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Self-assessment processes within care management: Learning from pilot projects

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Abstract

- *Summary:* Self-assessment is one of a range of new practices within adult social care, aimed at increasing the choices available to service users in relation to both the assessment process and the way services are delivered. By analysing the results of both project documentation and interviews with managers of pilot projects set up to test out this approach, this article examines issues relating to the introduction of a new initiative within a social care setting and considers whether the introduction of self-assessment poses particular challenges for care management.
- *Findings:* The interviews revealed a mix of general as well as setting and process specific findings. The latter included the importance of the appropriate targeting of self-assessment and the need to reach a clear consensus within the service as to what self-assessment means and how it should be incorporated into an individualized model of practice. Other findings reflected issues highlighted in the literature on the management of change.
- *Applications:* Together the results provide useful lessons for those interested in both the specific area of study and, more generally, the implementation of new initiatives in social care.

Keywords

Social work, assessment, case study, innovation, older people, person centred, sustainability

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Introduction

Adult social care in England is in the midst of a transformation agenda, the intention of which is to replace what are regarded as more traditional structures and services with models that place the individual user of services at the forefront and offer consistent high quality and choice wherever people live (Cm 6737, 2006; Her Majesty's Government, 2007). One aspect of this development is in the area of assessment for health and social care support. Assessment practice has been a cause for concern since the community care reforms of the 1990s with reports of variability in process and content both within and between professional groups (Challis, 1999; Stewart, Challis, Carpenter, & Dickinson, 1999), a lack of differentiation (Weiner, Stewart, Hughes, Challis, & Darton, 2002) and limited service user involvement, despite professional support for this concept (Worth, 2001). Notwithstanding policies introduced to tackle these issues, such as the Single Assessment Process (Department of Health, 2001), concerns have continued to be raised about the amount of administration and paperwork associated with assessment; the distribution of time committed to it compared with other care processes; and a continued professional as opposed to service user focus (Gershon, 2004; Jacobs, Hughes, Challis, Stewart, & Weiner, 2006; Postle, 2002; Weinberg, Williamson, Challis, & Hughes, 2003). One approach to challenging these concerns has been the development of the notion of self-assessment which was identified alongside personal budgets in government documentation as a means of contributing to the development of 'personalization' in adult social care by giving people more choice and control over how services are designed and delivered (Cm 6737, 2006; Her Majesty's Government, 2007).

Self-assessment is not of itself a new concept, having been utilized in health care for many years, for instance in the use of self-completed assessment questionnaires (Bowns, Challis, & Tong, 1991; Tulloch & Moore, 1979). Its use within the arena of social care, however, is more recent and possibly as a consequence of this, an exact definition of what is meant by self-assessment has not yet been established. The review undertaken by Griffiths, Ullman, and Harris (2005) found that the term 'self-assessment' had been used to refer to any situation in which service users views were taken into consideration. Qureshi (2006), on the other hand, saw it as:

A process in which a person uses information about their goals, circumstances and environment as a basis for decision-making about their future actions and needs for assistance. (p. 1)

For some, the aim of self-assessment is also a quest to diminish the role of the professional in the assessment process (Duffy, 2005). Others have argued that there will always be a place for some form of professional assessment in order to identify unexpressed need and to offer protection to and advocate for the most vulnerable

(Challis, Clarkson, Hughes, & Abendstern, 2004; Hughes, 1995; Lymbery, 2010). These debates illustrate the varied ways in which self-assessment can function. Whilst it might be regarded as an alternative to professional assessment, it could also be conducted in preparation for, as a branch of, or supplementary to, such practice (Griffiths et al., 2005; Qureshi, 2006). The Law Commission in England (2010) has challenged the legality of self-assessment, unless co-produced with local authority personnel. It is within this context that the current pilot projects are situated.

In 2007, the Department of Health in England funded 13 self-assessment pilot projects in 11 adult social care departments of local authorities, each of which had designed new processes as a means of testing out this concept. The projects straddled occupational therapy (Project 6), preventative services (Project 4) and care management (Project 3). The aims of the study were to: classify and describe different approaches taken to self-assessment; gauge the user experience, evaluate its cost-effectiveness; and appraise the implementation processes. A multi-method approach was employed to triangulate empirically the topic in question. This was achieved by a combination of an interrogation of service user records in local authorities, a user survey, document analysis and structured interviews. This article explores data from the last two sources with other findings reported elsewhere (Clarkson, Hughes, Challis, Thorley, & Kilshaw, 2010; Tucker et al., 2011). Its focus is the implementation of self-assessment within the three care management sites, all of which were located in adult (including older people's) social care services. Summaries of the three projects can be found in Table 1. The project numbering reflects the overall evaluation and is maintained here for consistency across publications.

