Trainers & Learners Guide

If I’ve told you Once

Introducing The Single Assessment Process

Written and complied by Marion Dakin
This guide has been developed from work initially undertaken to support the implementation of the Single Assessment Process in **Dudley, West Midlands**, particularly section 4 and 5. I am grateful to the Dudley’s Older People’s forum who provided me with some of the ideas on how person centred care should be implemented in practice.

Slides on person centred care were developed for **Solihull MBC**

**Marion Dakin**

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**About the Author**

Marion is an independent trainer/consultant

Marion qualified as a social worker in 1987, and worked for six years with older people with mental ill health. She was an Approved Social Worker (Mental Health Act 1983). Marion has also worked as a Team Manager and Provider Manager (learning Disabilities). She has spent several years in staff development within a social care setting. Her particular interests are mental health, adult protection, multidisciplinary working and post qualifying awards for social work. She uses innovative ways of developing staff such as the use of drama in training.

Marion is the author of “What If” a video assisted training pack focusing on raising awareness of adult protection issues (published by Pavilion); the executive producer for “Just Say It Once,” and “ If I Have Told You Once…” videos made to support the introduction and implementation of the Single Assessment Process.

Website: [www.mariondakin.com](http://www.mariondakin.com)
Using the Guide

The guide consists of ideas about how to use the video materials:

- In a facilitated staff development session, with supporting slides/OHPs and exercise/discussion points
- By Individual learners

The written materials give a broad application of the Single Assessment Process and should be supplemented by information on local approaches to implementation.

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The video introduces the viewer to the need for the Single Assessment Process through an opening scene where an older person is visited by several professionals who all want the same information for their assessment. This is followed by a series of short interviews with key personnel such as the Director of the Change Agent Team, service users, a chief executive of a PCT, a General Practitioner, an Occupational Therapy manager and a Social Work manager. The principles of person centred care, information sharing and person held records are explained with a return to the experiences of the older person.

- Key learning points are bullet pointed to reinforce the messages given in the video
Planning a Training Session

Things to think about before a session

- Familiarising yourself with the materials
- Your aims for the session
- The role of participants e.g. job responsibilities or User and Carer
- Local approaches to SAP, you don’t need all the answer but where to find them!
- Venue including accessibility

For a group session lasting about an hour and a quarter you will need:

- Video player or DVD player (and tape or DVD)
- OHP or powerpoint
- Flipchart, paper pens
- Copies of any handouts/exercises
- Supporting information concerning local implementation
- Evaluation forms
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Materials</th>
<th>Thoughts to Think About</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 5 mins</td>
<td>Welcome and Introductions. Aims of the session</td>
<td>Use slide 1</td>
<td>Dependent on the number of people, ask for introduction by name and role. Provide aims of session as a handout.</td>
</tr>
<tr>
<td>2. 10 mins</td>
<td>Why do we need SAP, what are participants perceptions?</td>
<td>Use exercise one</td>
<td>Giving participants 5 minutes to think through the 10 questions about SAP. It is supposed to be an “ice breaker” &amp; “light hearted”. Take collective answers and link into what the session is about.</td>
</tr>
<tr>
<td>3. 6 mins</td>
<td>Brief presentation to demonstrate why SAP is necessary</td>
<td>Slide 2 (The jigsaw)</td>
<td>This presentation only needs to brief to reinforce the learning from the introductory exercise and prepare participants for the video.</td>
</tr>
<tr>
<td>4. 1 mins</td>
<td>Introduction to the video</td>
<td></td>
<td>Providing a brief explanation of what they about to see in the video, ask participants to think about the key principles SAP introduces and ways of working (person centred care /levels of assessment etc.)</td>
</tr>
<tr>
<td>5. 18 mins</td>
<td>View video</td>
<td>Video or DVD</td>
<td>The video can be stopped at key learning points, however people find watching it straight through most useful.</td>
</tr>
<tr>
<td>6. 5 mins</td>
<td>Taking responses to the video</td>
<td>Flip Chart</td>
<td>Take responses from the group. Key points to cover are, person centred care, information sharing, levels of assessment.</td>
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<tr>
<td>7. → 15 mins</td>
<td>Thinking in more detail about SAP</td>
<td>Exercise 2: Identifying the advantages for service users and carers and staff</td>
<td>Dependent on numbers split the group into small groups of 4 or 5. Refer to sections 3 and 5 of written materials</td>
</tr>
<tr>
<td>8. → 5 mins</td>
<td>Brief feedback on exercise</td>
<td>Refer to written material section to support you.</td>
<td>Take brief responses from group</td>
</tr>
<tr>
<td>9. → 10 mins</td>
<td>Developing participants understanding of the levels of assessment</td>
<td>Slides</td>
<td>Provide illustrations of how the different levels of assessment may work locally. But keep it simple as this is only an introductory session.</td>
</tr>
<tr>
<td>10. → 5 mins</td>
<td>Summary of learning and evaluation</td>
<td>Use slide</td>
<td>Don’t introduce anything new here. This part is to reinforce the key learning points from the session. Ask for evaluation of session to be completed.</td>
</tr>
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Exercise One
True or False?

