

Department for Work and Pensions

Research Report No 534

Streamlining the assessment of Attendance Allowance applications with social care assessment: an evaluation of two London pilots

John Hilton

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This evaluation could not have been conducted without the full, frank and patient co-operation of the strategic and operational staff of all five stakeholder agencies. The author of this report is glad to acknowledge this co-operation and to express his gratitude to all those involved.

The Author

John Hilton is a Senior Research Associate at Warwick Business School.

Abbreviations

AA	Attendance Allowance
AACT	Average Actual Clearance Times
CM	Care Manager
DCS	Disability and Carers Service
DH	Department of Health
DLA	Disability Living Allowance
DM	Decision Maker
DWP	Department for Work and Pensions
FACS	Fair Access to Care Services
FACE	Functional Analysis of Care Evaluation
GP	General Practitioner
GPFR	General Practitioner's Factual Report
HB	Housing Benefit
IB	Individual Budget
JVT	Joint Visiting Team
LBG	London Borough of Greenwich
LBI	London Borough of Islington
LA	Local Authority
LA+	LinkAge Plus
OA	Overview Assessment

RA	Registration Assistant
SAP	Single Assessment Process
StAP	Streamlined Assessment Project
TPS	The Pension Service
VO	Visiting Officer
WA	Working Assumption

Summary

Attendance Allowance (AA) is a tax-free benefit for people aged 65 or over who are in need of assistance with personal care due to physical or mental disability or both. Applications involve completion of a 19-page form and several contacts with the applicant before a decision is taken. The whole process can take many weeks and has been described as the most cumbersome of any welfare benefit.

The Streamlined Assessment Project (StAP) approach arose out of current Government policies to try to '*meet the challenges of ageing in the 21st century*'. By tackling duplication and repetition, StAP sought to reduce the number of times that an older person was required to give information in order to apply for AA. More specifically, it tried to eliminate one home visit and the need for follow-up telephone calls.

This report relates to two pilot areas and involved five stakeholder agencies. The pilot period lasted for six months from 1 November 2007 until 30 April 2008, focusing on the London Boroughs of Greenwich and Islington and their associated Disability and Carers Service (DCS) offices in Blackpool and Wembley. London councils were also involved. A third StAP, based in Leeds and subject to different contextual circumstances, is to be reported separately.

Among the main conclusions were:

- the StAP approach proved sufficiently robust to be transferable;
- the approach brought significant improvements to the AA application process, particularly for clients;
- there is widespread support for the StAP principle;
- award decisions were being reached well within Average Actual Clearance Times (AACT) targets;
- duplication and repetition have been reduced;
- average client visit times have been reduced by more than half;
- the StAPs were seen to have involved no long-term capacity issues, Visiting Officers (VOs) felt better prepared and for most Decision Makers (DMs) it was 'business as usual';

- StAP performance was hampered by external organisational distractions;
- for clients and agencies there were no costs, only benefits;
- the structure and content of the application form require further attention with input from staff in all stakeholder agencies;
- more staff contact across and between stakeholder agencies could bring further improvements;
- data must be collected consistently if comparisons are to be statistically valid;
- the StAPs were seen to have proved the value of streamlining and there was strong support for further development.

1 Purpose of this report

The purpose of this report is to present an evaluation of the London StAP. StAP proposed the adoption of a more streamlined approach to the processes of information gathering and decision-making currently associated with applications for AA. The StAP approach evaluated in this chapter draws upon qualitative and quantitative evidence gathered from five principal stakeholders:

- responsible for information gathering:
 - London Borough of Greenwich;
 - London Borough of Islington;
- responsible for decision making:
 - DCS office Blackpool;
 - DCS office Wembley Park;
- the accountable body for Department for Work and Pensions (DWP) StAP funding:
 - London councils.

The StAP approach was also piloted in Leeds but was subject to very different contextual and operational circumstances and will be evaluated separately.

The Local Government Centre, Warwick Business School, has been commissioned by the DWP to undertake the National Evaluation of LinkAge Plus (LA+). This report is one of a number from that evaluation. Other papers from the evaluation can be viewed at:

www.dwp.gov.uk/resourcecentre/research_analysis_stats.asp

The StAP evaluation could not have been conducted without the full, frank and patient co-operation of the strategic and operational staff of all five stakeholder agencies. The author of this report is glad to acknowledge this co-operation and to express gratitude to all those involved.

Initially, in Chapter 2, the report provides some brief contextual material regarding the origins of the StAP approach and its place in the Government's current policies for older people. Chapter 3 outlines the main differences between the mainstream AA application process and the StAP approach and provides some basic profile information on the pilot areas. This is followed in Chapter 4 by a description of the evaluation process itself.

