

Centre for Health
and Social Care

Leeds Institute of Health Sciences



UNIVERSITY OF LEEDS

Evaluation of Leeds Streamlined Assessment Project (StAP)

Summary Report

Jeanette Moore
Jean Townsend

December 2008

LinkAgePlus

This report can be obtained from Jean Townsend or Jeanette Moore at the Charles Thackrah Building, Leeds Institute of Health Sciences, University of Leeds, 101, Clarendon Rd, Leeds LS2 9JL Email j.townsend@leeds.ac.uk

It can be accessed on www.opforum.webeden.co.uk

Acknowledgements

We would like to thank everyone who has helped us with this project.

The work was funded by Leeds City Council from a grant from the Department of Work and Pensions.

Pseudonyms have been used in this report to protect the confidentiality of individuals.

Evaluation of Leeds Streamlined Assessment Project

Summary Report December 2008

1.1. Background

The Streamlined Assessment Pilot (StAP) aimed to test if the individual can give information the minimum number of times and yet be able to access holistic service provision.

The pilot in Leeds is associated with the Linkage Plus project. Its key objectives include

- to develop partnerships, links and joint working between organisations in the statutory and voluntary sectors to improve benefits take-up and access to services and to promote greater integration of services.
- to provide an improved joined-up assessment service to people aged over 50 seeking advice on benefits and other support, and to reduce the number of people visiting them seeking similar information.

These objectives provide an opportunity both to illustrate the benefits and organisational methods of implementing a joint approach, and to investigate the real challenges on the ground of implementing joint working, as promoted by national and local policy.

1.2 The organisation of the project

The pilot received funding of £97,000 from the DWP. It was launched in September 2007 and ran until July 2008, and was planned to cover a single area of Leeds – Gipton and Harehills – selected as it contains areas of high deprivation.

It built on existing parallel working of the Leeds Benefits Service (LBS) and the Pension Service (TPS) visiting teams, which carry out holistic visits checking for the individuals' entitlement to financial benefits and also to a range of other "complementary" services, with stress on increasing take-up.

The StAP team consisted of two visiting officers from LBS and one from TPS, co-located in LBS office. They were managed by a team leader from LBS, with support from a Project Officer based in ASC.

Within StAP the visiting officers were allowed more time and flexibility during visits to explore the needs of customers and extend their current holistic work to include assessing requirements for social care and housing and support needs, making direct referrals to other support as necessary. Follow-up visits were planned to check on progress on all claims and referrals in order to identify outcomes.

2. Developing Partnerships

2. 1. Publicising the project and attracting referrals

A range of approaches was taken to publicise the project. These included letters, general leaflets, joint meetings with workers in a number of agencies/ groups and talks, information stands and surgeries in various locations. There were some examples of more innovative activity near the end of the project, for example a surgery was held in a hairdressing salon. The team also followed routine take up activity, for example using scans of LBS and TPS records to identify people in the area who might be entitled to additional benefits.

There were difficulties in creating some of the links to both statutory and voluntary organisations but by the end of the project a number of effective links had been created, although the number of referrals from most groups remained disappointing.

2.2. Report on developing relationships

As a separate exercise the Project Officer approached 27 third sector organisations to investigate the potential for developing relationships with LBS and TPS in Leeds in the future. She found a wide diversity in methods and working practices, but that most would like the opportunity to develop their links with statutory services in line with their core business and its needs, or at least to have clear channels of communication.

Key areas which might be progressed included:

- Referrals going both ways with clear standardised referral pathways, with automatic feedback to the referrer
- Improved understanding of what is offered by voluntary organisation by workers within Statutory services so reciprocal referrals can be made.
- Regular update training sessions offered by TPS/LBS to the voluntary sector organisations
- Partnership working at various levels

2.3. Utilising wider Linkage Plus contacts

Specific initiatives were funded through StAP, including making the Social Isolation training pack available and providing social isolation training courses for staff of LBS and TPS.

Benefits training courses were provided for staff in voluntary organisations.

The Infostore website was promoted.

