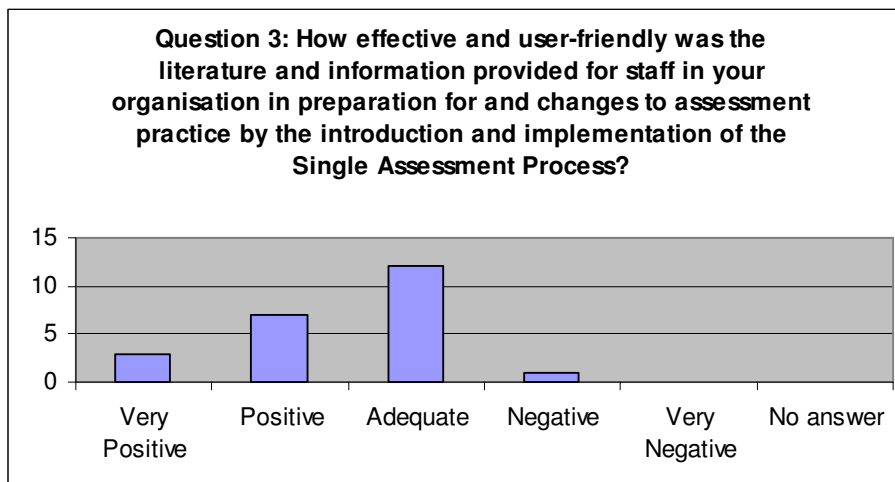
## 6.1 Analysis

Our findings were based on the results from both questionnaires, which we coded into five themes considered key to introducing successful implementation of the SAP:

- information-sharing
- consultation and involvement
- joint-working
- monitoring
- review.

### 6.1.1 Information-sharing

The majority of the London boroughs considered the literature and information provided by senior managers to staff was of a standard that was either 'positive' or 'adequate' in preparing them for the changes to assessment practice. As the chart below indicates, 13% thought the standard of information provided was 'very positive', 30% 'positive' and 52.5% 'adequate' and only 4.5% were 'negative'.



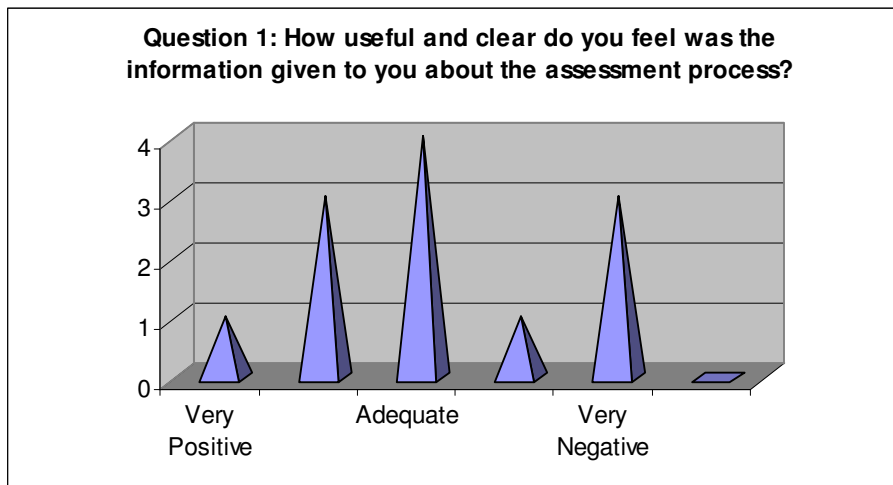
Many older people, their families and carers we contacted were unaware, until we explained to them, of SAP and its key principles. Once they understood these concepts, they were able to contribute in a meaningful way

to the research. When they were asked for their opinions about the standard of information provided to them about the assessment process, there was a wider range of responses to those provided by London boroughs:

A carer of an older person living in the London Borough of **Hackney** stated that: *'in general the information was adequate and well-explained'*.

A relative of an older person living in the London Borough of **Lambeth** stated: *I felt the assessments which were carried out for my mother in hospital were very good. I was given some information about the assessment process.'* However, a relative from another borough felt that the information given was 'adequate to provide short-term solutions ... but it failed to explain the longer-term picture'.

As the chart below indicates, 8.3% of older people, their families and carers thought the standard of information was 'very positive', 25% 'positive', 33.4% 'adequate', 8.3% 'negative' and 25% 'very negative'.