Think about the statements below, decide if they are true or false

1. The single assessment process only applies in this geographical area.
   True/False

2. The single assessment process forms part of the government’s agenda for modernising health and social care.
   True/False

3. It’s up to local areas to decide whether to implement the process, or wait and see how other areas are doing it.
   True/False

4. The single assessment process will be applicable to all people who need some sort of care.
   True/False

5. One of the reasons the single assessment process has been introduced has been to try and avoid duplication of assessments.
   True/False

6. The single assessment process will only be carried out by particular disciplines.
   True/False

7. The single assessment process introduces new levels of assessment
   True/False

8. The single assessment process means more paperwork
   True/False

9. The way information is shared between agencies will be subject to the person’s written consent
   True/False

10. Person centred care is at the heart of this process
    True/False
Exercise One
True or False ? ANSWERS

1. The single assessment process only applies in this geographical area.
   False, It's a national initiative

2. The single assessment process forms part of the government’s agenda for modernising health and social care.
   True, It is part of Standard 2 National Service Framework for Older People

3. It's up to local areas to decide whether to implement the process, or wait and see how other areas are doing it.
   False, SAP was introduced in all areas as from 1.4.04

4. The single assessment process will be applicable to all people who need some sort of care.
   False, It's usually only applied where people have health and social care need (refer to local definitions)

5. One of the reasons the single assessment process has been introduced has been to try and avoid duplication of assessments.
   True, Yes this was the experience of many people

6. The single assessment process will only be carried out by particular disciplines.
   False, SAP should be part of good multi disciplinary working

7. The single assessment process introduces new levels of assessment
   True, There are 4 levels of assessment

8. The single assessment process means more paperwork
   Depends on how its being implemented!

9. The way information is shared between agencies will be subject to the person’s written consent
   True, It builds on best practice with written consent usually being required

10. Person centred care is at the heart of this process
    True, this is one of the main aims of the process
Thinking about some of the developments & changes that the single assessment process will bring.
List the advantages for:

<table>
<thead>
<tr>
<th>Service users</th>
<th>Carers</th>
<th>Staff in hospital settings</th>
<th>Staff in the community</th>
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</table>

How can you develop your practice in relation to person centred care?
What was the most useful aspect of this workshop?

What could have been better about this workshop?

Two actions I will be taking after this workshop?

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Job role:
Written Materials to Support Training and Learning
The Single Assessment Process forms part of the Government's agenda for modernisation of Health and Social Care Services. It represents one of the biggest changes to the way that health and social care is delivered since the implementation of the NHS & Community Care Act 1990; as it requires greater collaboration between agencies and the development of integrated working practices. Therefore, it will have an impact on all staff involved in working with people who have health and social care needs.

Specifically, the Single Assessment Process is introduced through the National Service Framework for Older People (NSFOP) Standard Two. This standard is concerned with Person Centred Care, it 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.” (National Service Framework for Older People 2002).