The implementation of innovations

Implementing any new initiative provides managers and commissioners with a range of challenges. The self-assessment pilots represented innovative models of service delivery and were consequently likely to confront similar implementation issues to other innovations as well as the possibility of others particular to them. A vast literature exists on the management of change, predominantly representing the private sector (Fernandez & Rainey, 2006). Whilst much of this is relevant to the public sector, it has been argued that direct evidence from the latter is required to ensure that learning is applicable to these settings (Hartley, 2005). A summary of some key issues from the literature which have particular resonance for the current study follows, setting the findings in a wider context.

The interdependency of a range of factors on the success or failure of an innovation is a key feature of the literature, suggesting that no definitive list can be produced, which will automatically result in the successful implementation of an innovation (Paton & McCalman, 2000). There has also been a move away from a model of a sequential journey (Rogers, 1995) to something more 'messy and unpredictable' (Nuttley, Davies, & Walter, 2002, p. 12).

Table 1. Case study summaries

Pilot number	Intervention
3	Promoted the provision of a third sector person-centred service aiming to improve the quality of disabled adults' experience of the care management process
6	A self-review system within care management arrangements to enable existing users to review their needs and request additional services
13	Explored the impact of self-assessment for 'low level' services within care management arrangements

A number of themes nevertheless recur, implying that some characteristics are of particular significance in supporting effective implementation. First, there is the purpose and nature of the innovation itself: whether it represents a modal or incremental shift and whether it challenges the prevailing practices and culture of the organization, with innovations that present fewer challenges being reported to have a greater degree of success (Ferlie et al., 1989; Osborne, 1998). Linked to this is the concept of how integral an innovation is to the aims and direction of the larger organization of which it is a part, its ability to remain relevant to this, and hence, in the public sector, the political support it can hope to foster (Paton & McCalman, 2000; Plank, 2004; Sabatier, 1986). Whether an innovation has sufficient funding is another frequently highlighted issue (Barrett & Fudge, 1981; Buchanan & Huczynski, 1997) as well as the role played by managers (Fernandez & Rainey, 2006). One aspect of the latter is the importance of managers as 'change agents' balanced against the fragility of change which might only be adopted because of identification with an individual, making them indispensable and the change unsustainable without them (Hartley, Benington, & Binns, 1997; Rogers, 1995). Finally, the complexity of joint action and the complications that arise when more than one agency is involved in implementing change, a familiar theme to those involved in the integration of health and social care services, is also a recurring theme within this literature (Pressman & Wildavsky, 1973). These issues have been used to shape the methodology of this research which is described below.

The article, then, addresses two related themes: the implementation of a new initiative in a social care setting and, more particularly, the implementation of self-assessment in care management. By examining a range of issues with which the three pilot sites engaged during this process, we consider whether the challenges faced by them were similar to those faced by those implementing any new initiative in social care or whether self-assessment posed unique questions for care management.

Method

The research process had three phases. The first entailed a review of the literature from which the attributes of innovation and sustainability outlined above were

derived. This material was used in phase two to inform an analysis of documents (Silverman, 1993) relating to the planning of the individual projects. The results of this formed the first level of findings which, together with evidence from the literature, shaped the content of the interview schedule used for the collection of data in phase three, via interviews with managers, at the end of the pilot period for each project. This process is illustrated in Figure 1. Hence, pre-determined themes were developed prior to fieldwork as a means of providing shape and context to the interview topics. However, a semi-structured approach to the interviews also ensured that interviewees were able to express their views freely so as not to minimize opportunities to gather data on areas of interest ‘determined by the respondent rather than the researcher’ (Wilson, LaFleur, & Anderson, 1996, p. 96). By applying this combination of inductive and deductive approaches we were able to consider the implementation of self-assessment in the three pilot projects in relation to existing theory and practice findings, and to extend this to consider emergent themes relating to the particular area of concern.

Twelve face-to-face interviews representing 13 projects, of which three are considered here, were completed between September and November 2007. Each interview was recorded on a digital voice recorder (Olympus DS-2300). Respondents in participating authorities represented a range of levels within the managerial structures of their organizations. All interviews were conducted by the same researcher (MA) and were professionally transcribed.