Clearly, while there were examples of good practice, there was still room for improvement in the standard of information provided by the London boroughs to older people, their families and carers. Of those that provided 'negative' or 'very negative' responses, the concerns highlighted were about either a complete lack of information provided throughout the assessment process; an initial lack of information, with more information provided only when pressed; or when the respondent had consulted an advice agency, and then queried the lack of information with the Health and Social Service professionals involved.

A relative from another London borough stated: *'I have no experience of this situation, nor my family, and it was sheer luck that my initial investigations for information put me in touch with such invaluable organizations as yourselves. I have read through reams of paper*

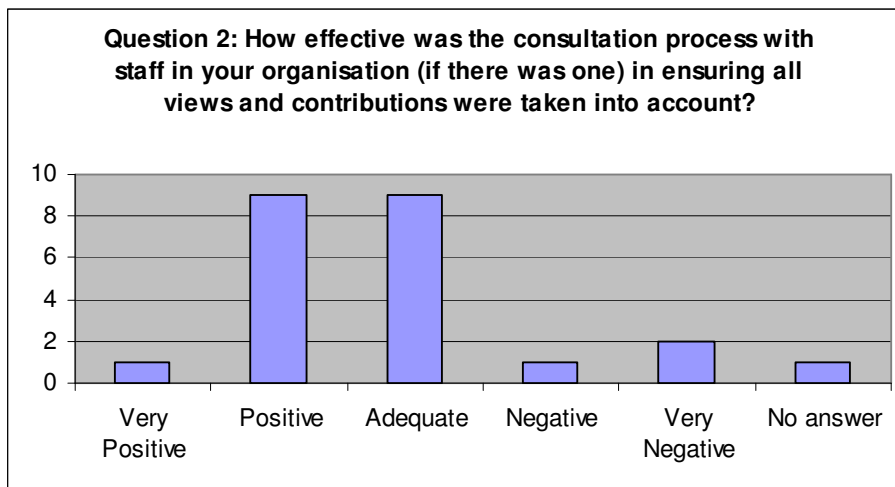
*and spent hours on the 'phone. My father-in-law could not have done that and a vulnerable, ill person certainly could not have. And I feel that I have only scratched the surface.'*

Their responses displayed how a lack of information can lead to feelings of erosion of power, increased anxiety and frustration. In addition, the lack of provision of any written details of the assessment and care plan undermines the excellent work undertaken during the assessment, as the older person, their families and carers are left without written documentation about their needs to refer to:

*'I was shocked about how much information was not offered, especially after having been provided with the information from other means, such as Counsel and Care and the Elderly Accommodation Counsel. It seemed like revelation after revelation, when I was provided with more information about what was supposed to be happening, and what clearly wasn't happening, such as the possibilities of intermediate care.'*

### 6.1.2 Consultation and Involvement

Our analysis indicated that appropriate consultation was a key issue for both professionals and older people, their families and carers, and in order for them to feel in control, empowered and included during the changes to the assessment process.

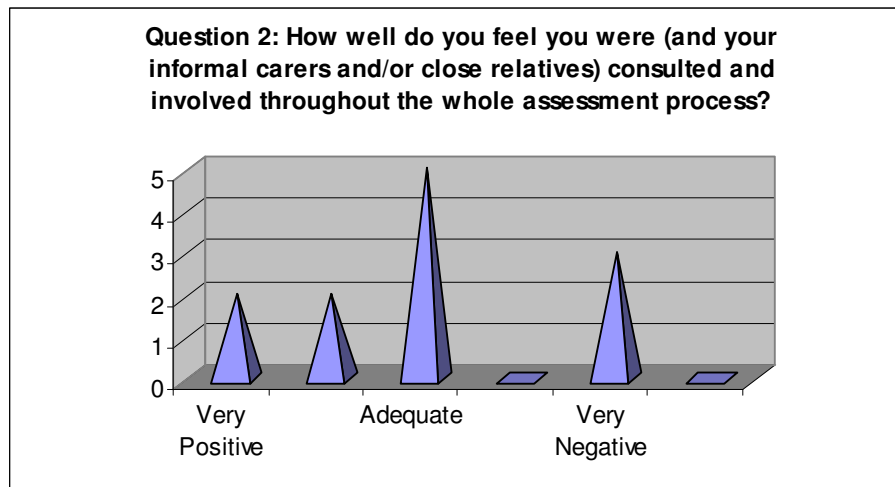


As the above chart indicates, health and social services professionals in London boroughs considered that overall the staff consultation process has been successful, with 4.3% 'very positive', 39.1% 'positive' and 39.1% 'adequate'. Only 17.3% considered it had been a negative experience.