The need to introduce a Single Assessment Process is based on several national trends such as:

- An aging population
- A recognition that despite contact with services there is a high level of undiagnosed depression in older age.
- Increased number of people with early onset dementia.
- People from different ethnic or cultural backgrounds do not always have their needs properly assessed.
- The experience of many people who come into contact with health and social care agencies is that there is frequently a duplication of assessments.

The Single Assessment Process applies to people who have more complex needs and may therefore require a response from more than one agency or service. It was implemented from 1st April 2004.

Whilst the implementation of the Single Assessment Process was initially intended for older people aged 65 and over, many areas are extending the use of a Single Assessment Process to all adults as the benefits of the approach are recognised.
What does the Single Assessment Process aim to do?

- Ensure individuals are placed at the heart of the assessment and care planning, and these processes are timely and in proportion to individuals needs

- Avoid duplication of assessments, avoiding the need for service users and carers to repeat their information.

- Information is collected and shared as effectively as possible, subject to consent

- Individuals have a copy of their records such as assessments and care plans.

- Multi agency working is further developed
What are the benefits of the Single Assessment Process?

The Benefits for Individuals and their Carers

- A person centred approach is taken, so that the person is kept at the centre of discussions, they are recognised as experts in their situation, their needs and aspirations are taken into account.
- Carers needs are recognised.
- Assessments are not duplicated.
- Individuals have a record of their assessment and care plans.
- Information concerning an individual is shared with the permission of the individual
- Subsequent care arrangements are well co-ordinated.

The Benefits for Staff

- There will be a common format for assessments.
- Information will be accessible to those who need it, subject to the agreement of the person concerned. Many areas are developing information sharing protocols to ensure that information is shared appropriately
- Multi agency working will be improved,
- Services will be better co-ordinated.
What Changes will there be with the Single Assessment Process?

There will be several changes:

<table>
<thead>
<tr>
<th>Change In practice this will mean Introduce Person Centred Care</th>
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<tbody>
<tr>
<td>This builds on best practice by placing the person at the centre of any of the processes. The person should be an active participant. The person’s expertise in themselves will be recognised, with professionals taking a partnership approach to the management of the persons care.</td>
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<tr>
<th>An information sharing protocol will be implemented.</th>
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<tr>
<td>In most areas service users will give written consent for information to be shared between agencies. This builds on best practice of obtaining verbal consent to share information. Service user information will be collected, stored and updated in a shared process, so that information is available to appropriately qualified staff across the participating agencies. Most areas are working towards an IT system for this.</td>
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<tr>
<th>Assessments will be carried out in a common format, initially this may be a paper based record, whilst a computer based approach is adopted.</th>
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<tr>
<td>There will be four levels of assessment. Contact, Overview, Specialist, &amp; Comprehensive. The contact and overview assessments will be on common format. Many areas have chosen to keep their specialist assessment in an existing format. Many areas have not yet implemented an IT based solution to collecting and sharing information.</td>
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<tr>
<th>Person Held Records</th>
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<tr>
<td>People will routinely be given a copy of their overview assessment, care plan or statement of service delivery. This will be kept by the person at their own residence and can be taken with them to hospital.</td>
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<tr>
<th>The process will introduce “Single Assessment Care Coordinators”</th>
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<tr>
<td>The SAP care coordinator will be a professional involved with the care of that person who will act as the first point of contact for the individual and where necessary coordinate the assessment and subsequent care plan.</td>
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What is Person Centred Care?

Older people’s accounts of their needs and their views and wishes must be kept at the centre of all discussions and decisions that are made. The strengths and abilities that individuals can bring to their situation should also be acknowledged and taken into account.

... remember that the person who is most expert in the care of an individual older person is that older person. Hence the contribution that an older person can make to their care and related decisions, no matter their disabilities or difficulties, should not be underestimated or under-valued”
(Dept of health Guidance on the implementation of the Single Assessment Process 2002)

What does this mean for my practice?
Do I need to change the way I do things?

The simple answer is Yes, we can all improve the way we practice so that we make a real difference to the quality of life of people who request help and in the way they experience services.

