

Introduction

Welcome to the sixth edition of Research Focus from the PSSRU at the University of Manchester. This edition opens with a discussion around the implications of care home or hospital ward closures and the subsequent relocation of frail older people, where a recent ruling may provide guidance for practitioners in dealing with this sensitive area. The second article describes a current piece of work investigating approaches to the care and support of older people with dementia and their carers across eight European

countries, 'RightTimePlaceCare', in order to inform the development of best practice strategies. This is followed by an examination of the role and suitability of self-assessment in the provision of community equipment and adaptations. Information about recent publications on both this latter and other areas of PSSRU research are also included. The areas of research included here are extremely relevant to the development of practice in the care and support of older people.



Relocation of older people when a care home or hospital ward closes

The North West of England might never have seen specialist services for older people with mental disorders but for the tragic deaths of patients moved from Fairfield Hospital in Bury to Rossendale General Hospital in December 1973 (Committee of Inquiry 1975). Poorly organised, conducted in the teeth of winter and against the advice of the responsible consultant psychiatrist, this relocation of 15 elderly women with dementia saw seven dead within the month. Only four survived beyond one year: a death rate of 73%. This was an uncontrolled naturalistic experiment but no one doubted that the move contributed to the death rate. It was much higher than would be predicted even for such aged, frail and vulnerable people. Amongst the recommendations of the Committee of Inquiry was the establishment of specialist mental health services for older people. There is a long tradition of good being achieved only when a scandal or tragedy has drawn attention to a problem which might have been appreciated with less pain.

That relocation was conceived as a device to gain advantage for organisations in anticipation of the 1974 reorganisation of the NHS. In subsequent years serial changes in the organisation of health and social care services and the values and costs attributed to individuals and modes of care, have meant that many hospital wards, whole hospitals and other forms of residential or institutional care have closed. A literature has arisen relating to these (Smith and Crome, 2000; Burholt et al., 2011).

Many closures have come about because of failing finances in the independent sector, or the threat or reality of censure from an inspecting agency. Others might be described as altruistic – sacrificing a well-liked facility in the belief that something better can be achieved by care provided in a different way.

Reports can only describe what has happened. There are no controlled randomised trials. Published material represents a self-selected sample of closures, mostly dependent upon the enthusiasm of clinicians in particular settings motivated to share their views and stories. Studies of outcomes indicate that morbidity and death-rates are sometimes increased, but can be minimised or avoided. They often identify personal and clinical characteristics which predict that some individuals are most at risk of adverse outcomes, and they clarify aspects of preparation, consultation and enactment which predict poor or better resolutions. From these practice guidelines have been produced (Social Care Association, 2011).

When plans for closure and relocation are announced, there is concern for the health, well-being and survival of those who are to be moved. The greatest fear is that, as in Bury-Rossendale, people will die. This represents the focus and preferred weapon of families and legal representatives seeking to stop planned closures (RAGE, 2003).

The European Court of Human Rights (2010) reviewed the available information in a key ruling addressing the case of a 90 year old woman and the Local Authority in Wolverhampton. The findings included acceptance that relocation is inevitably a stressful event, but understanding that the consequences of the stress can be minimised by careful planning, preparation and practice. Considering Article 2 of the Human Rights Act (HRA 1998): 'Everyone's right to life'; Article 3: 'No one shall be subject to torture or to inhuman or degrading treatment' and Article 8: (1) 'Everyone has the right to respect for his private and family life, his home and his correspondence' (2) 'There shall be no interference by a public authority with the exercise of this right..' the Court found

that where there is careful preparation and intention to provide a better environment, relocation is a justifiable undertaking. Amongst the recommendations is a plea to avoid repeated legal challenges to closures on the basis that they contravene the HRA, since a series of these have ended in failure and added to the trauma and costs for all concerned (Jolley et al., 2011).

The place and best practice of residential care within the spectrum of services for older people, including the phenomena of closure and relocation, remain important areas for enquiry and research.