The main body of the report, comprising Chapters 5 to 7, discusses the evidence arising from the interviews and statistical summaries of the evaluation. The discussion is arranged under three main headings:

- Improving access (Chapter 5);
- Building capacity (Chapter 6);
- Systems and processes (Chapter 7).

Finally, in Chapter 8 some conclusions from the evaluation of the pilot experience are drawn together and summarised.

2 Background to the Streamlined Assessment Project

2.1 Claiming Attendance Allowance

AA is a tax-free benefit for people aged 65 or over who are in need of assistance with personal care because they are physically or mentally disabled or both. Depending on the extent of the disability, AA is paid at two weekly rates – the Higher (currently £67.00) and Lower (currently £44.85)¹. Access to AA is not usually linked to any income or savings the applicant may have and the award of AA may lead on to other benefits at increased rates. Although intended as a benefit for those needing help with their personal care, AA is not ring-fenced for that purpose.

There are several potential points of entry into the process of making an application for AA. The potential claimant may make direct contact with the DWP or may be referred by local health services, such as a hospital or General Practitioner (GP), local authority (LA) social services or by a family member or carer. A mainstream application for AA is made by completing an AA1 form, which is provided as part of the AA 'Claim Pack'. The AA1 is a 15-part, 19-page form the completion of which, although accompanied in the Claim Pack by six further pages of guidance notes, could be seen by many potential claimants as difficult and off-putting – a point confirmed by several of those participating in the StAP evaluation.

The StAPs took place in two LA areas and were concerned only with those AA applications made alongside an application for social care from the LAs. It is important to note that the pilots, and consequently this evaluation, were therefore,

¹ www.directgov.uk, accessed 20 July 2008.

focused on a relatively small proportion of the overall AA 'market'². LAs have developed their own individual structures for dealing with such claims and these will vary from place to place, having developed in response to a range of local and national factors, including demography, levels of local need and prevailing social care policies and philosophies. The strength of local partnerships between health care and social care professionals will also be influential. These variations in local practice will inevitably impact upon attitudes to income maximisation policy making, where combating income poverty among older people must be balanced with the need to charge for social care services. This balance will be an important factor in the development of the Government's current personalisation agenda, in which the StAP pilots and the 'parent' LA+ programme play a part.

Some basic elements of the process will, however, be common to most, if not all, LA areas. At some point, local social care staff will make contact with the client, in person and by telephone, in order to determine, by means of an Overview Assessment (OA), their specific 'care package' needs. Typically, the OA involves the completion of a Single Assessment Process (SAP) form of around 15 pages to capture, in considerable detail, the personal information necessary for the compilation of an ongoing care package for the individual. Both StAP areas used the Functional Analysis of Care Evaluation (FACE) version of the SAP form, one of four or five versions currently in use by LAs, with local variations.

As the FACE form is directed towards overall social care needs, it covers many areas that are not immediately relevant to an AA claim. However, as the thresholds set by LAs for the receipt of social care packages are generally set at meeting Fair Access to Care Services (FACS) eligibility judged to be 'critical' or 'substantial', it is very likely that clients over 65 years of age will also qualify for AA. Where consent for the wider sharing of information has been given, the application is then referred to local welfare benefits check and this will trigger further contact with the client, and a further home visit, during which the mainstream AA1 process will engage (see page 5).

The AA1 will then be forwarded to the DCS office appropriate to the LA area and an award decision³ made by a DM. In considering an application for an award of AA benefit, the DMs assess the information received from the applicant's locality. Where there are gaps or where the information provided is insufficiently clear for a decision to be made, a DM will need to take action. This may involve contact with any or all of the actors: hospital, GP, LA staff or the client themselves. This can be costly, especially if professional medical fees are incurred, and time-consuming. The overall time taken in a mainstream AA application may be as much as ten

² London Borough of Greenwich dealt with 37 StAP referrals during the pilot period and London Borough of Islington 136.

³ Throughout this evaluation report, the term 'award decision' should be interpreted as '*a decision whether or not to award AA*' rather than as '*a decision to award AA*'.

to 12 weeks from the initial approach to the award decision and may include client participation in two or three home visits, participation in the completion of two lengthy forms and several telephone calls. At each point, there is duplication and the repetition of personally sensitive information. Should the application and subsequent award decision trigger an appeal process, this overall timescale can become very significantly longer.

2.2 The Streamlined Assessment Project approach

Currently, only the Special Rules process offers a shortcut along the mainstream AA application route and this is open only to those applicants with a progressive illness resulting in a life expectancy of less than six months. The StAP approach sought to streamline the application process by remodelling the initial information gathering stages to reduce duplication, repetition and delays. It started to 'join up' the care and benefit streams by gaining, at an earlier stage, the consent of the client to the sharing of personal information between agencies. StAP, therefore, introduced a few simple additions to the application form completed by the VO but looked to reduce the client visits required in terms of number and duration. Joint Visiting Teams (JVTs) acted as the focal point for collecting information from the OA and completing AA applications.