We all need to think about the following issues:

<table>
<thead>
<tr>
<th>Issue</th>
<th>In practice what should I do?</th>
<th>What do older people say they value in this approach? (based on work from The Older People’s Forum Dudley)</th>
</tr>
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<tbody>
<tr>
<td>Collecting information</td>
<td>Accept other professional assessments; people should only be required to give information once. Remember it’s a Single Assessment Process. <strong>Think about…</strong> Undertaking any specialist assessment by taking account of information already available.</td>
<td>Giving the same information several times should be avoided, particularly basic information. Don’t use jargon! <strong>Think about…</strong> Does it make the person feel comfortable</td>
</tr>
<tr>
<td>Keep the older persons views and wishes central to the process, build on their strengths</td>
<td>Work with the person to define what outcomes they want. <strong>Think about…</strong> Helping the person improve their quality of life through a variety of approaches. Even if a person has some mental incapacity, you will need to work with them to ascertain their wishes.</td>
<td>Don’t make assumptions about the person. There will be a unique set of solutions to each individual’s situation. Give people time to talk, look for their strengths.</td>
</tr>
<tr>
<td>Issue</td>
<td>In practice what should I do?</td>
<td>What do older people say they value in this approach? (based on work from The Older People's Forum Dudley)</td>
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</table>
| Develop a rounded picture of the person’s situation | Take account of all the relevant issues for that person, but remember over assessing is as frustrating for the person as considering only limited areas  
**Think about....**  
* e.g. Housing, transport, benefits | 3 people in a similar situation will all have been affected by it differently. Try to find out how important certain issues are for that individual. |
| Keeping the assessment in proportion      | Any assessment should be in proportion to the person’s needs, and consider the carers issues  
**Think about....**  
* Why do I need this information, how does it help me work with the person to find the best solution? | Give people an opportunity to talk about issues but keep it relevant. |
| Sharing information                       | Where there is a need to share information with another agency, the person’s consent must be obtained to do so. There may be exceptional circumstances where this may not be possible or appropriate  
**Think about....**  
* Always checking you have the persons consent, they may withdraw their consent at anytime. | Explain in a straight forward way, why and with whom you might need to share information.  
Remind people they can change their mind at anytime. |
| Person Held Records                       | The person is given a copy of their assessment and care plans  
**Think about....**  
* Ensure the information is written in a style that the person can understand. | May sure you don’t use abbreviations or jargon.  
Check that the person understands what you have written. |
| Support carers in their role              | Support carers in their role. Your assessment should take into account the needs of carers and what support they might need in continuing to care.  
**Think about....**  
* Whether the carer should have a separate assessment of their needs. | Recognise the tensions that can sometimes exist and be sensitive to these. |
| No assessment should unfairly discriminate | Any assessment must take into account issues of age, gender, ethnic group, religion, disability, personal relationships or living and care arrangements  
**Think about....**  
* These issues, what can you do to ensure that you do not discriminate? | Recognise and respect uniqueness of the individual, take time to find out about their background |
What is the Single Assessment Process?

The Single Assessment Process has four levels of assessment which have been defined by the Department of Health guidance.
A person will not enter the Single Assessment Process (SAP) if their needs are of a straightforward nature e.g. specific minor ailments, are short term or requiring only the intervention of one agency. For example, someone requiring removal of stitches following minor surgery will not enter SAP if they have no other wider needs.

When does the decision that this is SAP take place?

- The Person will access health or social services through the usual routes.
- Consideration of the individual’s eligibility for SAP will not usually begin until there is a face to face contact with the person.
The 4 levels of assessment

The four levels of assessment need not follow in this linear sequence, as for some people, it will be immediately apparent that their needs are of a complex nature.

**Contact Assessment**

This level of assessment refers to a contact between an older person and health and social services where significant needs are **first described or suspected**. It does not refer to every contact between, say, a GP and an older person coming to their surgery. At contact assessment basic personal information is collected and the nature of the presenting problem is established and the potential presence of wider health and social care needs is explored.

**Who is most likely to carry out this type of assessment?**

- Trained, but not professionally qualified, can collect basic personal information.
- However, the exploration of presenting and other needs should be undertaken by a member of staff who has received training in assessment for the Single Assessment Process.