References

- Burholt, V., Beech, C. and Winter, B. (2011) **The closure of care homes for older people in Wales: prevalence, process and impact.** *Centre for Innovative Ageing*, Swansea University SA2 8PP.
- Committee of Inquiry of the transfer of patients from Fairfield Hospital to Rossendale Hospital.** (1975) *Report to the North West Regional Health Board.*
- European Court of Human Rights** (2010) *Fourth section decision as to the admissibility of application no. 53586/09 by Louisa Watts against the United Kingdom.*
- Jolley, D., Jefferys, P., Katona, C. and Lennon, S. (2011) **Enforced relocation of older people when Care Homes close: a question of life and death?** *Age and Ageing* 40: 534-537.
- Relatives Action Group for the Elderly (RAGE) (2003) **Care Home closures, the Law, its practice and the implications** http://www.ragenational.com/closure_facts.htm.
- Smith, A. and Crome, P. (2000) **Relocation mosaic: a review of 40 years of resettlement literature.** *Reviews in Clinical Gerontology*, 10(1), 81-95.
- Social Care Association (2011) **Short notice care home closures: a guide for local authority commissioners,** www.scie.org.uk/publicationshomeclosures.

Background

For the past two years the PSSRU have been undertaking a European-funded study, 'RightTimePlaceCare', investigating best practice in the care of people with memory problems such as Alzheimer's disease and similar conditions by investigating what happens in England, Estonia, Finland, France, Germany, the Netherlands, Spain and Sweden. The purpose of the project is to examine approaches to the support and care for older people with dementia and their informal carers in these eight European countries. The findings will inform the development of best practice strategies across Europe for long-term dementia care tailored to individual needs.

Design

The project is being undertaken within six work packages: Work Package 1 (Management); Work Package 2 (Health Care Structure and Focus Groups); Work Package 3 (Survey); Work Package 4 (Economic Evaluation); Work Package 5 (Best Practice); and Work Package 6 (Publications and Dissemination). The research focus at PSSRU has been on Work Packages 2, 3, and 5, described below.

Work Package 2

This section has involved the collection of information describing the structures and processes of health, social and nursing care and welfare systems, and inter-agency communication along the continuum of dementia care. Each country has developed a template to describe their dementia care system, and held a number of focus groups with professionals within the dementia care system, older people with dementia and carers to explore their experiences throughout the process of care.

Work Package 3

This package comprised a survey identifying factors which influence the decision to enter long-term residential or nursing care within the differing European regimes. This has involved interviewing two groups of older people with dementia and their informal and professional caregivers to determine aspects of their health, quality of life, quality of care and costs of care. One group were living in the community, in receipt of services, and at risk of admission to long-term care, and the second group were recently admitted to a care home. Both groups are being followed up after three months (see Figure 1).

Work Package 5

This package will develop best practice strategies to improve the effectiveness and efficiency of integrated health care for people with dementia in Europe. Recommendations for best practice will be based on the findings from Work Packages 2, 3, and 4, and analysis will employ a Balance of Care approach.

Current progress

Work Package 2

Five focus group meetings were undertaken from December 2011 to January 2012, three involving people with dementia and family carers, and two involving professional staff involved in mental health care. Each meeting lasted around an hour, was digitally recorded, and subsequently transcribed. Findings from these have provided a short UK report and have fed into a larger European summary report. Material from these UK focus groups will be utilised in future publications.

Work Package 3

In respect of the community-dwelling older people with dementia and their family carers, a number of organisations were approached to ask if they could identify and refer suitable cases to the project. They included several Community Mental Health Teams; private day care centres; and a local authority dementia day centre. A number of care homes across the North West were also approached and 38 were recruited to the project, and were the source of referrals of older people

with dementia recently admitted for long-term care. Eighty-one community baseline interviews and 76 care home baseline interviews were conducted between June 2011 and April 2012. The three-month follow-up interviews were completed by July 2012 and the 157 completed anonymised baseline questionnaires were sent to the University of Witten, Germany the co-ordinating centre for the project. Colleagues at Maastricht University, Netherlands, are currently analysing survey data from all 8 European countries.