Although a relatively small project, piloting the StAP approach involved a number of central departments and drew together some significant threads of the Government's current and developing thinking on policies for improving the lives of older people⁴. In focusing on the client experience through the JVT, the StAP approach sought to bring concerns for personal care and those of income maximisation closer together.

⁴ See, for instance, *Opportunity Age – meeting the challenges of ageing in the 21st century*. HMG, March 2005.

3 The Streamlined Assessment Project areas

Piloting of the StAP approach began in the appointed pilot LA areas of Greenwich and Islington and lasted formally, and for the purpose of this evaluation, from the beginning of November 2007 until the end of April 2008. In practice, both have continued past this original deadline while the outcomes of the whole pilot experience and evaluation are considered. This informal extension of the pilot has been welcomed in both London boroughs.

At one level, the two StAP areas have clear similarities and this attracted some adverse comment during the evaluation interviews, as many interviewees saw this pilot phase as being too narrowly defined to yield transferable conclusions. Clearly, both Greenwich and Islington are London boroughs, essentially urban in character and sharing some of the benefits and challenges that arise from location in a large city of global stature. Both include areas experiencing significant social disadvantage. Being located in the South of England, however, neither reflects some of the very different challenges experienced by the target client group in other geographical areas.

Reference has already been made to the potential influence of local differences in approach to adult care (see Section 2.1) and, having acknowledged the broad similarities of the two pilot areas, it is worthwhile also to note some important differences. In Greenwich only those with 'substantial' or 'critical' needs are considered for AA, whereas Islington also includes those with 'moderate' levels of need. The piloting of the StAP took place in a relatively stable organisational environment in Islington, in contrast to that existing for Greenwich staff – these differences are discussed further in Chapters 6 and 7.

Table 3.1 summarises some of the basic demographical features for the two pilot areas.

Table 3.1 Demographic features of the pilot areas

	London Borough of Greenwich	London Borough of Islington
Area	5, 000 hectares	1,500 hectares
Population	222,600	175,800
Population density	44.5 per hectare	117.2 per hectare
Population		
50 and over	57,600 (25.8%)	38,200 (21.7%)
65 and over	27,200 (12.2%)	18,000 (10.2%)
Life expectancy at birth		
Females	80.2 years	80.0 years
Males	74.6 years	74.9 years

4 The Streamlined Assessment Project evaluation process

4.1 Scope

The agreed headline research objectives for the StAP Evaluation were to build a robust evidence base:

- in determining whether simplified access to existing services will have an impact on demand;
- in determining to what extent the individual can give information the minimum number of times and yet be able to access holistic service provision;
- to test the limits of holistic working;
- to build a body of good practice and lessons learned for other partnerships and communities so as to encourage wider application of the approach beyond the pilot sites.

The StAP formed a discrete part of the LA+ pilot programme and was subject in many respects to a similar evaluation approach (see Chapter 1). This StAP evaluation does differ in one important respect, however; that of evaluation at local level. Each of the eight LA+ pilots is being evaluated locally in addition to the national evaluation. While early draft proposals for the StAPs did include some references to similar, complementary local evaluation studies, possibly including the customer experience, these were not taken forward, in part, because the client would not have anything with which to compare the experience. Such local evaluation was not, therefore, within the remit of this StAP evaluation and this report is not informed by interviews directly with clients.

4.2 Methodology

The evaluation of the StAPs has consisted of three distinct, but interlinking, elements:

4.2.1 Interviews

Two rounds of face-to-face interviews⁵ were held with representatives of each of the five stakeholder agency teams; one when the pilots were newly established and one just after they had formally finished. A summary of these interview contacts, together with that for the Checklists (see Section 4.2.2) is set out in Appendix A. Interviews were either on an individual or a group basis according to agency and individual choice. Separate topic guides summarising the areas of enquiry to be covered were drafted for each round of interviews. These guides were issued in advance of the interview visits so that interviewees had some idea of the issues to be explored with them. There were also small differences appropriate to individuals having either strategic or operational roles within the pilots. Due to the demands of their workloads, it was not possible, exactly, to repeat the interviews with the same individuals at each round. The average length of each interview session was around 50 minutes and it is the outcomes of these sessions that form the bulk of this report.

4.2.2 Checklists and Working Assumptions

A Checklist was compiled listing a total of 17 positive Working Assumptions (WAs) around the potential outcomes of the StAP experience. Eight appeared under the heading of 'Benefits for older people' and a further nine headed 'Organisational benefits'. A Checklist was given to each individual, generally at the beginning of the interview, with the request that they rank the WAs to provide a 'snapshot' of their views at that time. Completion of the Checklist was not intended to be a deliberative exercise. In an attempt to reduce any element of external value influence, for the second round of interviews, the Checklist was modified by removing the headings and changing the order in which the WAs were listed. The distribution of the Checklists forms part of Appendix A, along with the interview contacts and the 'snapshot' viewpoints that helped to inform this evaluation report are summarised in Appendix B.