Staff consultation is vital to encourage both an individual and collective sense of ownership of the new policy and empowerment in work practices. The

results demonstrated that in general the SAP-lead officers felt the consultation process was effective.

The responses about the effectiveness of the consultation process for older people, their families and carers, were less clear-cut. As the chart below demonstrates, 16.7% of older people, their families and carers thought the consultation process provided by health and social services professionals about the new assessment process was 'very positive', 16.7% 'positive' and 41.6% 'adequate'. While there were no 'negative' responses, 25% provided 'very negative' answers.



However, it is heartening to read the detailed comments included in the questionnaire when a positive SAP experience did occur in terms of consultation and involvement. Generally, the most positive feedback was provided when the respondent felt that a person-centred assessment had been carried out. In these experiences, the social services and health professionals took into account the older people's views and wishes and that of their carers during the assessment process. It was felt the process was managed well, and a caring and supportive attitude was shown.

There are included here according to the London borough area where the older person, family member or carer was resident:

- **London Borough of Barnet** - *'Social services were listening to my views'. ... 'The hospital made a point of involving me in the assessment process and were caring towards me, and my needs as well as my husband's.' ... 'Both the social worker and the occupational therapist managed my husband's assessment well. Previously, prior to discharge, the hospital consultant also managed the assessment process effectively'.*

- **London Borough of Bromley:** *'In addition to the carer's assessment, my husband had an assessment of his own needs carried out last November by social services. I was able to be present at the assessment. I was able to contribute where necessary, and contradict my husband's responses where appropriate.'*
- **London Borough of Hackney:** *'My mother has dementia and it was hard work for the assessor to include her, although every effort was made.'*
- **London Borough of Islington:** *'My uncle was single and had a group of friends so a party of us was looking after his interests ... everyone was satisfactorily involved in the overall assessment.'*
- **Royal Borough of Kensington and Chelsea:** *'I feel that my views were consulted pretty well. The social worker rang me several times and I was impressed by her thoroughness in terms of contacting me, explaining the process, and suggesting the possible options.'*
- **London Borough of Lambeth:** *'I felt that the assessments which were carried out for me in hospital were very good. I was able to be present at all the assessments, to support my mother, due to her memory loss, and she was capable of providing answers to the questions asked.' ...'The doctor allocated to do the psycho-geriatric assessment was excellent. The tests were carried out in my mother's home with me present. Very exhaustive tests all done with understanding, empathy and in a very professional manner.'*
- **London Borough of Newham:** *'For the second (assessment) the social worker was fantastic. Helpful, listened, respectful of Mum AND even cared about me! I really don't feel that Mum (or I) could have had a better service.'*

These responses showed clear evidence of a commitment to sound and professional assessment practice by individuals working in both health and social services in London boroughs, despite huge changes to the assessment processes and organisational cultures.

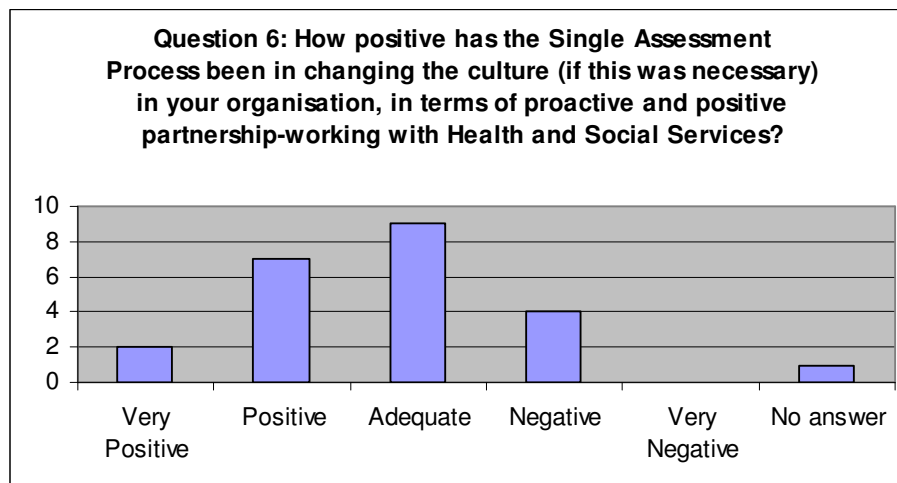
The areas of concern raised were about lack of information provided for carers, lack of or limited involvement of either the older person or the carer and limited discussion about possible options and future implications of decisions.