The interview transcripts were subject to detailed thematic content analysis (Bowling, 1997) involving segmenting and coding data, using the ATLAS software package 4.2. Although detailed narratives can be fragmented by this method (Atkinson, 1992) with brief quotations misinterpreted when taken out of context (Coffey & Atkinson, 1996), this problem was minimized by both the interviews and coding being undertaken by the same researcher, in order to maintain a close relationship to and awareness of the original data (Bowling, 1997). This work

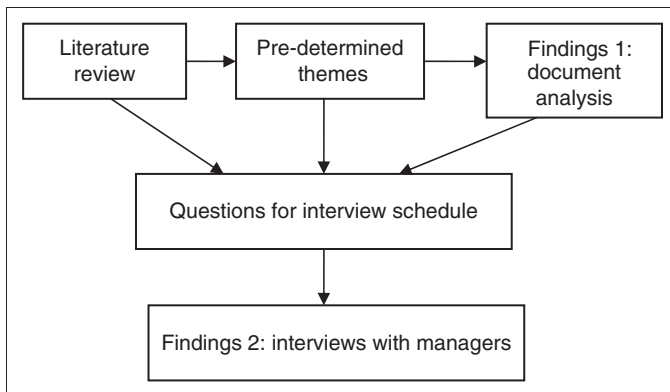


Figure 1. Method.

was supplemented by periodic discussion of coding, themes and concepts with a second member of the research team (JH), in order to ensure reliability (Bowling, 1997). Analysis drew on qualitative tools such as Ritchie and Spencer's (1994) 'Framework' which promotes a systematic approach to data analysis and ensures that subjective interpretations are visible and therefore testable and able to be challenged by members of the research team.

Findings

The findings are divided into two sections. The first explores the results of analysis of project documentation provided by managers at the beginning of the pilots and represents both plans and agreements made with partners and senior managers about the conduct of the projects, funding sources and levels, and statements of intent. The second, and more extensive section, considers the views of project managers at the end of the pilot period, some 12 months later.

Document analysis

This focused on five key areas of interest: the level of political support the projects received, their links with mainstream provision, their use of the available funding, their managerial arrangements and the extent to which they engaged external partners. The findings for each of these themes are summarized in Table 2. The latter also notes whether changes were modal or incremental (Ferlie et al., 1989). The scale of change was identified by whether the projects were, in essence, planning to further develop practices that were already established to some extent, or whether the intervention represented a new departure. Two of the three projects considered here were involved in the latter.

As previously noted, senior management and political mandate has been shown to be an important attribute in relation to the sustainability of new ventures. Such support, however, can take a number of different forms and has been categorized here into three levels, representing a hierarchy of support demonstrated via: tacit encouragement generated through the briefing process; explicit interest in the pilot project demonstrated; and indications of the involvement of councillors in the development of the pilot project within their authority. Two of the projects described here had only tacit support whilst one also had more explicit interest shown.

The cited literature suggests that the more closely an innovation is related to existing services the more likely it is to be maintained long-term. This issue is considered here in relation to the extent to which the innovation's processes were embedded in the existing systems or additional to them, how funding was used, and how the day-to-day management of the project was organized. In relation to the former, each of the three projects considered had a different relationship with this concept. Thus Project 3 had developed entirely new systems additional to those of the larger organization of which it was a part; Project 6 was able to operate through

Table 2. Findings from document analysis

Attributes	Project 3	Project 6	Project 13
Scale of change ^a	Modal	Incremental	Modal
Political mandate continuum	Briefed only	Briefed only	Informed and interest shown
Embedded processes	Additional to mainstream provision	Wholly within mainstream provision	Both within and additional to mainstream provision
Grant use	Transferred to voluntary sector	Project management	Project management and internal frontline staff
Project management arrangements	External operational manager with additional duties and internal arms length	External, sole responsibility, time limited	Internal, sole responsibility, time limited
Partners	Planning and delivery	Planning only	Planning only

^aFerlie et al. (1989).

existing systems, whilst project 13 used both existing systems and established new ones of its own.