4.2.3 Statistical analysis

Some statistical summaries were supplied from the pilot areas in order to inform the evaluation as it proceeded. This evaluation needs also to be read in conjunction with the statistical summaries undertaken by the DCS project team and circulated in February and July 2008. Further reference to these data is made in Chapters 5 to 8 of this report. In general, these figures show the StAPs to have been successful in reducing significantly the overall AACT and the numbers of follow-up calls needed by DMs to clarify information before making an award decision.

⁵ Due to work pressures, one interview was conducted by telephone.

The overall time spent in interviewing individual clients was also reduced. Some inconsistencies in the approaches to recording data at local level meant that comparisons were not always possible. The evaluation interviews also revealed some issues of process that called some of the statistics into question. These issues are dealt with in Chapter 7.

5 Improving access

This element of the evaluation looked at the StAP experience in terms of simplicity of access both for the stakeholder agencies and for the prospective claimant. As outlined previously (see Section 4.1), the possibility of local evaluations had been considered during the early stages of developing StAP studies but, in view of the relatively small scale of the undertaking, these did not go forward. There is, however, considerable inferred, and some anecdotal, evidence, which due to the clear commitment of the interviewees to the welfare of the client group, became available to the evaluation. It is also understood that the London Borough of Islington may undertake a small formal local study of client experience arising from its own pilot period.

All interviewees were clearly motivated by concern for improving the service experience for clients but, although interviewees thought some local evaluation would have perhaps been worthwhile, there emerged a strong opinion that it would be of only limited use, as AA is seen in many cases as a 'lifetime award' and clients will encounter the initial application process only once – they, therefore, have nothing with which to make any comparison⁶. As the StAP approach eliminates much of the repetition and duplication inherent in the 'normal' AA application process, however, the professionals interviewed were unanimous in believing it to have made access to services much simpler for the client.

The client contact time has been greatly reduced by the StAP approach and it has also meant that information on some very sensitive aspects of personal care does not need to be repeated as the VO has already received it before the visit. During interviews, VOs gave varying estimates of the time spent with a client but 'around two to two-and-a half hours' seemed the consensus for a mainstream AA application. Data from the pilots suggest that this has been reduced in the StAP approach to less than an hour in most cases.

⁶ This is not actually the case. Depending on the client's condition and prognosis, eg, following a stroke or joint replacement surgery, there will be instances where AA awards are limited or indefinite.

In each pilot area, however, there were concerns around the reduced level of client contact that results from the concentration of all information and consent gathering into one abbreviated interview and onto one form. Some VOs saw this as a strongly negative impact both for the client and for themselves, although others recognised that, some older people 'don't want to be bothered' particularly with contact from 'officials'.

There was also a difference of opinion as to whether or not this simplification of access to AA would bring an increase in demand. One line of argument is based on the belief that '*we would have picked them up anyway*' and, particularly in the case of 'substantial' and 'critical' cases, AA would have been awarded. The contrary viewpoint, voiced particularly by Care Managers (CMs) and VOs, was that the mainstream AA application route acts as a deterrent for many potential claimants as it appears lengthy and complex. This was not seen to be the case with the StAP approach and demand could be expected to increase. The Checklists (Appendix B, WA17) also revealed a perception that the StAP may enable local teams to reach potential recipients previously missed, although it was unclear as to how exactly this would happen.

This indication of improvement in the client experience is underpinned by the DCS Evaluation Report⁷, which gave more robust evidence, at least in terms of improving access through a shortening of the overall AA award process. The DCS target for mainstream AACT is now 16 days, reduced from 19 in April 2008. The DCS Interim analysis showed that the StAP cases from Islington were cleared in slightly less than six days and those from Greenwich in just over ten days – giving an average AACT of less than seven days. The concerns around these figures are outlined in Chapter 7 and the final DCS Evaluation is justifiably more cautious in stating simply that all pilot cases were cleared within target⁸. There remains good reason to believe, however, that the AACT has been reduced considerably.

The reductions in duplication and repetition also had a positive impact for the agencies but the overall experience of any simplification was less marked and varied according to their role in the process. For the DCS staff, for instance, the StAP approach was very much 'business as usual', making access neither simpler nor more difficult. For the members of JVTs, the impact in terms of making access simpler was more a question of overall balance between the main elements of the process – preparation for the visit and the visit itself. This is discussed further in Chapter 7. It is sufficient, at this point, to record that the StAPs saw a general increase in time taken in familiarisation with the client's case history but a reduction in the time taken up by the visit itself.