Some of the less positive responses included here, demonstrate the shortfalls with consultation and involvement, particularly in relation to the carer and with provision of adequate information:

- *'My impression was that there were gaps in the assessment and there was need for more discussion. Not enough information was provided for me to have a complete grasp of what should be included in the assessment. Consequently, I wasn't aware that my husband's social, emotional and psychological needs should have been addressed in the assessment and if appropriate, written up in his care plan'. ... 'More people involved in talking with me about my husband's care would have made the assessment process more positive – move involvement and discussion.'*
- *'While I appreciated the support the council provided for my father, where they were very good, I feel more thought for the main carer should have been included in the assessment. They didn't consider my other caring responsibilities, and the time and costs of the journey. It would have been helpful to have more involvement and a more personal touch.'*
- *'The funding issue aside, I had the feeling that both Health and Social Services are trying to keep you in the dark, and control the information we have access to. My brother and I found the information ourselves, has assistance from advice agencies over the telephone. We found that you don't know what you don't know.'*

### 6.1.3 Joint-working

For the health and social services professionals, the issue of joint-working for health and social services – a key SAP principle – was where the key difficulties arose, especially when more joint-working meant having to change the whole culture of the organisations. However, joint-working between health and social services professionals, in particular, in reducing duplicate assessments and waste of staff resources is integral to the philosophy and success of the SAP.



The chart above shows 8.7% were 'very positive', 30.4% 'positive', 39.1% 'adequate' and 17.4% 'negative'. While there was a majority of 'positive' or 'adequate' responses, it is important to note the increased number of 'negatives' compared with previous themes.

The negative feelings about the limits to joint-working and cultural changes were highlighted in the additional feedback provided, where almost 50% of the London boroughs highlighted partnership-working between health and social services as a concern. Only two boroughs provided additional positive feedback where it was felt there had been successful partnership-working between the organisations as a whole:

- **London Borough of Camden:** stated that their teams *'using SAP have been targeted to include those working with same-type clients, namely, housebound in the community. This includes district nurses, social workers, intermediate care and community social services teams. Now there is interest from other organisations, such as Age Concern Camden, the Day Centres (Resource Centres) Housing and others.'*
- **London Borough of Hackney** stated they felt it *'has very successful partnership-working across primary (not GPs), secondary, mental health and social care'.*

Despite this success, there is also much evidence of concern from the London boroughs about the difficulties being experienced with partnership-working between health and social services departments.

In some cases, these difficulties are felt to be of a practical nature, for example, incompatible IT systems and the difficulties found in resolving this.

These difficulties can be seen in these two quotes:

- *'Health need to catch-up in terms of IT and areas of practice.'*
- *'Issues about the interface between the NHS solutions (both interim and core) and the Local Authority database systems. We do not want a system of double entering.'*

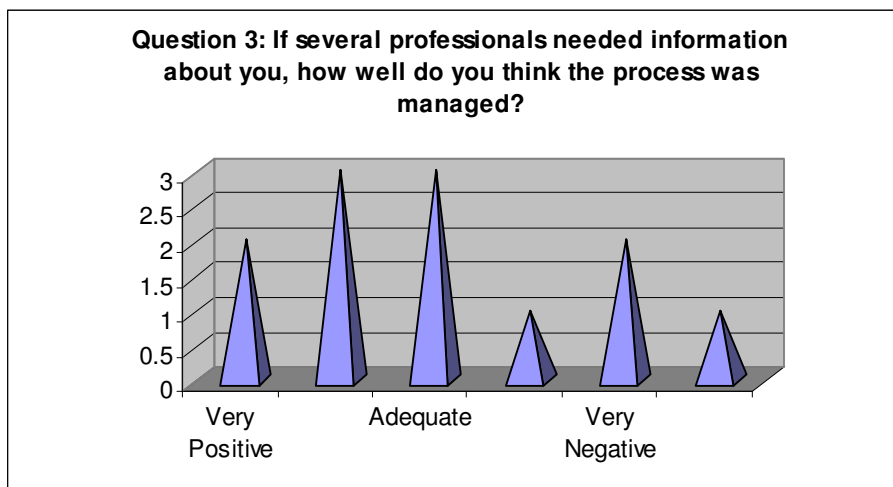
But, for many other London boroughs it is considered that there is far more work to be done to change the culture and encourage closer working practice, as can be seen in these quotations:

- *'The culture of how two large organisations [the Social Services Department and Primary Care Trust] work has been a real issue in itself. Operationally, there have been difficulties in ensuring a standardised and consistent approach with the business processes.'*
- *'Acute Trusts and GPs do not use the SAP.'*

