

Online tools within a needs assessment process









In Briefing 4 we talked about how online needs assessment covers four different aspects:

- Online referral
- Needs checklist
- Online review
- Carer's self-assessment

From a software point of view, each aspect can be supported with very similar question and answer formats and so the software implementation is likely to be of comparable complexity. However, they have different impacts for the public and professionals. This briefing looks at each in more detail with examples from councils that are implementing various approaches.

Each option raises policy and process issues – and even legal ones.

Many of the established software suppliers will tell you that they have facilities for all of the scenarios that are easy to implement. In practice, councils have struggled to tailor them to their requirements and have not always achieved the take-up they hoped for.

What can we learn from councils that are implementing the different forms of online needs assessment?

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1. THE POLICY CONTEXT



Kent County Council is pioneering a new, interactive self-assessment website. It means that, for the first time, people with moderate needs are given a fast, round-the-clock decision about whether they qualify for support. Carers or relatives are also able to fill out the user-friendly form on behalf of someone else, effectively enabling someone in Melbourne to complete an assessment on behalf of an older parent in Maidstone. Anyone assessed as eligible for help will be offered the choice of using direct payments to arrange services themselves and control the whole process.

Independence, Well-being and Choice - Our vision for the future of social care for adults in England, Department of Health Green Paper, 21 March 2005



As this quote from 2005 shows, the concept - and the even the implementation - of online self-assessment of needs is not new. So why has it not become widely established more than 10 years on?

And what have we learned in that time?

One clue lies in the case study from Kent, which is still available online:¹

In the course of a year some 35,000 adults are referred to Social Services, although about 25,000 of these come via healthcare professionals. Of the remaining 10,000, we anticipate that initially about 3-5% will use the self-assessment system.

In other words, an online self-assessment tool was only expected to be used in one to two percent of all referrals. In fact, Kent struggled to reach even this level of use, for a variety of reasons, including:

- resistance from some professional social workers and occupational therapists
- the inherent difficulty for a person or their carer to assess needs accurately in a fixed question and answer process
- technical complexities of scoring answers to indicate eligibility level
- lack of integration to the core case management system
- difficulty of promoting the facility to the target audience, who had lower than average internet usage
- limitations of the user interface.

Some of these factors have changed for councils since then, but not all.

LEGAL STATUS OF ONLINE ASSESSMENT

The policy context remains remains similar: one of promoting independence and choice. The *Care and Support Statutory Guidance* issued under the Care Act 2014 states 'Where appropriate, an assessment may be carried out over the phone or online'.

This clarifies the legal status of assessment processes, but that one sentence is not the full story; it is worth quoting the whole paragraph to give context to the permission to assess online:

6.28. Local authorities must ensure that any adult with an appearance of care and support needs, and any carer with an appearance of need for support, receives a proportionate assessment which identifies their level of needs. Where appropriate, an assessment may be carried out over the phone or online. In adopting such approaches, local authorities should consider whether the proposed means of carrying out the assessment poses any challenges or risks for certain groups, particularly when assuring itself that it has fulfilled its duties around safeguarding, independent advocacy, and assessing mental capacity.

Where there is concern about a person's capacity to make a decision, for example as a result of a mental impairment such as those with dementia, acquired brain injury, learning disabilities or mental health needs, a face-to-face assessment should be arranged. Local authorities have a duty of care to carry out an assessment in a way that enables them to recognise the needs of those who may not be able to put these into words. Local authorities must ensure that assessors have the skills, knowledge and competence to carry out the assessment in question, and this applies to all assessments regardless of the format they take.

Paragraph 6.30 is also relevant and includes:

In the case of an adult with care and support needs, the local authority must also involve any carer the person has (which may be more than one carer), and in all cases, the authority must also involve any other person requested. The local authority should have processes in place, and suitably trained staff, to ensure the involvement of these parties, so that their perspective and experience supports a better understanding of the needs, outcomes and wellbeing.