Sufficient finance is also noted in the literature as paramount if an innovation is to be successfully implemented. The use to which funding was put was also considered here. The characteristics described comprise the main areas of activity for which Department of Health funding was used. Each project utilized their grant in a different way. One transferred it to a voluntary sector agency, which became responsible for the day-to-day running of the project; one used its grant entirely to fund a project manager, employed for a specific period; whilst the third paid both internal staff and a manager with their grant.

Approaches taken to project management have been shown to have a significant impact on the process of implementation (Fernandez & Rainey, 2006). A number of different styles of management were found within the three pilots considered here. The main differences related to whether managers were internal or external to the organization and whether management of the project was their sole responsibility. In two projects managers were external to the host organization. However, whereas in one of these, the manager was brought into the organization and given no other duties but to promote and manage the new service, in the other, the external manager remained outside of the local authority – being the manager of the voluntary agency to which the day-to-day running of the project had been given. An internal, arms-length manager had overall responsibility for how staff from the voluntary agency and the local authority interacted and for the project's future. The interviewees, whose views are considered in detail below, occupied a variety of roles in relation to managing the pilot projects. One service manager also had direct responsibility for the management of the pilot in their authority. Another had a more limited day-to-day role whilst the third directly managed

her team's involvement in the pilot whilst a separate 'project manager' was appointed to coordinate it more widely.

Finally, the literature noted the complexities of implementation created by the involvement of more than one organization. We have distinguished between those partners who were described in the project documentation as being members of project steering groups only and those who also played an active role in the delivery of the service being piloted. As can be seen in Table 2, only one of these three pilots had active partners who were involved in both the planning and day-to-day running of their project.

Findings from interviews with managers

Five topics are considered in turn below, some of which resonate with the predetermined themes gleaned from the literature and elaborate on the information gained from the document analysis, whilst others reflect new emergent themes. Those discussed represent the ones that figured significantly in the interviews.

Topicality and strategic thinking

As noted in the literature, crafting a new initiative, so that it fits in with the agenda for change of the larger organization of which it was part, was found to be of vital importance to its continuation in the longer term. Of the three projects considered here, one had been consciously designed to produce such a result, a second found itself in this position more serendipitously, whilst the third had been unable to carve out such a position for itself.

The purpose of project 13 was to explore the impact of self-assessment for 'low level' services within care management arrangements (Clarkson et al., 2010). Its aim was to transfer people with 'low level' needs, who had hitherto approached care management teams, to a new self-assessment team who would respond to information provided via self-assessment forms and deliver a range of information about voluntary sector services in a timely fashion. 'Low level' needs are defined here as those that are likely to respond to low key interventions not necessarily requiring the input of specialists (Curry, 2006). The project grew out of the work of an earlier pilot, funded by the Department of Health, which established an information and advice service, including a 'self-assessment pack'. The project manager was conscious of the symbiotic relationship between these pilots, commenting that without the former the latter could not have got off the ground, whilst the position of the first might have been in doubt had it not been for the work of the second which 'provided the evidence that the... model will work' (Project 13), ensuring its continuation, at no extra cost to the department, at the end of the pilot period.

The managers of two projects commented on the centrality of the work of the pilot to the wider service development being undertaken in the borough. One

described a major restructuring with health partners involving personal budgets and brokerage, noting that:

Self-assessment fits very neatly into that system of working . . . because it is hoped that a proportion of people . . . would be able to complete self-assessment [and] on the basis of that we would be able to determine our resource allocation, and then our brokers would . . . be able to work with people and develop their individualized support plans. So self-assessment is very relevant to the direction that [the borough] is going in. (Project 6)

The other (Project 13) commented on how their pilot was in tune with and supported by a Department of Health team established to increase efficiency in local authority social care services, giving it kudos with senior managers and politicians that it might otherwise not have had. The fact that this local authority was small also meant that the pilot was automatically closer to the centre of the organization than it might have been in a larger authority, and led by the service manager in charge of restructuring the wider adult care management services.

The third pilot (Project 3) had a different trajectory. Although it had received some support from senior management in the planning stage, it had been unable to retain its centrality to the wider agenda. The local authority in question was in the midst of a particularly difficult period with large budget cuts being made. The fact that the project would require future funding to continue post pilot put it in a weak position. Additionally, this pilot appeared to have been set up as an experiment, rather than as an opportunity to develop something with long-term potential. The project was in this sense, aspirational: a means of testing out where tensions might be in relation to current practice and new models of working, including a focus on personalization and outcomes which the interviewee noted were 'high on the ideals agenda' but difficult to turn into mainstream practice. He went on to state that:

. . . The pilot seemed to fit in with those aspirations . . . that idea of . . . testing out things like professional acceptance of other people's views of their needs through this mediated process, and also a testing of some of the internal processes . . . and just seeing where the tensions might be for that. (Project 3)

The manager commented that he was doubtful that any further funding would be made available in order for the project to continue.