- *We 'still need to do more developmental work with health and the voluntary sector. Currently Social Services complete the vast majority of assessments.'* (The) *'Acute Trust has been slow to engage'*.
- *'Up until now the process has been difficult with little active participation by health services.'*
- *'Trying to persuade acute, primary and community sectors that their joint involvement is really crucial.'*
- *'National CRS seems too geared for health purposes.'*

In addition to incompatible IT systems and assessment tools, the major stumbling-blocks for health and social services were highlighted as inflexible work cultures and bureaucratic restraints, and also a lack of ongoing joint-training programmes.

With regards to older people, their families and carers, we asked them how they felt the assessment process was managed in terms of 'duplicative' assessments and repeat requests for the same information by several professionals. As the chart below displays, 16.7% were 'very positive', 25% 'positive', 25% 'adequate', 8.3% 'negative', 16.7% 'very negative' and 8.3% 'declined to answer'.



Again, there was a range of responses. The two examples of positive feedback below seems to indicate that despite the London Boroughs' misgivings, from the point of view of older people, their families and carers, health and social services professionals, were able to work well together.

- **London Borough of Barnet:** *'Both the social worker and the occupational therapist managed my husband's assessment well. Previously, prior to discharge, the hospital consultant also managed the assessment process effectively.'*
- **London Borough of Newham:** *'The care manager accompanied the social worker on her second visit and really added value to the process:'*

*suggested a personal alarm, safety tips in the home, firm when he needed to be with Mum, but never rude – Great!*

But, these answers can be contrasted with the issues raised by the relatives of other older people who stated:

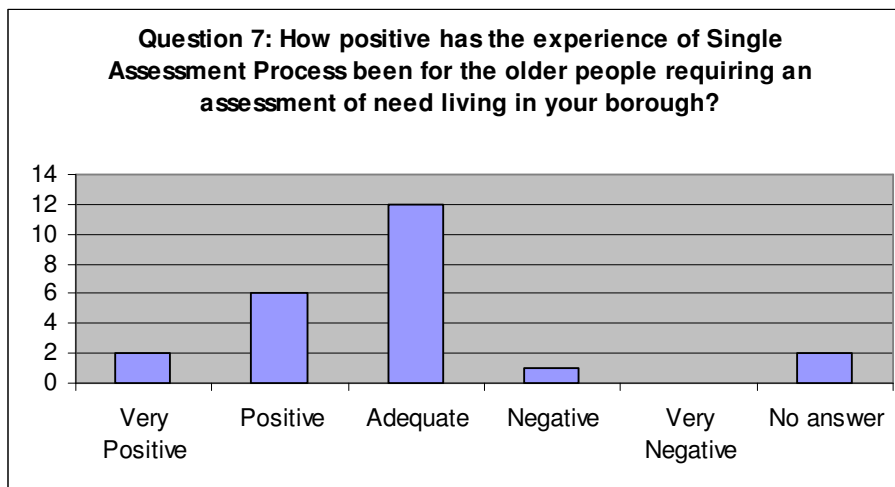
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- *'It would have been better if different agencies/professionals could share information, such as risk assessments. It was stressful for my mother to keep meeting new people who asked her questions. She could not grasp what this was about.'*
- *'They may have liaised well with each other, but not with us: my mother and her family.'*
- *'Unfortunately my mother and I had to have a number of assessments. Each new service that was offered wanted to do their own risk assessment – information was not shared'*

This contrast highlighted how within some London boroughs one of the key principles of the SAP, that of reducing duplicative assessments and improving information sharing was still not happening effectively.

### 6.1.4 Monitoring and Review

In order to judge the success of the implementation of the Single Assessment Process, the outcomes must be monitored and reviewed, so that successes can be promoted and lessons can be learned and acted upon. As the chart below displays, 8.7% considered SAP implementation had affected the experience of the assessment process for those older people living in their borough in a very positive way, 26% felt it had been 'positive', 52.2% 'adequate', 4.4% 'negative', and 8.7% 'declined to answer'.