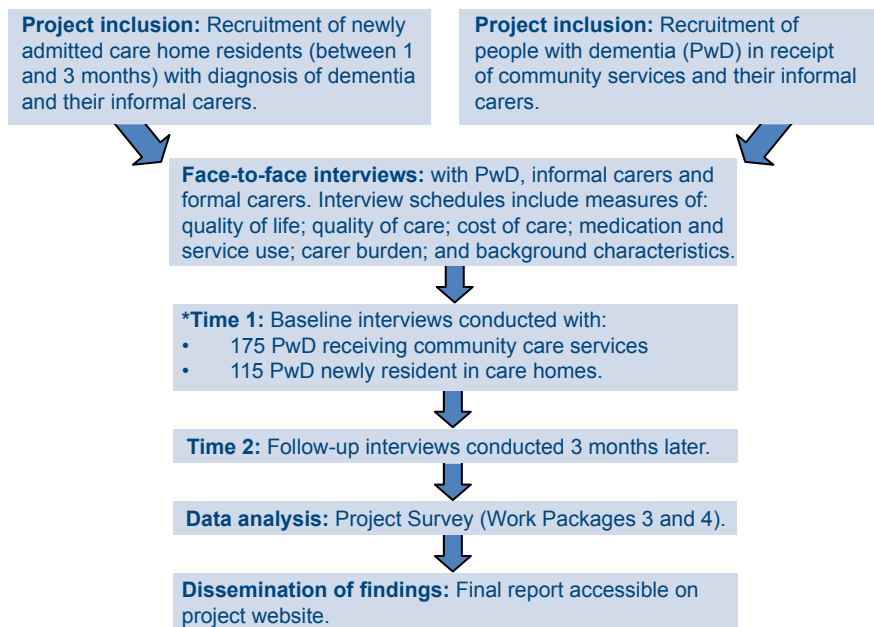
Work Package 5

This section is dependent on data from other work packages and is on-going.

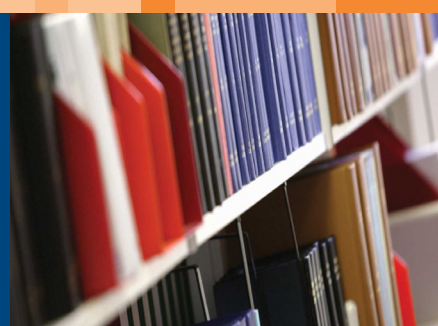
Dissemination

The project findings will be disseminated internationally and nationally, using a variety of approaches such as conferences, congresses and through published articles in journals, scientific and non-scientific events and media. Web based information will be available to wider audiences through a project specific website: <http://www.RightTimePlaceCare.eu>. The public website will present the objectives, the non-confidential results of the project, reports of workshops and meetings, published articles and a final report. Presentations and teaching material will be made accessible for lecturing and teaching in University training programmes. Links to this website will also be available through the PSSRU website at: www.medicine.manchester.ac.uk/pssru.

Figure 1: Work Package 3 - Survey on Long-term Care in Europe



* UK baseline sample revised down to 80 in each group due to shorter fieldwork period



Providing community equipment and adaptations in adult social care: exploring the potential role of self-assessment

Background and aims

The provision of community equipment and adaptations has long been an important element of local authority adult social care. Nevertheless, over time a series of concerns have been raised about this aspect of service delivery. These include the historically lengthy waiting lists for occupational therapy assessments and the low priority given to referrals for relatively inexpensive pieces of equipment and adaptations.

In recent years, the use of self-assessment has been identified as one possible means of improving service effectiveness and giving service users more choice and control whilst simultaneously releasing staff time and saving costs. Its use in social care is relatively new and evidence about virtually every aspect of its employment is undeveloped.

Against this background, the second issue of Research Focus described an evaluation of the use of self-assessment in 13 local authority pilot projects. This article builds on that piece and focuses on the subset of eight projects specifically concerned with the provision of community equipment and adaptations. It addresses the following key questions:

- How was self-assessment used?
- Who undertook it? and
- What services was it considered suitable for?

Methods

The evaluation took a multiple case study approach in which each pilot project was viewed as an example of the phenomenon of interest (i.e. self-assessment) and an extensive data collection was undertaken in 2006-7 using a mixed methods approach. Three strands of this are relevant to this article:

- An examination of internal documentation;
- A series of interviews with key staff; and
- The collection of data about service users' sociodemographic, health and service receipt characteristics, drawing on service user and administrative records.

Publications on other aspects of the study are reported on page 4 of this Research Focus (Clarkson et al. 2010; Abendstern et al 2011).