These paragraphs could raise legal difficulties in allowing a person with care and support needs to assess themselves only online. However, paragraphs 6.44 to 6.53 on "Supported Self-Assessment" are helpful.

6.44. A supported self-assessment ... places the individual in control of the assessment process to a point where they themselves complete their assessment form....Local authorities can offer individuals a supported self-assessment, and must do so if the adult or carer is able, willing and has capacity to undertake it.

So online tools can have a place in the assessment process, although the term "online self-assessment" may not always be accurate, since it is one step in the assessment process. As the guidance states further:

6.46. Once the person has completed the assessment, the local authority must ensure that it is an accurate and complete reflection of the person's needs, outcomes, and the impact of needs on their wellbeing. The process of a supported self-assessment ... is only complete when this assurance has been secured.

The following sections give examples of the different aspects of the assessment process that councils are implementing online.

2. ONLINE REFERRAL

There are many examples of councils offering some sort of supported self-assessment questionnaire online. In some cases, these are just a downloadable form in Word or as a PDF, which requires completing and emailing or even posting back. In other cases, they are structured data collection forms. The first examples are beginning to go live, where the data feeds into the council's back office case management system.

Given that the highest proportion of referrals into an adult social care department come from health professionals, it is perhaps surprising that most attention has been given to enabling members of the public to self-refer / assess, as shown in the chart below from a large county council with approximately 14,000 referrals.

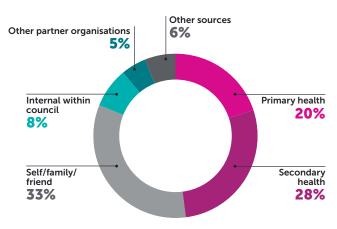


Chart 1 Sources of referrals to adult social care (2015-16 in a large county council)

It is also relevant to assess what proportion of referrals from particular sources result in No Further Action (NFA), as shown in the next chart . The assumption is that most of these will be clearly below the eligibility threshold. This may imply that many could be signposted from a website without impacting council staff time.

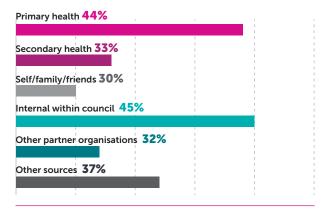


Chart 2 Proportion of referrals from a particular source that result in No Further Action - same county

In this example, it is noticeable that NFAs are markedly higher for primary health sources (eg GP referrals) and internal council sources than for other sources. In fact, the lowest level of NFAs is from self/family/friends, suggesting that, in comparison, professionals are more likely to refer just for information to be provided or out of caution or a desire to pass on their "clients", even when not they are not eligible for council-funded care.

Derbyshire spotted the importance of improving referrals from health professionals in order to make the triage process within the call centre more efficient and responsive. The council includes the following advice in a brief online introduction.

HEALTH PROFESSIONALS ADULT CONTACT REFERRAL FORM

All the information in the following document is confidential. Use of this form acknowledges that this is a routine referral, for which the response time will be anything up to 72 hours.

To determine an individual's social care needs we require a minimum of data. The mandatory information which will enable us to progress your request is highlighted with an asterisk. Client consent is essential to further this referral. GPs and other health professionals are requested to consider continuing health care needs prior to completing a referral.

See: https://www.derbyshire.gov.uk/social_health/care_and_health_service_providers/gp_information/default.asp

In fact, there are three options for health professional referrals:

- An extensive form mirrors the one used by the Call Derbyshire contact centre.
- A "GP-only" form, which is limited to one page of information, at the request of local GPs. In practice, it is often completed by a care co-ordinator in a GP surgery.
- A multi-agency form, created at the request of the Derbyshire Fire and Rescue Service, which is also used by other agencies such as housing.



From the perspective of the busy professional, the online referral form gives them the opportunity to reflect on the information they supply at their convenience rather than spending time waiting on the phone and then being under pressure. The online referrals free the phone lines for use by the public giving them a more customerfocused service.