⁷ *DCS Streamlined Assessment Pilot Evaluation Report 5 November 2007 – 30 April 2008*. Gee, T. and Taylor, M., July 2008.

⁸ DCS Clearance Targets 2008/09.

6 Building capacity

The evaluation interviews revealed a general degree of comfort regarding individual and organisational capacity to accommodate the StAP approach. For DCS staff members at all levels, this came from a recognition that it had brought very little change – whether or not it involved the StAP approach, a claim package arrives, the information is assessed and, in some cases, clarified, usually by a telephone call to the client, and a decision is made – then, as one interviewee put it, *‘there will be another one along in a minute’*. In the case of a StAP claim, a very small amount of additional time has been spent logging its progress for pilot evaluation purposes. In practice, this ‘business as usual’ process was not always the case and this is discussed in Chapter 7.

The changes have been felt more noticeably at JVT level but again, few interviewees identified individual capacity specifically as an issue for them. Going into client visits armed with more information than would be usual in a mainstream application, the StAP approach was regarded as having changed the client interview experience positively for all concerned. In the words of one VO, *‘it has become more of a conversation than an interview’* and the atmosphere is more relaxed, which is better for everyone. Although StAP brought a need for more familiarisation before the visit takes place, the time being saved in the overall process has usually absorbed this. Perhaps inevitably, there is also some evidence of resistance to change and a perceived ‘dumbing down’ of the professional approach of the VOs.

While the individuals involved in the StAPs were generally relaxed about their own professional capacity, the wider organisational capacity to manage the changes arising around and out of the introduction of the StAP approach did generate some concern and clearly had an impact on individuals. Two of the stakeholder agencies were operating in the turmoil of organisational restructuring taking place during, or just before, the pilots began. This caused some individuals to be distracted, albeit perhaps only temporarily, from maximum effectiveness in responding to the challenges of the StAP environment. In Greenwich, the establishment of the JVT had been delayed by a wider organisational restructuring and the team was coming together almost as the StAP and its evaluation process were beginning.

In the earlier stages of the evaluation, Greenwich interviewees stressed that the team was currently 'co-located' rather than 'joint', and the language continued to reflect 'us and them' attitudes; although these had begun to fade as the pilot experience developed. In contrast, the Islington JVT was not only in existence when the pilot began but had grown out of a history of local partnership working. While Greenwich staff had struggled with a new working environment and substantial problems arising out of incompatible IT systems, their counterparts in Islington had absorbed the StAP approach into an organisational environment that was largely familiar to them and supported by a proven IT system.

One senior manager observed that '*organisations are territorial by nature*' and seldom is enough time and money invested in achieving true integration; '*but when you get a truly integrated team, things really fly*'. This could be an important factor in identifying areas for extending the StAP approach. Not everyone, however, was convinced that a multi-disciplinary JVT was essential to the successful delivery of the StAP approach, seeing a commitment to closer collaboration as sufficient. One interviewee identified an element of the organisational environment that may contribute to any capacity challenges, whether individual or organisational. He saw a fundamental difference between the core purpose of the OA and the FACE form, which look at the independence of the client, and the AA application, which is about their dependence. While to the 'outsider' this may sound simply a matter of semantics, to some of those closely involved, the difference was tangible. The agencies, like the documentation, were designed for one purpose and were now trying to fulfil another, just as many of the individuals were.

The joint workshop staged before the pilot period began was welcomed at the time and continued generally to be seen as having been worthwhile, perhaps worthy of repetition twice-yearly if the StAP approach were to be rolled out. In the view of one senior member of staff, however, '*the lessons (of the preliminary workshops sessions) which were clearly spelled out, have not been learned*' and the same gaps in information persisted throughout the pilot period. These issues are discussed further in Chapter 7.

7 Systems and processes

During the course of this evaluation, the mainstream AA application process was described by an experienced service provider as *'the most time consuming of all'* those procedures relating to accessing welfare benefits. Other interviewees described it as *'off-putting'* and *'a deterrent'* to potential claimants. Given the age and vulnerability of the intended beneficiaries, any shortening of the time taken between initial claim and the award decision represents a very worthwhile proposition.

As the StAP approach seeks to improve access to AA by means of streamlining the manner in which the information necessary to applications is drawn together and then dealt with, it is not surprising that systems and processes were the principal focus of the evaluation interviews. Comments and ideas fell into two broad subject areas: the way in which the modified application form design did, or did not, aid information capture; and the systems by which both form and information were processed in order to reach an award decision.

7.1 Information capture

One issue voiced mainly, but not only, by DMs was the degree of inconsistency in the completed assessment forms upon which they are expected to base their award decisions. As outlined in Chapter 2, the StAP approach pilots tested the use of the standard FACE form with some modification to allow for the inclusion of the 'prompts' regarding day and night needs and the client's consent for other agencies to be contacted regarding the information provided. During the pilot evaluation period, the modified FACE form operated in parallel with the mainstream AA application form, AA1, and the associated Claim Pack.

