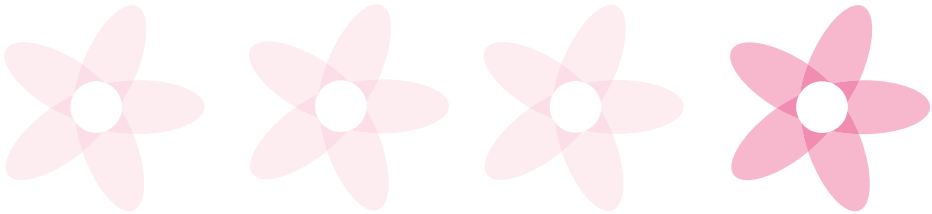




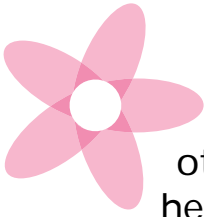
**Social Services
Department**





The Single Assessment Process

The Single Assessment Process



The Single Assessment Process aims to make sure that older people and other adults receive the right kind of help with their health and social care problems at the right time.

Whether you are in hospital or at home, and whenever care is provided from a number of different organisations, it aims to make sure that this care is well planned and co-ordinated.

What is an Assessment?

An assessment aims to identify health and social care problems that most concern you.

Health and social care staff will plan with you the support and services that will best help you live as independently as possible.



What is the Single Assessment Process?

- ✿ It helps health and social care staff to work together with you to meet your health and social care needs
- ✿ It ensures you are fully involved and listened to and your views, ideas and strengths recognised when planning support
- ✿ It will involve your family and other informal carers if you want
- ✿ It deals with those things which are most important to you and involves you in working out the solutions, including choosing and changing services to meet your needs
- ✿ It will help to identify your problems at an early stage
- ✿ It helps health and social care staff to share assessment information, if you agree. This should avoid you having to repeat information.



How does the Single Assessment Process start?

Whenever you come into contact with health or social care services with a new problem (including admission to hospital), there is an opportunity to consider with you if there might be some other needs that might benefit from fuller exploration. Your consent to share information will always be discussed with you and recorded.

Different levels of Assessment

There are different levels of assessment that might be appropriate, depending on the nature of your problems.

✧ **Contact Assessment:** this involves the collection of basic information and personal details (e.g. your name, address, next of kin, your GP, etc.) and helps identify if you would benefit from another level of assessment.

✧ **Overview Assessment:** this is a broad assessment undertaken by a health or social care professional which will explore a range of possible areas of need such as your personal care needs and physical well-being.



✿ **Specialist Assessment:** this is the assessment of a specific need by a professional with specialist understanding of the area of need (e.g. a specialist nurse, physiotherapist, occupational therapist, podiatrist, etc.).

✿ **Comprehensive Assessment:** this brings together a range of professionals to consider, with you, all your needs, in depth.

These levels of assessment can be carried out in any order - the idea is to get the right level of assessment for you at this time.

Who can carry out an assessment?

A District Nurse, Social Worker or any other professional who has received appropriate training, including staff based in hospital and community settings.

What happens at the assessment?

The person undertaking or co-ordinating the assessment will discuss with you how best to meet your identified health and social care needs.

They will draw up a Care Plan that sets out what you are hoping to achieve and describes the agreed plan, including any services offered to help you maintain your independence.

You will receive a copy of your assessment and Care Plan in a pink folder. We ask that you make this Personal Information Record available to health and social care staff involved in your care now and in the future so that:

- ✧ your record can be updated
- ✧ communication between staff can be improved
- ✧ duplication of information can be avoided.

Please take it with you to appointments or on admission to hospital but make sure it is always given back to you.

What if I do not want to share my record in this way?

We will always ask for your agreement before sharing your information with the health and social care staff involved in your care. You may choose not to share your assessment and care plan information at all, or you may choose to share only some parts with some people.

The Personal Information Record is yours and you will control who sees it. If you are worried about any of this, please talk to the person completing the assessment with you.

What if I am unhappy with my assessment?

You have the right to complain about the way your assessment has been done. Complaints will be dealt with by the agency in which your assessor is based. If your complaint is about a service you are receiving, this will be dealt with by the agency responsible for that service.

What if I want to know more about the Single Assessment Process?

If you have any questions about your assessment, please ask the person undertaking it.

If you think you would benefit from an assessment, but haven't yet been offered one, please contact Social Services, your GP or other Health Services staff.

This leaflet is also available in a range of formats and community languages.