It is seen as something separate and something that will cost more even if it comes into mainstream. This thing about getting outcomes for service users, there is still this perception . . . it's more expensive outcomes and we can't go there until we've sorted this budget problem out. (Project 3)

Finance and management

The section above has illustrated how the position of one pilot was weakened by the need for additional funding to maintain it post pilot. In contrast, the other projects had ensured that this was not an issue for them. In Project 6 this had been achieved by using their grant to fund a short-term dedicated project manager whose job was not required long term but had been specifically designed to kick-start the project and by ensuring that the project used existing organizational resources rather than developing new ones which might require additional funding. Project 13 had also taken the long view by ensuring that rather than creating new posts, existing posts were restructured.

It is not about creating new jobs or different jobs, it is about changing the way we work and changing the team that some people work in, but the work is initially the same, the posts are the same, the amount of people we need are the same. (Project 13)

Additionally, this pilot found a way of demonstrating that they were making a difference.

We knew that branching out of [the first pilot] would give us some evidence about how you can make a difference to figures and numbers and money, which is basically what you need if you want to continue it. So . . . by showing what efficiencies we could make by moving to the . . . [new] model . . . we have shown a way that we can keep Project 1 without any [financial] impact. (Project 13)

The same two projects had used the bulk of their pilot funding to employ dedicated managers, employed on a short term basis (one internal and one external), and both acknowledged that without such a person, the work of the pilots could not have been achieved. For example:

It has needed a full time post . . . I think it has been money well spent, it has just moved us so far. (Project 13)

In contrast again, Project 3 did not have a dedicated manager. Instead, the manager of the voluntary sector agency with which it was partnered, managed the project alongside his other management functions within this organization, as did the internal local authority manager. The difficulties this created are considered further below.

Working with the voluntary sector

Whilst all three projects considered here engaged with the voluntary sector at some level, one had a particularly close working relationship, having ostensibly handed over the day-to-day running of the pilot to a local voluntary sector agency. As a

consequence, the extent to which the local authority project manager could influence how the project developed was hampered. Some difficulties were unforeseen whilst others had been anticipated and, in theory, systems established to counter them. Amongst the former difficulties was the fact that the voluntary agency manager left the organization during the pilot and was not replaced for a number of months, leaving the mediators employed by them unsupported within their workplace. Amongst the latter difficulties was the recognition that voluntary sector mediators and local authority care managers would need to spend time together if they were to begin to understand each others' roles. As explained in the quotation below, however, this did not happen.

One of the intentions... was to second a part time worker from here... just [to] help statutory/voluntary to merge a bit, because there are inevitable tensions between them... But in the end, resources dictated that there was nobody that could be released... [Mediators] have had supervision with a service manager... to help understand local authority processes... and they have found that useful, but they have also found it confusing... I actually think they needed a lot more direction than they got. (Project 3)

The difficulties encountered above were not duplicated in the other projects, possibly because their level of engagement with the voluntary sector was less intense. In one project there had been plans to include voluntary sector mediators in the operation of the pilot and voluntary sector agencies were reported to be keen to be involved in this capacity. Engagement was already at a high level within this borough due to earlier training sessions on the Single Assessment Process (Department of Health, 2001). The respondent commented that this meant that when they ran a workshop about self-assessment 'it wasn't a million miles away from what was happening... we already had the voluntary sector on board' (Project 6).

For some managers the involvement of the voluntary sector had, despite some difficulties, produced positive results which would not have been achieved without them. This was related to the difficulty some people had with approaching 'the council' for help. The projects were seen as a bridge between the traditional service and the public. For one project the fact that the voluntary organization had a good rapport with the local black and minority ethnic population enabled this group of people to access services that they might otherwise have shunned.

If it was an organization starting from scratch... I don't think it would have achieved very much at all. I think a lot of it is on the back of [the named organization's] existing reputation. (Project 3)

Although the direct involvement of the voluntary sector was minimal in the third project discussed here, the manager believed that the connection that was

made with them had had a positive impact on how they operated within the local authority. This manager spoke of a 'can do' attitude from the voluntary sector in contrast with a more 'closed door' approach from the local authority staff.