3. The Assessment Visits

3.1 Number of contacts

In total, the team visited 389 people during the pilot – where appropriate these people's partners were also assessed. 44% of these visits were generated by StAP activities, the remainder were routine reviews or as a result of general take-up work. The team carried out one or more follow up visits to 141 people to identify outcomes of applications and service referrals.

3.2 Results of visits (see Appendix for further information)

- 38 (9.8%) visits resulted in financial benefits only
- 155 (39.8%) led to referrals to non-financial/ complementary services only
- 96 (24.7%) resulted in both

- The total weekly amount awarded was £8,671.87
- 410 referrals were made to complementary services

3.3 Views of StAP Service Users

Thirteen service users, including two couples, were selected purposefully and interviewed to gain a more detailed illustration of how people got into contact with the StAP team, their experience of this contact and the resulting outcomes.

The people interviewed were generally very positive about the visits. The visiting officers were typically described as being '*very nice*', '*pleasant to talk to*', '*ever so helpful*'.

Other aspects appreciated included

- the personal contact
- clear and full explanations
- actual completion of forms
- having documents checked in their home, not having to sent things away
- language skills (appreciated by two men from the BME community whose visitors were able to speak in their native language)
- convincing those with doubts to actually make claims
- the follow up visit explaining letters, decisions and awards.

However, some confusion remained for three people who were still waiting the result of claims or referrals – they were unsure about what was happening or in two cases whether a claim/ referral had actually been made

3.4. Were these people “socially isolated”/ “hard to reach”?

All the interviewees were in contact with some services and/or groups. Several had accessed routine provision for older people, such as smoke alarms fitted by the fire service and help with heat loss prevention from power companies. However, all but three were awarded additional benefits following their visits from the StAP team so evidently they had not received full and current appropriate support and information from the other groups with which they were in contact.

Three specific aspects of isolation were evident

Language: Two BME elders were isolated to some extent by their difficulties with English. The effect of this was reduced by the fact that the initial contact from the StAP team was made by letter which they found easier to understand, or were able to get other people to explain. The fact that their visiting officer was able to talk with them in their own language was very important to them.

Inaccurate information: Two ladies were “hard to reach” in the sense that they had believed incorrectly that their income/ savings meant that they would not be entitled to any benefits, having received incorrect advice from family and friends. Another person had not realised that she might be entitled to extra benefits and resented the fact that no-one had previously told her about them

Lack of expert support: A number of people said that they had previously made unsuccessful claims for benefits. Although their success with the StAP team might reflect changes in circumstances, there was also an impression that their previous claims had not been made as effectively as they might have been.

3.5. Was the visit a “streamlined” assessment?

The comprehensive and streamlined nature of the pilot was not actually apparent for many of the people interviewed as most were in contact with a number of agencies – in some cases this included the ones who actually referred them to the StAP team or ones that the StAP team referred them to. Consequently several were unclear about who had provided, or was going to provide, services for them, and what the relationship was, if any, between the different people who visited them..

3.6 The views of the staff on the visits

The StAP team felt that they were able to provide a better service, as their reduced time pressures meant they were able to give people more time. They also felt customers

appreciated them making direct referrals to other services, rather than merely signposting, and the personal follow-up visit to check on and explain outcomes.

4. Outcomes, developments and learning in StAP

4.1 The achievements

- Access to benefits and other support for 389 customers.
- Enhancement of some existing relationships.
- Creation of new links between TPS and LBS and a range of statutory and voluntary agencies.
- Further movement/ progress in the visiting services of LBS and TPS in widening the scope of their work to encourage and increase uptake of benefits and to include investigating needs for a range of other non-financial services during the visits. As such, it is difficult to isolate aspects of the work and outcomes which are solely attributable to the pilot.

4.2 Challenges and disappointments

The pilot did encounter a number of problems and challenges, and there were some aspects which did not reach the levels of success originally aimed for:

- Referrals were slow to pick up and although they improved they did not reach anticipated numbers.
- There were significant difficulties to overcome in creating links with some agencies, several of which remain.
- Attempts to access very socially isolated people were limited both in scope and outcomes, although again this improved in the later stages of the project.
- In many ways, the team did not view their StAP visits as being materially different from their routine work. To a large degree the focus remained similar to their previous work, concentrating on targets and outcomes of individual visits.