Joanna Delor

Service Manager for Prevention & Personalisation (Adult social care)

In 2015-16 the adult care team and customer care assistants in Call Derbyshire took a total of 16,911 referrals of which 32% (5,423) were electronic. Using an encrypted email account initially, the form is routed to the appropriate area business support service, which establishes whether the referred person is known to adult social care. If not, they create the details on the database and pass the referral to the adult social work team based in Call Derbyshire. If known, the details are passed to the local social worker.

Call Derbyshire and the adult care social work team based within the contact centre together handled over 42% of adult care referrals without further action by area social work teams. The adult care team takes an asset-based approach and explores with the client their own networks of support - promoting independence, wellbeing and choice, working with its in-house brokerage service, pre-invested services and the voluntary sector. The contact centre will also explore

with clients how assistive technology can increase and maintain independence to the cared for and carers (eg pressure mats, medication dispensers, door sensors).

Self-referrals and those from friends and family typically account for between a quarter and a third of all referrals. Therefore, online referral for oneself or a loved one can still be very helpful. A structured starting point for formal assessment can offer the following benefits:

- saves time for the professional (especially if avoids rekeying into the case management system)
- records the situation in the person's own words
- enables the professional to research appropriate options in advance of a face-to-face assessment and consult with colleagues as necessary
- reduces the likelihood of repeat visits.

INTEGRATION TO BACK OFFICE SYSTEM

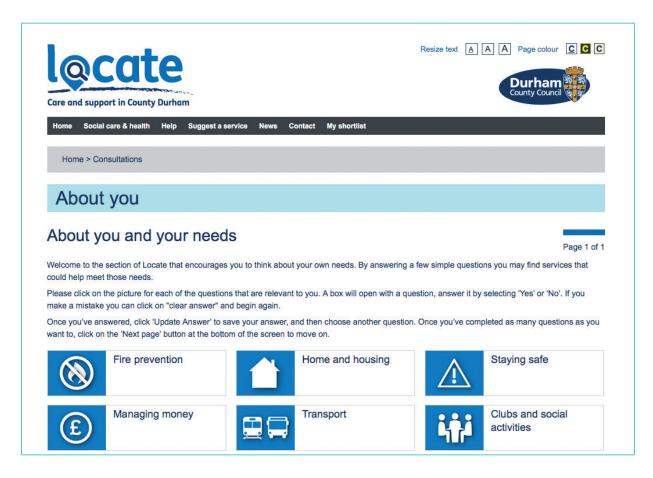
Hertfordshire has offered a self-referral for some time. It is now in the process of upgrading to the Liquidlogic Autonomy tool specifically so that it integrates to the back office database. Interestingly, it has taken a conscious decision not to indicate eligibility, being concerned that some people will state that they are managing certain needs and so ruling themselves out, when a conversation with a professional may uncover eligible needs that need support to prevent deterioration.

At the moment, councils will be heavily dependent on their case management system supplier to offer a facility that enables public submission of assessment data to be accepted into their database. At the time of writing, the author is aware of only a very small number of councils which have a self-assessment tool from a third party that feeds data into their back office system. In most cases, an email is generated to a first point of contact team. This is the case, for example, with Durham County Council's system based on OCC's Marketplace.

USE OF IMAGES

Many councils have implemented solutions which include icons or stock images within the assessment process.

Research carried out by the Government Digital Service and others has shown that stock images tend to be ignored by users and can be distracting. They also often do not work well on a smartphone. Briefing 2 gives recommendations on designing the user journey including research references.³



3. NEEDS CHECKLIST/ CLIENT SELF-ASSESSMENT



With the appropriate safeguards and thoughtful design, online self-assessment can be a useful addition to conventional methods of assessment.

Managing demand and delivering differently: responses to the assessment capacity challenge.

Care Act Support Programme (DH, LGA, ADASS), October 2015 ⁴



In Briefing 4 we stated: "Increasing numbers of councils are taking the view that a first contact should be 'a meaningful conversation', ie more than just a junior call centre staff member entering structured referral data into a case management system, so that someone more experienced can carry out a formal assessment as the next step. It might be said that a static online referral form goes against this trend. However, the online facility can be designed so that the user is offered suggestions for action according to their responses while completing the form."