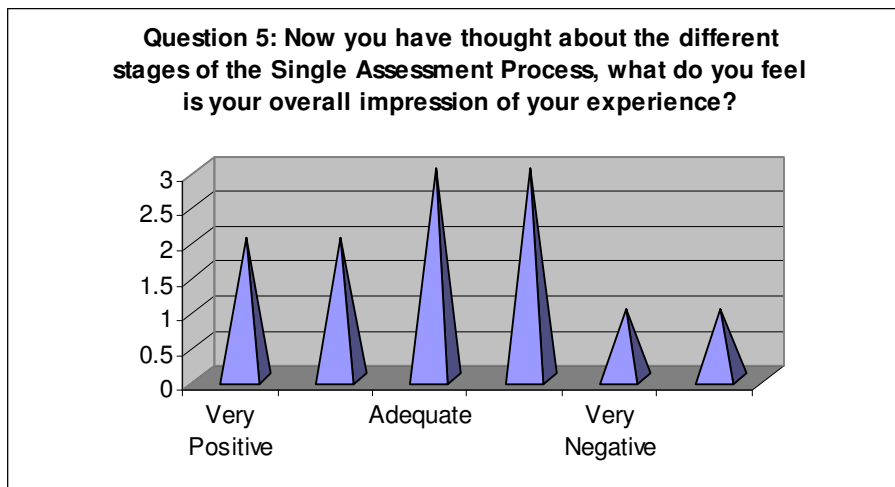


Many of the London boroughs expressed difficulty in providing a meaningful answer to this question. This difficulty appears to be based on the need for, but lack of, statistical data. What became clear during analysis of the responses was that not many of the London boroughs involved had yet taken steps to audit the impact of SAP themselves by asking for feedback from their services users. Or, if assessment reviews were planned, the boroughs did not yet have results upon which to base a meaningful response. This difficulty is both demonstrated by the high number of 'adequate' responses and those who 'declined to answer'.

However, the **Royal Borough of Kensington and Chelsea** was positive about the impact of SAP on the older people they provide services for when they stated: *'From the discovery interviews carried out in the early stages with the assistance of volunteers from one of our voluntary organisations and follow-up calls to users, a high satisfaction rate was recorded.'* This statement was qualified by the recognition that *'we don't think older people would recognise the term, Single Assessment Process'*.

We can certainly cite the practice of using independent volunteers to undertake quality checks for older people in this borough as an example of good practice.

With regards to older people, their families and carers, we asked them about their overall impression of their experience of the SAP. As the chart below displays, again, there was a broad range, with 16.7% 'very positive', 16.7% 'positive', 25% 'adequate', 25% 'negative', 8.3% 'very negative' and 8.3% 'declined to answer'.



The positive feedback provided about their overall impressions of the SAP was focussed around the importance of feeling able to raise any concerns they may have had about the process with the professionals involved, and unbiased, proactive involvement by the allocated social worker:

- **London Borough of Barnet:** *'It was generally OK. I feel that if I do have concerns, I can raise them with social services. The social worker who carried out my mother's review seemed very impartial.'*
- **London Borough of Camden:** *'I appreciated the support the local council provided for my father where they were very good ...'*
- **London Borough of Hounslow (older person):** *'I felt my assessment was well done.'*
- **London Borough of Kensington and Chelsea:** *'I must say, on the whole, pretty good. My aunt was impressed by the social worker that carried out the initial home visit. ... After her second stay in hospital, and her needs had increased, the same social worker found a room in a care home in Kew for my aunt, and contacted me and encouraged me to visit it immediately. I was fully involved by the social worker, and we were all grateful for that, as the room was excellent. Overall, I was impressed.'*
- **London Borough of Newham:** *'I have nothing but praise and gratitude for the work of Mum's social worker and daily care assistant. They provide her with the support she needs and respect her dignity.'*

The negative responses seemed to be made by those who felt they were not able to raise concerns or queries about the process with professionals, and/or when they felt that the approach of the professionals involved was not independent, but influenced by other concerns, such as lack of funding or resources.

Two relatives stated:

- *'I feel I know just enough now to (hopefully) ask the right questions when it comes to my turn to be assessed! But I think more could be done to tell everyone involved what the 'Best Practice' is for the assessment procedure so that we all know what our 'rights' are – I mainly gleaned this from charities' publications, including yourselves, who were invaluable!'*
- *'I felt it was quite negative. I was advised to contact PALS for support, but found that they were a waste of time, as they were not independent, and seemed to be just echoing the views of the PCT, not offering unbiased help to each individual.'*

And a carer felt that there were: *'gaps in the assessment and there was need for more discussion.'*

It is important to note that though older people may not immediately recognise the term: 'Single Assessment Process', a key responsibility of all professionals involved in an individual needs assessment is to ensure that the older person feels consulted, involved and in control, at all times. It is important that it is explained to the older person (or their carer when appropriate) what the SAP will mean to them in terms of the process, professional involvement and possible outcomes.