Some key findings

Five pilot projects were located in local authority occupational therapy services and three formed part of new preventative initiatives. Four were London boroughs, two were shire unitary authorities, one was a metropolitan city and one was a metropolitan district. All aimed to improve access to community equipment and adaptations and

targeted some combination of older and disabled adults, whilst a few had further secondary goals, such as reducing waiting lists or improving service user experiences (Table 1).

The way in which the different authorities operationalised self-assessment differed, with assessments variously available on paper, by telephone and electronically. However, in the vast majority of cases, local authority (often occupational therapy) or voluntary sector staff played some part in their completion, which ranged from talking the service user through the entire assessment to the provision of ad hoc support with the use of a computer as needed. Local authority staff usually played some role in deciding what should be provided after assessment.

Those services considered suitable for allocation via self-assessment varied (Table 2). Most of the equipment and adaptations supplied were intended to help people bath or shower and were at the lower end of the cost spectrum (i.e. less than £100). This suggests that self-assessment may be compatible with a retail model of service provision. Nevertheless, the study also demonstrated a range of circumstances in which it might be appropriate to deliver more expensive equipment via self-assessment, including the installation of showers.

More detailed information on these issues can be found in Tucker et al. (2011, 2012).

Conclusions

Although it was commonly felt that professional staff should retain some degree of involvement in the self-assessment process, further questions raised by this research include who is best placed to take on this role and what skills and training they require? The absence of general agreement as to the range of equipment suitable for provision through self-assessment also warrants additional exploration, including research to establish the basis on which the items made available via self-assessment should be selected and whether a move towards greater standardisation is desirable.

References

- Tucker, S., Brand, C., O'Shea, S., Abendstern, M., Clarkson, P., Hughes, J., Wenborn, J. and Challis, D. (2011) **An evaluation of the use of self-assessment for the provision of community equipment and adaptations in English local authorities.** *British Journal of Occupational Therapy*, 74(3), 119-128.
- Tucker, S., Hughes, J., Brand, C., Clarkson, P., Wenborn, J., McDonogh, R., Abendstern, M. and Challis, D. (2012). **Providing community equipment and adaptations in adult social care: Lessons from an evaluation of the use of self-assessment in five English local authorities.** *Research, Policy and Planning*, 29(1), 21-35.

Table 1. Self-assessment projects: Aims and staff involvement

Project number*	Aim	Staff involvement in self-assessment
1	To improve access to equipment, the customer experience and cost efficiencies by piloting the use of an electronic tool	Local authority staff oversaw all
4	To expand existing opportunities to self-assess for minor adaptations and equipment by means of a fast-track, service user-led self-assessment system	Local authority staff participated in all
5	To promote direct access to occupational therapy services and access to equipment to reduce waiting list times	Local authority staff participated in all
7	To evaluate the introduction of self-assessment for simple pieces of equipment and moderate levels of home care	Local authority staff participated in some
8	To develop an online self-assessment tool for community equipment, based on a national tool customised for local use	Voluntary sector staff oversaw all
9	To develop different methods of assessment for (in particular) shower/bath adaptations	Various levels of participation by local authority and other statutory agency staff
10	To introduce self-assessment for simple items of community equipment	Local authority staff participated in all
11	To introduce an electronic self-assessment tool for assistive equipment	Voluntary sector staff participated in some

* The project numbers are those used in the original evaluation and have been used here in order to maintain consistency of reporting across publications.

Table 2. Self-assessment projects: Service provision*

Project number	Typical examples of equipment/adaptations provided
1	Bathboards, bath seats, stair rails, kitchen equipment
4	Grab rails, chair raisers, raised toilet seats, perching stools
5	Walking sticks, flashing doorbells, calendar clocks, talking watches
7	Grab rails, stair rails, bathboards, toilet frames
9	Bathboards; bath seats, bath lifts, level access showers, raised toilet seats
10	Helping hands, tap turners, sock/stocking aids, kettle tippers, dressing sticks

* Little/no information was provided in Projects 8 and 11.

Recent Publications

Identification and recognition of depression in community care assessments: impact of a national policy in England.

Clarkson, P., Abendstern, M., Sutcliffe, C., Hughes, J. and Challis, D. (2012). *International Psychogeriatrics*, 24(2), 261-269.

Depression is under-recognised in older people and therefore may remain untreated. In April 2004 the Single Assessment Process (SAP) was introduced in England, aiming to coordinate the disparate assessments of multiple professionals. This study sought to identify the impact of the SAP on the identification and correct recognition of depression.