**Overview Assessment**

An overview assessment is a set of documentation that is completed by the professional staff assessing and treating the (older) person and a copy is given to the person. It provides an indication that staff have recognised the **person has a need for a more rounded multidisciplinary assessment** and it provides the documentation for all agencies to share information and to signpost where more in depth specialist assessments should be undertaken or can be found. It is also used by the person’s care co-ordinator to focus decisions on person centred care.

**Who is most likely to carry out this type of assessment?**

- Where this is within the current professional scope of their practice.
- Often the first professional to have contact with the person
- Staff should refer onto the appropriate partner services for other health or social needs.
**Specialist Assessment**

Specialist assessment offers a way of exploring specific needs, in detail, and may be indicated by a contact or overview assessment. As a result of a specialist assessment, staff should be able to confirm the presence, extent, cause and likely development of a health condition or problem or social care need, and establish links to other conditions, problems and needs.

**Who is most likely to carry out this type of assessment?**

- The most appropriate qualified professional.

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**Comprehensive Assessment**

For some individuals there will be a strong likelihood that they may need intensive support or prolonged support (for example a year or longer) including permanent admission to a care home, the receipt of intermediate care services or substantial care packages at home. In such cases, all the domain headings and many sub-domains should be explored, and specialist assessments carried out in a number of them. *This equates to a comprehensive assessment.*

**Who is most likely to carry out this type of assessment?**

- A range of different professionals or specialist teams, with the relevant skills and knowledge. Geriatricians and old age psychiatrists, and their teams, should usually play the leading or a prominent role.
Information Sharing as part of the Single Assessment Process

Person centred care means involving people throughout the process of assessment, planning and delivery of their care. Therefore they have a legal right to determine what information about themselves is shared and with whom. Most areas are developing a formal inter agency sharing protocol which demonstrates how individual’s information will be shared and how it may be used. Information is protected under Data Protection Act 1998.

Gaining a person’s consent to share information
Staff need to consider the following in points of law:

The presumption of competence
An individual is presumed to be competent, or have the mental capacity to enter into a particular transaction, until the contrary is proved. Assessment of Mental Capacity - guidance for Doctors and Lawyers (The Law Society 1995)

Consent
Consent is the voluntary and continuing permission of a patient to receive a particular treatment, based on adequate knowledge of the purpose, nature likely effects and risks that treatment including the likelihood of success and any alternatives to it. (Mental Health Act code of practice)
Whilst this definition concerns treatment it is also applicable to consent to share information

Capacity
A person has capacity if he or she can understand and retain the information relevant to the decision in question, can believe that information and assess it in arriving at a choice.
Do not assume that because an older person has a mental health problem that they do not have the capacity to make decisions about information sharing

So a professional should be satisfied that for a person to give their permission to share information that:

A person can consent as they have the capacity to do so if:
- They understand the information
- They believe the information
- They can analyse it to make a choice
- They understand the consequence of making that decision - “free from pressure”

Other people cannot give permission to share information on behalf of the individual concerned.
**Remember:**

- **Capacity is situation specific**, this means that someone may be able to make a decision about sharing information but not about other areas of their life e.g. the sale of a property.

- **A person can withdraw their consent at any time**, we are all entitled to change our minds, we should always check that a person is still in agreement with information being shared and under what circumstances.

- **Don’t assume that someone who makes an “unwise decision” is lacking in capacity.** There is case law to demonstrate that people can still have capacity even if they have mental health problems.

- **Where communication is an issue consider the use of “advocates”**

- **Other people cannot give permission to share information on behalf of the individual concerned.**

**Can I still share information if a person cannot consent?**

Yes under certain circumstances you can share information without consent. In such a situation it must be “auditable and defensible”. Examples include the need to protect a person from serious risk such as adult abuse. In these circumstances the professional involved will be acting in the person’s best interest and within their professional duty of care.
This may be based on a manual paperwork system of implementation, or an IT system. Individuals who become part of the SAP should be given a copy of all their relevant documentation. Your local area will have their own systems for SAP.