Surrey County Council developed a tool with FutureGov that suggests local facilities and resources against the needs being recorded⁵. It also establishes whether eligibility to council services is likely. If so, a simple registration step to submit the client's details to the council follows. This is used as an efficient starting point to a formal assessment. The suggested resources can quickly become a list so long that its value becomes questionable, but they can be filtered to show results in your local area, including, for example, a theatre with wheelchair access, if mobility is a problem.

We consider that there are two distinguishing features between an online referral and a self-assessment or "needs checklist" for the purposes of this briefing. A selfassessment will:

- either signpost to particular services and/or
- give an indication of eligibility for councilcommissioned services.

These features give people needing support faster 24/7 options for personalised information and advice according to their circumstances and can assist with managing demand on council staff time.

The Care Act Support Programme's Managing demand document quoted at the start of this section goes on to say about online self-assessment:

The essential role that needs to be carried out by the authority is assuring itself that the assessment is a true and accurate record of the person's needs. This is often called verification. We have heard of a number of potential ways to provide this, without requiring a home visit.

It then sets out various options, including allied professionals and trusted assessors in community groups. The point to make here is that a public-facing online assessment tool can be used with these third party organisations and, where appropriate, the costs of professional council assessment staff can be avoided.

It is worth noting that, in 2015, a number of councils were considering including the calculation of an indicative budget through a RAS (Resource Allocation System) process from an online self-assessment as a means of managing increased demand that would have arisen from the cap on care costs under Phase 2 of the Care Act. Since postponement of Phase 2, we are not aware of any council planning a RAS calculation based on self-assessment.

Plymouth is another authority that gives an indication of eligibility when someone completes a self-assessment. ⁶

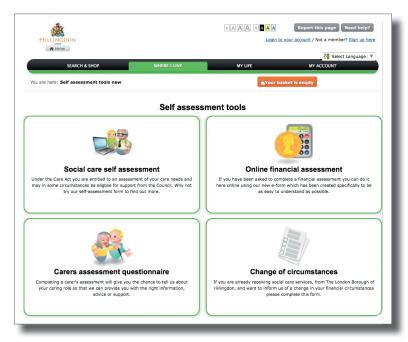
Leicester City has taken a phased approach at developing on-line transaction processing. For the first phase they have developed an eligibility appraisal system for potential service users and carers. If deemed to be eligible the service user is also prompted to complete a financial assessment which gives them an indication of how much they may need to contribute towards any care. Thus, they can make a choice early in the process if they wish to make their own arrangements for services rather than request the council to make such arrangements.

If the service user makes a submission, then the information received feeds directly into the back office systems which reduces the administrative workload and also helps improve data quality. In later phases, the web system will be used to electronically exchange information, such as support plans, with service users.

Based on the needs identified from completing the online form the potential service user is also signposted to guidance for self-help as well as local services they may wish to access. A new on-line directory of services has been implemented which has merged local children's services and adults care services directories. Leicester make use of the NHS Choices website for all health related information and services.

One of the clearest and most comprehensive examples comes from the London Borough of Hillingdon. Delivered with the PCG Shop4Support tools, their self-assessment is easily accessed from the main council website – both from the in-site search facility and the main social care web page.

As can be seen below, it offers needs assessment, financial assessment and carer's assessment from one page. The question and answer format strikes a good balance between ease of use and comprehensiveness. For example, additional questions appear as you answer, so that pages do not look too full and off-putting at first glance. The needs assessment presents a small and relevant set of links for further help and support that open in a new window as you go through according to answers supplied. At the end of the process, an indication of eligibility is offered and there is the option to submit your details to the council.⁷



4. ONLINE REVIEW

We stated in Briefing 4:

Online review: 'For people receiving ongoing services, a check that their eligible needs have not significantly changed since the last assessment and that their services are meeting their needs.'