Counsel and Care receive many calls from older people and/or their representatives, where they have not been provided with suitable information about the assessment process, a written copy of their assessment or care plan, or where they feel unable to raise concerns about their care.

## **7 Recommendations**

From our research, we were able to identify good practice that other organisations and professionals can replicate in order to improve their service delivery, and have been able to highlight some of the hurdles and barriers to full SAP implication. We have also from the experiences of older people, their families and carers been able to establish what they value in the assessment process and what causes them distress. We feel that it is important for professionals and organisations, not only those responsible for service delivery, but also those responsible for regulation and support systems, to continually listen to their staff, but most importantly, the vulnerable people they serve.

### **7.1.1 Audit**

The SAP was expected to be fully implemented by April 2004. Our research highlighted the need at this time for health and social services to undertake an audit, learn from the outcome, reward and validate good practice, and implement any improvements necessary. This will ensure SAP is an organic process, growing and developing to meet the changing needs of the older people, not only in London, but across the country.

### **7.1.2 Training**

Ongoing joint-training programmes between health and social services are needed to breakdown the barriers between their traditional models of practice and to ensure that a seamless, quality service is provided to older people, their families and carers.

### **7.1.3 Independent Advocacy**

In this research it is clear that despite valiant attempts of some health and social services professionals, the voices of older people, their families and carers are not always heard. The importance of independent advocacy was highlighted to ensure the voices of older people are heard in the policy-making process:

- *'I feel that it is what they don't tell you that is the problem. More information needs to be provided about the different possibilities and alternative ways forward. 'Sometimes, you can be overwhelmed by an official person, perhaps following their own agenda, and under their own pressures, and it would help to have an independent person to be able to ask questions of and receive accurate, unbiased answers'.*
- 'It needs an independent advocate to discuss the situation, someone completely independent of either the NHS or social Services, but

knowledgeable, who can talk over the options. In my experience, there was always conflict between social services and different health departments regarding the funding, and it would have been very helpful to talk to someone who wasn't influenced by budgets and funding restrictions.'

At present, the quality and availability of independent advocacy is based on a postcode lottery. Our Care Link project, funded by the Balance Foundation aims to locate these gaps and to promote support for local advocacy groups throughout London and nationwide. However, commitment from Government is required to fund and support a national network of independent advocacy groups. It should also be recognised as a professional training, and support systems must validate it.

### **7.1.3 Independent Advice and Information**

It is clear that independent advice and information services remain central to ensuring that older people, and their families and carers, are able to navigate the social care system. The pressure on health and social services professionals means signposting and assistance to arrange services for an individual is often overlooked.

## 8 About Counsel and Care

Counsel and Care is a national charity that aims to get the best care and support for older people, their families and carers. We work with older people and their carers to ensure they are aware of and receive their rights and entitlements, and promote choice and control in later life. We operate an advice service which deals with 5,000 enquiries per year, through telephone calls, emails, letters and our website. The frequency of contact we have with older people and the issues raised through this service are used to inform our campaigning and lobbying work.

The advice service is an expanding part of the organisation as ever-increasing numbers of people are in need of advice and guidance about issues affecting older people, particularly on care and support. Enquiries are answered in detail and are followed up with a tailored letter, which emphasises the options available in each case, and provides a resource that people can revisit for guidance.

Counsel and Care  
Twyman House  
16 Bonny Street  
London  
NW1 9PG

[www.counselandcare.org.uk](http://www.counselandcare.org.uk)

Advice line: 0845 300 7585

## 9.1 Appendix 1

### Counsel and Care Questionnaire

#### Identifying Good Practice of the Implementation of the Single Assessment Process (SAP) in London Boroughs

London Borough of.....

Your Role in the Council.....

.....

Please read the questions carefully and circle the number that most reflects the appropriate answer. This may be a collective response.  
Please note that the order of grading will be varied.

1 How effective in your organisation was the overall implementation of the Single Assessment Process?

5 4 3 2 1

*(Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.)*

2 How effective was the consultation process with staff in your organisation, (if there was one) in ensuring all views and contributions were taken into account?

5 4 3 2 1

*(Please circle 5 for very negative, 4 for negative, 3 for adequate, 2 for positive, 1 for very positive.)*

3 How effective and user-friendly was the literature and information provided for staff in your organisation in preparation for and changes to assessment practice by the introduction and implementation of the Single Assessment Process?