This observational study compared depression identification and its accuracy ("correct recognition") in samples of older people before and after SAP introduction. Interviews used standardised measures including the Geriatric Depression Scale (GDS). Multivariate analyses were carried out to model the effects of "exposure" to the SAP on both the probability of identifying and correctly recognising depression, controlling for potential confounding effects (such as cognitive impairment and behaviour).

The study found that the policy increased the probability that care managers initially identified depression, but correct recognition was not improved. Identifying and correctly recognising depression amongst older people in a coordinated way remains a problem and needs further research.

Promoting personalization in social care services for older people.

Xie, C., Hughes, J., Sutcliffe, C., Chester, H. and Challis, D. (2012). *Journal of Gerontological Social Work*, DOI:10.1080/01634372.2011.639437.

The personalisation agenda in England involves several interrelated themes spanning service configuration, process, delivery, and outcomes. This article focuses on the integration of health and social care service provision; prevention; the range of services to maintain people at home; and the promotion of choice, control, and flexibility for older service users.

A postal survey was conducted with managers of local authorities responsible for older people's services in England. Respondents were asked to specify whether their authority had particular service arrangements and to describe them.

The findings indicate that progress varied with regard to the promotion of more personalised care in most aspects of services. Considerable activity and progress were observed in areas where clear policy drivers and incentives had been in place. Key areas for future investigation include the potential of self-assessment; the impact of preventative services; and innovative service arrangements. Insights from this study may also be relevant to other countries.

Self-assessment processes within care management: learning from pilot projects.

Abendstern, M., Hughes, J., Clarkson, P., Tucker, S. and Challis, D. (2011). *Journal of Social Work*, DOI: 10.1177/1468017311431039.

Self-assessment is seen as a means of contributing to the development of 'personalisation' in adult social care by giving people more choice and control over how services are designed and delivered. Whilst self-assessment is not new, its use within the arena of social care is more recent.

Interviews were undertaken with managers in each of a series of pilots funded by the Department of Health. The study explored whether self-assessment was appropriate for people who had high level/complex needs and its role in challenging the relationship between the service user and the professional.

The study found that the self assessment pilots embodied new ways of delivering services. The interviews highlighted the importance of appropriate targeting, the development of a shared understanding and an operational definition of person-centred support. The experiences of these pilots offer an insight into how self-assessment can be used and give indications of long-term sustainability. Many of the findings resonate with earlier literature and they suggest the need for further research and analysis of self-assessment as both a concept and in practice.

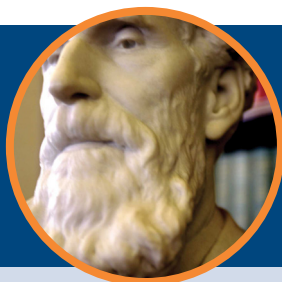
Targeting, care management and preventative services for older people: The cost-effectiveness of a pilot self-assessment approach in one local authority.

Clarkson, P., Hughes, J., Challis, D., Thorley, L. and Kilshaw, C. (2010). *British Journal of Social Work*, 40, 2255-2273.

In response to the growing demands upon social services, targeting helps to identify users who are likely to benefit most from a particular intervention. Self-assessment is seen as a way of potentially reducing costs by freeing up professional staff to concentrate on more complex cases. A self-assessment pilot project in one local authority attempted to link access to assessment for older people with lower-level needs to the provision of preventative services.

Samples of older people in traditional care management and newer self-assessment approaches were compared in terms of resource use and the contribution of each approach to total costs. Differences in benefits from each assessment approach were analysed from summary scores of a user satisfaction questionnaire.

Self-assessment incurred lower costs whilst providing significantly more units of advice on a wider range of services than those receiving traditional assessment. The self-assessment approach reduced cost in terms of both the assessment itself and the provision of some services. These savings, allied with users' satisfaction being broadly similar, point towards a cost-effective approach in targeting assessment resources.



Contact Details

Asha Myers, Research Secretary
T: 0161 275 5680, F: 0161 275 5790

pssru@manchester.ac.uk
www.medicine.manchester.ac.uk/pssru

PSSRU
University of Manchester
Dover Street Building
Oxford Road
Manchester M13 9PL