When discussing the design of the form, and the StAP approach more generally, it became clear that the lack of familiarity with the modified FACE form was a significant, if predictable, factor for most of those engaged in the pilots, whether at local level or the DCS. For one or two of those interviewed, it appeared that the problems were not so much with the form or the process but with change itself. Even in the later stages of the evaluation, it was clear that some still preferred the

use of AA1 and would support its continued use, even while acknowledging that growing familiarity with the modified FACE form was 'making a difference' as the pilots had progressed.

The staff survey that informed the DCS evaluation statistics suggests strongly that the FACE form has posed problems in terms of locating the information required, with as many as 91 per cent scoring the form toward the 'difficult' end of an easy to difficult scale.⁹ During the evaluation interviews, there was a view from some VOs and DMs that the form 'lacked a logical structure'. Many felt that, in experienced hands, the necessary information can be drawn together onto, and read from, the mainstream AA1 form in a way that made for a faster process, minimising errors and omissions. The desired 'logic' may be as simple as the VO talking clients and carers through their normal day, recording activities and care needs as they occur. Completed by a VO in this, or any other 'logical' way, the VO/DM is able to minimise the need to 'keep flicking backwards and forwards' while assessing the claim. Only the passage of time will determine to what extent this objection could best be overcome simply by a growing familiarity with the new form or by the development of a 'new logic'.

A constant theme throughout the evaluation of the pilots was around 'gaps' in the information recorded on the StAP form when it reached the DMs for an award decision. The DCS evaluation shows that around 60 per cent of applications needed additional information before the decision could be made, requiring further action from the DMs. Despite 'prompts' appearing on the revised FACE form itself, the omission of information on the client's night needs and any periods of hospital or residential care continued to represent the substantial majority of the gaps (see also Chapter 6 and Section 7.2).

It is understood that a new draft form for the StAP approach was being developed during the latter stages of the evaluation, at least in part as a response to criticisms of this nature. Given the sometimes conflicting preferences expressed by key staff in the process – AA1, more/fewer tick boxes, more/less narrative – it is essential that the draft is consulted upon as widely as possible and opportunities provided for a genuine debate among and between the stakeholders before being piloted.

7.2 Information processing

On despatch from the pilot area to the appropriate DCS, StAP applications were 'flagged' so that they could be tracked through the decision-making process from the time that the RAs first register their arrival. Thereafter, the claim was to be treated as any other, thus allowing valid 'before and after' data comparisons to be made between the two claim 'streams', particularly in terms of the overall time taken to reach the decision whether or not to allow the claim.

⁹ *DCS Streamlined Assessment Pilot Evaluation Report 5 November 2007 – 30 April 2008*. Gee, T. and Taylor, M., July 2008, Question 4, p9.

In one pilot area however, the first round of interviews revealed that the flagged StAP claim was hand delivered to the desks of the designated DMs, some of whom then dealt with it straight away. This was explained as being necessary to increase the security of the claim and also to avoid the then current 'three week backlog' of claims existing at that office.

The DCS Interim Evaluation Report highlighted this deviation from the agreed process and warned that the interim AACT statistics consequently did '*not represent a true picture*'¹⁰. The report also stated that the situation had since been rectified. The evidence of the second round evaluation interviews at DCS offices suggested, however, that not only were the StAP flagged applications still being prioritised but that in some cases, where information was unclear or missing, an assumption of need was being made in order to avoid delaying the claim. Some interviewees also expressed concern at the risk of bias in favour of StAP applicants that they saw this bringing to the overall AA application process. The structure of the July DCS report for the whole pilot experience has been modified to allow for these inconsistencies but the importance of ensuring that robust statistical comparisons can be made for any future piloting of the StAP approach cannot be overemphasised.

Reference has been made to the gaps in information provided on the StAP form, particularly and consistently around the issues of night needs and periods of residential care in a hospital and/or care home (see Section 7.1). While in the early stages of the pilots some errors of omission may simply have been further evidence of the importance of familiarity (see also Section 7.1), as the pilots progressed these omissions came to be accepted by the DMs almost as inevitable and follow-up telephone calls to clients for further clarification had become quite commonplace, with an average of 60 per cent of all StAP cases requiring further client contact by telephone. In less than three per cent was further medical evidence required¹¹. In comparison, anecdotal evidence from the StAP DMs suggests that the contact levels generated from mainstream AA applications is between 50 per cent to 70 per cent and less than ten per cent respectively.