5 4 3 2 1

*(Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.)*

- 4 How effective was the training, if provided, in enabling staff to understand and incorporate the changes required by the Single Assessment Process into their work practices?

5 4 3 2 1

*(Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.)*

- 5 How effective has the partnership-working process with Health/Social Services been in your organisation, which may include the use of a joint assessment tool (assessment form), IT systems and other information-sharing processes?

5 4 3 2 1

*(Please circle 5 for very negative, 4 for negative, 3 for adequate, 2 for positive, 1 for very positive.)*

- 6 How positive has the Single Assessment Process been in changing the culture, (if this was necessary), in your organisation, in terms of proactive and positive partnership-working with Health/Social Services?

5 4 3 2 1

*(Please circle 5 for very negative, 4 for negative, 3 for adequate, 2 for positive, 1 for very positive.)*

- 7 How positive has the experience of Single Assessment Process for the older people requiring an assessment of need living in your borough?

5 4 3 2 1

*(Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.)*

- 8 Following the implementation of the Single Assessment Process, is it considered that there are still areas of concern to be addressed? Please briefly describe.

- 9 If there are concerns, are these considered to be borough-specific or are these London-wide concerns?

Any further comments not covered within the questionnaire, which may be helpful, please add below:

Please return your completed questionnaire by post or email by Friday 10<sup>th</sup> June 2005 to:

Anna Maloney,  
Counsel and Care,  
16 Bonny Street,  
London,  
NW1 9PG

[anna.maloney@counselandcare.org.uk](mailto:anna.maloney@counselandcare.org.uk)

## 9.2 Appendix 2

### Counsel and Care Questionnaire

#### Identifying Good Practice of the Implementation of the Single Assessment Process (SAP) in London Boroughs

Please circle one of the categories below:

Are you an/a:

OLDER PERSON

FRIEND/RELATIVE

CARER?

What area of the United Kingdom do you reside in?

.....

The Single Assessment Process is where someone from your council Social Services (perhaps a social worker) and Health Services (perhaps a nurse or occupational therapist) asks you what your difficulties are (or those of the person you care for) and then plans with you what help you need to overcome these difficulties.

**Please read the questions carefully and circle the number that most reflects the appropriate answer. This may be a collective response.**

- 1** It is important that you were able to understand what was going to happen at each stage of your assessment.  
 How useful and clear do you feel was the information given to you about the assessment? Did it explain what was going to happen at each stage of the assessment of your difficulties and planning of the support that you need?

**5 4 3 2 1**

**Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.**

Please also add any comments you feel may help to explain your thoughts and views:

.....  
 .....  
 .....  
 .....

.....  
.....

**2** It is important that, with your permission, your informal carers and/or close relatives are able to be involved in your assessment, and contribute their views. How well do you feel you were (and your informal carers and/or close relatives) consulted and involved throughout the whole assessment process?

**5 4 3 2 1**

**Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.**

Please also add any comments you feel may help to explain your thoughts and views:

.....  
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.....

**3** Sometimes, several professionals (for example, social workers, doctors, occupational therapists) need to provide their professional opinion in order to be clear about the causes of your difficulties. In order to do so they may need more information from you. If this was the case for you, how well do you think this process was managed?

**5 4 3 2 1**

**Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.**

Please also add any comments you feel may help to explain your thoughts and views:

.....  
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**4** Following your assessment, you should be provided with a written care plan and, if possible, a copy of your assessment form by the person co-ordinating your assessment. This form should identify your difficulties and what support will be provided to help you cope. If you were given a copy of your care plan and your assessment form, how well do you think they covered all of your difficulties and the support that you needed?

5 4 3 2 1

Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.

Please also add any comments you feel may help to explain your thoughts and views:

.....  
.....  
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.....

5 Now you have thought about the different stages of the Single Assessment Process, what do you feel is your overall impression of your experience of the assessment process?

5 4 3 2 1

Please circle 5 for very positive, 4 for positive, 3 for adequate, 2 for negative, 1 for very negative.

Please also add any comments you feel may help to explain your thoughts and views:

.....  
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6 If you circled numbers 1 to 3 for question 5, what do you think could have been done differently which would have made your experience of the Single Assessment Process more positive for you?

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.....  
.....

Any further comments not covered within the questionnaire, which may be helpful, please add below:

Please return your completed questionnaire by post or email.

Anna Maloney,  
Counsel and Care,

16 Bonny Street,  
London,  
NW1 9PG

[anna.maloney@counselandcare.org.uk](mailto:anna.maloney@counselandcare.org.uk)