Care Act statutory guidance makes clear that care plans should be reviewed at least annually. There are two aspects: reviewing needs and the adequacy of the care services. Both could be facilitated online with the help, where required, of an informal carer or advocate. Where the person has a care account, their previous full eligibility assessment domains could be presented for confirmation or amendment according to their current condition."

As part of the Engaging Citizens Online programme, we have seen one council's outline business case suggesting that online review is the area where most financial savings could be made by halving the amount of time required by social workers.

However, we are aware of only one authority that offers an online review: Oxfordshire uses one for carers who have previously received an assessment. It is a single page – see http://www.carersoxfordshire.org, uk/cms/content/carers-assessments#review. Carers are contacted and are asked to complete it when their review is due.

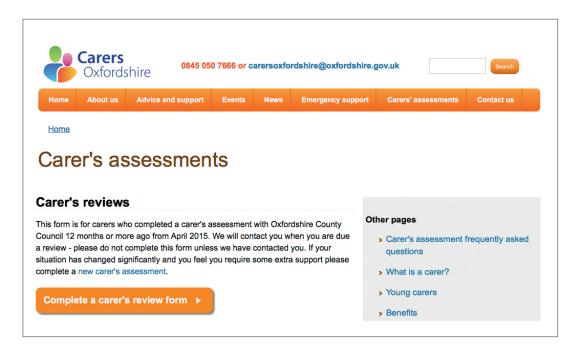
USE OF ONLINE ACCOUNTS

Clearly, there can be benefits to users in having an online account:

- enables a user to save an assessment half-way through and return to it
- creates the basis for further online transactions between the council and the member of the public, for example, when a review is due.

However, the process of creating an account can seem like an additional hurdle for a user and requires a higher level of trust on their part. They must trust that their information will be held securely and used appropriately. If a self-assessment has indicated likely eligibility, then it does make sense to the user if they have to create an account in order to submit their self-assessment to the council. They will then assume that the account will be used for further steps in the process.

Many authorities are reluctant to ask users to create an account. Certainly, some of the examples we have seen could deter users. Two examples we reviewed take the user to a page, that does not have any local authority branding but are branded only with the software supplier's logo. This may may raise questions in a user's mind about trustworthiness.



5. CARER'S SELF-ASSESSMENT

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Carers are benefiting from digital technology and local support.

Of the carers surveyed, 92% use the internet several times a day or daily, 81% are shopping online, 74% are keeping in touch with friends online, and 69% are banking online. Carers value the internet for enabling social connection and emotional support through online communities, are researching health conditions and finding information to help with their caring responsibilities online.

The Health and Wellbeing of Unpaid Carers
The Tinder Foundation ⁸



The Care Act puts the rights of carers to an assessment on a statutory footing and has encouraged several councils to provide a 'self-service' option. Carers are much more likely to be digitally engaged than many people in need of care, for example, if they are the children of frail elderly people or parents of an adult with learning difficulties.

Southampton designed its carer's self-assessment with the local Centre for Independent Living (based on Open Objects software). Interestingly, unlike Plymouth's Open Objects self-assessment, it uses a fairly long set of questions rather than tiles with images. It also gives an immediate assessment as to whether the carer is eligible for "a budget to assist you in your caring role". The tool is accessed from the council-branded Southampton *Information Directory.* The carer's page within the main social care web pages also offers a link to a "Carers in Southampton" website which itself includes a Google form to request a carer's assessment. In other words, the user can find two options for a carer assessment depending on where they look within the website. In researching this briefing, examples have been found of several councils where there is apparently a useful tool to help with assessment or referral but it is not properly signposted and clearly not yet embedded consistently in practice.