Where the DM did pursue the information, they acted in accordance with current guidelines and contacted the client, rather than a named contact in the JVT. This will be the most effective thing to do in many, perhaps most, cases as '*the client will be available and know, the VO may not be available and may not know*'. DMs must be free to pursue the information they need using the routes they choose but this does risk reducing the delivery of a core aim of the StAP approach; that of minimising the number of times that the client needs to give information during the award process.

¹⁰ DCS Streamlined Assessment Pilot Interim Evaluation Report 5 November 2007 – 31 January 2008. Gee, T. and Taylor, M., July 2008, Question 4, p6.

¹¹ DCS Streamlined Assessment Pilot Interim Evaluation Report 5 November 2007 – 31 January 2008. Gee, T. and Taylor, M., July 2008, Question 4, p6.

While DMs commented on the difficulties of contacting VOs and cited this as the main reason for additional client contact, VOs observed that they had received little feedback from DMs and, therefore, remained unsure as to whether or not they were completing the forms appropriately. Several interviews demonstrated that both DMs and VOs were aware of the benefits that better communication between them could bring but seemed too accepting of the situation as it was. Management intervention would be appropriate here to bring further reductions in client contacts.

Some DM interviewees reported that the information was not always recorded in ways that were helpful to them. Examples given included statements that a client *'needs help at night'* and had *'some difficulty'* in performing certain tasks; both expressions falling far short of the information needs of the awarding DM who is looking for a firm basis for a decision. This again suggests the value of a cross-disciplinary programme of workshop events aimed at building a mutual understanding of roles and information needs.

Some interviewees accepted a certain level of errors and omissions as inevitable, commenting that *'some people are better than others'*. For the majority, however, the preferred means of addressing the ongoing problem was through more regular contact between the different actors in the process, particularly the JVT members and DMs. There was support for regular meetings with the aim of improving the mutual understanding of such basics as individual roles and information needs. If this approach were to be adopted, it would be important to ensure that an appropriate mix of strategic and operational staff attends the workshops and that *'lessons are learned'* (see Chapter 6). Within the DCS, a similar approach may be useful across the DM teams, as there seems little interaction at present. This development offers a route to greater consistency in practice and would be essential in the rolling out of the StAP approach to include more LA areas and, consequently, greater variations in LA and DCS organisational practice.

Several interviewees stressed the importance of supportive IT systems in delivering the StAP objectives. The Islington pilot has relatively long experience of JVT working and has developed, in conjunction with a private sector provider, an IT system that appears appropriate for recording and operating the StAP approach and providing many of those involved with the means to track the progress of individual claims. This not only helps professional practice but contributes to job satisfaction. The only problem for Islington seems to be that, when potential improvements are identified, the JVT support staff are not able to edit the database but must contact the provider to obtain editing services, thereby incurring small costs and delays. As outlined in Chapter 6, such circumstances impact upon individual capacity as well as the successful delivery of the overall StAP objectives.

In contrast, the co-located team operating in the Greenwich pilot area encountered very significant IT problems from the outset. Occupying a building that does not belong to the LA, the existing hard wiring was, and remained several months later, incompatible with the LA's systems, which prohibited data sharing at even quite basic levels. LA members of the team must go to one of 'their own' buildings even to print off any documents. As the building does not belong to the LA, these team members were also not eligible for support from the LA's own IT staff. Although exacerbating the 'them and us' difficulties here, one senior manager saw these problems as '*obstacles rather than barriers*' to be resolved by the passing of time. There seemed to have been little improvement over the formal life of the pilot, however, and this attitude could be too complacent. The availability of appropriate and accessible IT systems, would be an important factor in deciding any programme for rolling out further pilots.

8 Conclusions

Underlying the headline research objectives identified for the evaluation (see Section 4.1), the key questions to be addressed included:

- What's working?
- How is it working?
- What are the costs and benefits – in the widest sense?
- How long does an assessment take?
- What is the 'speed' of the process now?
- Quality – is the StAP/AA form completed to a high enough quality so that a decision can be made first time?
- Barriers and enablers?

With these in mind, this chapter draws together the main points arising from the interviews, checklists and statistical analysis in order to reach some practical conclusions around the StAP experience and its possible future development.

8.1 Improving access (Chapter 5)

- The StAP approach to the award of AA appeared sufficiently robust to support future transferability and to achieve significant gains both for clients and stakeholder agencies.
- At all levels of the stakeholder agencies, interviewees showed clear and strong commitment to the principle of improving client access to AA and this is helping to overcome some of the initial difficulties encountered in the pilots.
- There was similar unanimity in the belief that the StAP approach had achieved improvements in client and organisational access and that it was quicker, simpler and 'more relaxed'.
- Reductions in duplication and repetition brought benefits to clients and organisations.

- For the VOs, there had been a shift in the balance of their work, StAP bringing more time on familiarisation with client information before visits but less on the interview itself.
- There were no real 'costs', only benefits for the client and the agencies.
- There was a strong view that yet more improvement would come as familiarity with the StAP approach grew.