4.3 Organisational and other issues

A number of issues impacted negatively on the StAP work, especially the lengthy delays during the initial planning which reduced the duration of the pilot – eleven months gave

limited opportunity to devise, modify and test new approaches. Some of the challenges may have been addressed if there had been more time to plan and market the project before it went live, if all stakeholders including the StAP operational staff, and local groups had been involved in the original planning and ongoing development and if there had been a longer period of operation. Also more consideration might have been given to site selection – Gipton and Harehills was selected as it contained a number of the most deprived areas of Leeds, but it soon became clear that other groups in this area felt that they were already covering the role planned for the StAP team. Selecting an area with less services of this type would have been preferable.

The team did not become integrated into a genuine unit, working together and fully engaged with the aims of the project. The relationship with colleagues and other managers was problematic with the team feeling undervalued. This in part arose from dilemmas facing managers in busy organisations with tight targets generally in implementing projects within existing resources – how far should the pilot team be seen as free-standing unit which would develop work separate from the mainstream and how far it was still an integral part of the host services.

There were practical difficulties in joint working between LBS and TPS, based on for example different working practices and different recording systems with restricted access by the other agency. The extent that these issues can be addressed locally is limited by the fact that TPS operates within nationally agreed standard operating models. However, attention should be paid to this at a high level.

The role of the project officer in addressing a number of these negative organisational issues was very significant. All informants agreed that she had a crucial impact on reducing some of their impacts during the later stages of the pilot.

4.4 Outcomes and learning from the Pilot

More positively some of the StAP experiences have already had influence and on the mainstream working of LBS and TPS, and their relationships with other services for older people in the city, and other aspects are being considered.

- Raised profile for the Benefits and Pensions services
- Improved knowledge of and relations with the voluntary sector

Both LBS and TPS value this as a significant outcome from StAP, but are not certain that that staff time will be available to maintain these links in the longer term

There is some evidence that referrals from some voluntary groups are continuing at an increased level.

The associated training courses offered on a wider basis, on benefits for staff in voluntary organisations and on social isolation for LBS and TPS staff, were popular and well received.

- Locality focus

At present both services feel the advantages of city-wide working in terms of speed of reaction time and flexibility of staff outweighs the StAP benefits of convenience and acquiring knowledge of local areas and creating links with local groups..

- Continuity of worker

TPS already followed this practice of the same worker following through any repeat visits; and LBS has now changed its practice to this, indicating the development of a more person-centred approach within the mainstream services.

- Using SAP referral

Using SAP documentation to make referrals directly to Adult Social Care was valued as being more convenient than relying on phoning the Call Centre, giving social workers fuller and more accurate information and reducing the times that customers have to repeat their details. The decision to continue this and extend it within LBS and TPS is still being considered.

- Referral Pathway

The clear referral pathways covering the range of benefits and non-financial services which might be covered during a visit, with trigger questions and responses, which was devised during the project is to be shared city-wide.

- Follow-up visits

Workers and customers appreciated the value of the follow-up visit, to check on the progress and outcomes of claims and referrals, especially when explanations of the outputs of more complicated claims were involved. Neither agency feel they will have the resources to carry out personal repeat visits of this nature as a matter of routine. Further discussion will focus on which customers need a personal visit and also whether this type of follow up can be delegated to any other agency or worker already in contact with that customer.

The follow-up of outcomes is a significant issue across the whole of the Linkage project. Further multi-agency and voluntary sector work to enable this to be part of routine data collection is important to enhance service delivery for older people and to inform future commissioning.

5. Concluding thoughts

The StAP project has achieved some of its original aims, but some wider issues need to be considered.