Oxfordshire went live with a carer's self-assessment on the day that the Care Act came into effect and found the online applications outnumbered the previous year's paper applications. The self-assessment is clearly signposted from the council site to Carers Oxfordshire. It was initially standalone but has now been upgraded to Liquidlogic's Autonomy product integrated with the back office system. It requires the user to create an account to carry out the assessment.⁹

Example of carers' assessments clearly signposted from home page www.carersoxfordshire.org.uk



North Yorkshire County Council is another example of a "carer's self-assessment" that is really a structured referral. ¹⁰

Referenced earlier in Section 3, Hillingdon includes a very comprehensive yet clearly presented carer's assessment. One nice feature sets it apart from other sites that we have reviewed: the council offers an explanation of what "significant impact" means, as below.



RATING THE IMPACT ON YOUR WELLBEING

NO OR LITTLE IMPACT - Caring has no or little impact on this aspect of life; OR this is not relevant to situation; does not cause concern/stress

SIGNIFICANT IMPACT - Caring has a significant impact on this aspect of life and this causes concern, stress or distress

MAJOR IMPACT - Caring severely limits ability to maintain this aspect of life. This causes much concern, stress or distress

Explanation of terms to assist completion of the carer's assessment for Hillingdon

6. CONCLUSIONS AND YOUR NEXT STEPS

A growing number of councils are offering elements of online self-assessment. It is clear that in many cases these are early trials, even if they are live and referenced in this briefing.

It seems that, in many cases, more work is needed on:

- promoting to allied professionals and the public
- embedding fully into local processes
- fine-tuning the user experience
- assessing effectiveness.

The examples here can be taken as learning for other councils just embarking on this route.

NEXT STEPS FOR YOU

- Establish numbers and sources of referrals, assessments, reviews and carer assessments.
- Carry out an indicative evaluation of potential staff time savings if a proportion of information collection were self-service.
- Consult with service users and carers and other members of the public on where they would see the main benefits from online service options.
- Assess the feasibility of accepting referral, assessment and review data into your case management system, including customer account and single sign-on aspects, if necessary.
- Monitor national initiatives in this area including the development of social care standards under the governance of the National Information Board (NIB) e.g. starting with Care Act compliant Assessment, Discharge and Withdrawal Notices (published June 16 http://www.hscic.gov.uk/isce/publication/scci2075) and then progressing to a standard for GP Referral to Social Care.
- Engage with call centre and assessment and review staff on issues and logistics and process transformation opportunities.
- Write up business case(s) and, subject to approval, commission design and development of online facilities.
- Ensure you have an effective plan for promotion of the tools to staff and the public (see briefing 9 for more details).

FURTHER INFORMATION

- ¹Kent case study on self-assessment 2006: http://www.ebasetech.com/ufs/shared/ ebase website/documents/Case Study KentCC.pdf
- ² Durham's self-referral tool from OCC integrated with its inhouse back office system: https://www.durhamlocate.org.uk
- ³ Enfield's self-referral tool is easily navigable with one click from the "Adult social care" option on its home page: www.enfield.gov.uk
- ⁴Managing demand and delivering differently: responses to the assessment capacity challenge – joint DH, LGA, ADASS publication: www.local.gov.uk/ documents/10180/6869714/L15-458+Managi ng+demand+and+delivering+differently+-+re sponses+to+the+assessment+capacity+chal lenge
- ⁵Surrey's self-assessment tool developed with FutureGov: https://surrey.thisislantern.com/
- ⁶ Plymouth's Open Objects eligibility assessment: www.plymouth.gov.uk/homepage/socialcareandhealth/ adultsocialcare/pod.htm
- ⁷Hillingdon's needs, financial and carer assessments developed with PCG's Shop4Support: www.connecttosupporthillingdon.org
- ⁸Tinder Foundation report: <u>www.tinderfoundation.org/our-thinking/</u> <u>research-publications/health-and-wellbeing-</u> <u>unpaid-carers</u>
- ⁹Oxfordshire's Carer's self-assessment: <u>www.oxfordshire.gov.uk/cms/public-site/looking-after-someone</u>
- ¹⁰ North Yorkshire's carer self-assessment: <u>www.northyorks.gov.uk/article/23958/Carer-</u> assessment

Engaging Citizens Online

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