8.2 Building capacity (Chapter 6)

- For most interviewees, StAP had brought no identifiable long-term capacity issues – VOs felt better prepared and for DMs it was simply 'business as usual'.
- Two stakeholders were hampered by the impact of wider internal restructuring within their organisations.
- Building integrated service teams takes time and effort but they 'really fly' when it is achieved.
- Although the initial workshop had been valuable, 'lessons had not been learned' and further staff development sessions to raise awareness of roles and operational needs would be welcomed.

8.3 Systems and processes (Chapter 7)

- While the StAP approach enjoyed unanimous support, there was a clear and strong view that the form used to gather information should be reviewed.
- Despite some interim modifications, the same gaps and omissions in terms of information capture have been present throughout the StAPs.
- Any further development of the form should involve all those who have a role in gathering and using the information to be captured.
- Making systems simple and flexible will lead to fewer forms and visits.
- DMs have continued to deal with the gaps and omissions by contacting clients rather than VOs.
- Although more holistic working is being achieved, communication within and between JVTs and DM teams should be more consistent and frequent.
- Accessible and proven IT systems are essential in the effective processing and tracking of AA claims.
- Robust statistical evaluation requires consistent processes and careful monitoring.

8.4 Developing on the Streamlined Assessment Project

- Interviewees believed strongly that the StAPs had proved the value of the approach and there was strong support and many ideas for its continuation and further development.
- Potential areas for development included the extension of its use to the award of Disability Living Allowance (DLA) and Housing Benefit (HB), although the complexity of these benefit structures was recognised.
- Most interviewees supported an expansion of the StAP through a wider piloting process to include a greater variety of LA areas and structures.
- Future StAPs may benefit from the existence of mature partnership arrangements and organisational structures.
- There was some support for reducing the information gathering process to just one client visit by the CM as part of the OA stage, although it was recognised that capacity could be an issue.
- Some concern was expressed at the possibility of expansion of the StAP approach being potentially counter-productive in terms of a lengthening of interviews and/or of the necessary form.
- Recognising that the LA involvement is just one part of the overall AA application 'marketplace', some interviewees would see all AA claims being routed through LAs.

Appendix A

Summary of evaluation activities

Table A.1 Evaluation activities

StAP Stakeholder Agency	Interview venues	Interview dates		Interviews completed		Checklists completed		Interviewees Strategic (s) Operational (o)	
		Rd 1	Rd 2	Rd 1	Rd 2	Rd 1	Rd 2	Rd 1	Rd 2
DCS Blackpool	DBC Bridge Street Manchester	03/12/07	10/06/08	3	3	2	3	2(s) 1(o)	2(s) 1(o)
DCS Wembley	DBC Olympic Way Wembley	18/01/08 (5) 26/02/08 (1)	18/06/08	6	4	7	9	1(s) 8(o)	1(s) 8(o)
London councils	Southwark Street London	26/03/08	03/06/08	1	1	1	1	1(s)	1(s)
London Borough of Greenwich	Wellington Street Woolwich	09/01/08	19/05/08	7	7	7	7	3(s) 4(o)	3(s) 4(o)
London Borough of Islington	Goswell Road Islington	12/12/07	02/06/08* 03/06/08 26/06/08	5	5	7	4	2(s) 6(o)	1(s) 4(o)
Totals				22	20	24	24	9(s) 19(o)	8(s) 17(o)

Notes:

* Telephone interview.

Appendix B

Collated checklist results – all stakeholders

Table B.1 Perceived impact levels for the StAP approach

	High		Medium		Low		Top 3	
	Rd 1	Rd 2	Rd 1	Rd 2	Rd 1	Rd 2	Rd 1	Rd 2
Benefits for older people								
WA1	14	13	8	7	2	1	6	3
WA2	6	6	11	12	6	4	0	1
WA3	10	4	7	12	5	3	0	1
WA4	18	9	4	9	2	1	3	5
WA5	19	14	3	4	1	2	7	5
WA6	2	2	13	10	3	5	0	0
WA7	7	8	10	5	3	6	0	2
WA8	12	9	5	10	3	0	1	5
Organisational benefits								
WA9	7	3	5	4	8	11	0	0
WA10	13	7	8	7	1	5	2	2
WA11	17	15	4	5	2	1	11	7
WA12	21	15	3	5	0	1	6	6
WA13	12	11	7	8	1	0	2	2
WA14	18	18	4	3	1	0	5	10
WA15	6	6	14	8	4	4	1	2
WA16	4	11	14	9	3	2	0	1
WA17	11	8	7	6	4	4	1	5
Totals	197	159	127	124	49	50		

Notes:

Each cell records the total number of perceptions recorded for each WA. In the 'Top 3', each cell records the number of times each WA was perceived as being one of the three most important.