- Is an exercise aimed at hard to reach/ socially isolated people appropriate for a statutory body, typically, and especially in the case of the LBS and TPS, viewed with suspicion?
- Does following up wider issues of people's needs sit happily in agencies primarily focused on financial matters?
- Could some of the additional aspects of work undertaken by the StAP team be delegated to voluntary groups, and if so how should that be financed?

The answer to most of these questions lies in better partnerships at community level. While these partnerships were slow to start in this pilot, a key achievement by the end was that some progress had been made and some good working relationships were forged at community level. It is important that this is built on more generally, if the respective skills, knowledge and expertise held in each sector are to be used to best advantage for socially excluded older people.

Appendix 1: Case studies

The following vignettes illustrate the diversity of the StAP visits:

Miss Carter, aged 82, lived alone and previously had very little contact with any services for older people although she occasionally attended a group at her local church primarily for social contact. She was approached by the StAP team when they held a surgery at her hairdressers – she admitted that she was surprised they had been there but felt that it was a good idea. Until then she had been certain that her income was too high for her to be eligible for any “help from the government” and was surprised to find that some benefits were unaffected by this. In addition she did not consider herself to be “disabled” – she described her somewhat restricted mobility and a physical condition but concluded that “*otherwise there is nothing really wrong with me as far as my health is concerned, nobody would call me disabled!*” Consequently she was very dubious about making any claim and described how her visitor had convinced her to pursue it:

How did she put it? – you’re very foolish if you turn it down because you are able to claim, you should have it. She insisted that I was due for it, so I accepted her word.

Following her assessment, she was awarded attendance allowance and said this meant that she would be able to get taxis to her hospital appointments without worrying about the expense and also that the money would help contribute to extra costs related to her physical condition.

Mr and Mrs Fry, aged 76 and 80, had spasmodic contact with Social Services over several years related to Mrs Fry’s physical and medical conditions and had made several successful and unsuccessful claims for a range of benefits, helped by different professionals over this period. However, they had no ongoing support and had some bad experiences in trying to make arrangements for care and equipment for themselves, losing money in the process. A recent deterioration in Mrs Fry’s mobility had resulted in contact from a range of professionals:

We have about five different people, different ones come, we don’t know who is who and what is what”.

They were unclear how all these people had got their names:

Well I think they passed it on from one office to another you know. I think that’s how they did it. Because they said so and so will be coming, we have put you on to so and so and different people. So that’s how its snowballed.

They assumed (correctly) that they had been referred to the StAP team by Social Services and were very impressed by the visiting officer’s comprehensive approach .

She explained a lot about what other benefits there are. There were things that we had never even thought of do you know what I mean? So we are highly pleased.

Following their StAP assessment they received a significant increase in their income and thought it would make a big difference to their spending patterns.

Before it was a bit hard, we managed, but it was hard. Now, well we can buy....., before we would have said "I fancy that, but no we'll leave it". We might as well live a bit more luxurious, you know. We have had a Chinese, haven't we? But before we'd have said it's a lot of money.

They also appreciated that allowances they received made them eligible for free optical and dental treatment. In addition they had some external repairs made to their house following referral to Care and Repair by the StAP visitor. They had no previous knowledge that such a service was available:

We were amazed. I said I can't believe it, that we are getting it done".

Appendix 2: Successful claims and referrals**Table A2.1: Financial benefits**

	Number awarded	Pending	Rejected	Total weekly amount
Housing Benefit	13	1		£479.36
Council Tax Benefit	38	4	1	£387.66
Pension Credits	39	2		£1,719.85
Attendance Allowance	75	2	10	£4,568.90
Disabled Living Allowance	12	5	3	£574.65
Carer's Allowance	19	4		£941.45
Total				£8,671.87

Table A2.2: Referrals to Complementary Services

Health Through Warmth	10
Fire Check	26
Care & Repair	28
Falls Team	57
Police Check	4
Concessionary Travel	11
Debt Management	6
Leeds Card	15
Message in a Bottle	187
SAP Referral to Adult Social Care	56
Other: Blue Badge (x5); Info on voluntary clubs; Credit Union & CareRing; CAB; BME group; Neighbourhood Network	