I think the kind of people outside the council services being much better than us at thinking outside the box. I think sometimes we get very rigid around procedure and sometime that is the right thing to do, but I think sometimes it can make us a little too risk averse, if you like, and I think what self-assessment has done... has enabled us to push it into our works a little bit more... (Project 13)

Challenging the prevailing culture

This view of the prevailing culture of the different organizations being quite distinct was supported by another manager who commented on the positive impact the pilot had made:

Five hundred or so have actually received information very quickly [and] have come through our reception and may have got a different type of conversation... From 'what do you think you need? No, we don't do that' to 'what do you think? Well we could offer you this, come back and have a chat.' So I think a much more gentle introduction... I do think that that's been quite positive. (Project 3)

Self-assessment is more than a new practice. It challenges the nature of the relationship between the service user and the professional and the way the latter have undertaken their role. There was a recognition among the managers interviewed that this had presented concerns for care managers in their teams who expressed anxiety about role erosion and about the capacity of the new processes to deliver 'safe' assessments. For example:

There are fears about... 'we haven't been out and seen the home situation, for instance, so it might not be appropriate'. There are some legitimate concerns there, but it is also about this liability issue... it's about our role and function... if assessments are taking place elsewhere, what need is there for us? So there are a few tensions around it. (Project 3)

There is still a way to go, in terms of people being truly enabling and inclusive and feeling confident enough in their own professional role to actually say, well let me accept your view about this... There is still a struggle. (Project 6)

In the second project cited above, staff had been suspicious of the 'new' self-review process despite the fact that a precursor to it had been in operation for some time. It was as if the focus on this process had made staff more uneasy about what it meant for their future as opposed to when it had emerged from within the team,

providing some evidence of support for a bottom-up approach to change (Barratt & Fudge, 1981).

Managers also noted that the pilots had provided an opportunity to consider how person-centred their practices were and to develop this approach, something recognized as important in the delivery of a transforming social care service.

There... needs to be a whole change in attitude in involving service users... I think it has been very important in getting a slight change in some of the approach really. In terms of the major changes that are happening in [named LA], I think, one of the reasons we wanted to do this is because we could see how it would prepare us for the next stage... it has fed into... all this new development. I think that we as a service can talk more confidently than others parts of the service about people's engagement in the assessment process. (Project 6)

Developing a shared understanding of person-centred care between different professional groups was a particular concern for Project 3 where self-assessment was being undertaken via mediators employed by a voluntary agency. A lack of shared understanding and trust between the voluntary sector mediators and the local authority care managers had been a feature of this pilot.

Talking to the mediators, their view of person-centred was very different... there wasn't a common understanding. It was, 'of course we're person-centred. It's just authorities that need to change.' But actually they weren't being person-centred they were being quite mechanistic in the way that they were talking to people about what their needs were. (Project 3)

Appropriate targeting

An issue raised by managers of two of the three projects related to whether self-assessment was appropriate for people who had complex and/or high level needs. One project (Project 6) only targeted people already in receipt of services who, it might be argued, were likely to be more frail and dependent than first referrals. Additionally, the new service was also initially targeted at those who came forward for review unexpectedly rather than when scheduled, in effect at a point of crisis. The manager acknowledged that this was a possible weakness in the design of the project as those who requested an unscheduled review were more likely to be people in some form of urgent need. This had created a number of difficulties for those implementing this project as the quotation below demonstrates.

There are some very articulate, able people, who are able to fill in forms... but people who are isolated and vulnerable and eligible for our services, a large section of them, when you suggest to them... would they be interested, willing and able to fill in a form, they prefer to see a social worker... Perhaps we didn't have a robust enough

screening tool, to really filter out people who were suitable and those that weren't... (Project 6)

The interviewee did not have access to statistics at the time of the interview but thought that roughly two-thirds of those who contacted them and were offered a self-review opted for a face-to-face interview concluding that self-assessment 'suits some people really well and there are some people that it doesn't, so that is why the screening is so key' (Project 6).

Difficulties around targeting so-called self-assessment were also present in another of the pilots. The manager compared the work they were doing within care management with the self-assessment for simple pieces of equipment that was being undertaken within the occupational therapy section within the same department. He expressed some concern about the learning that could be transferred from the latter to the former as; in his view, the thinking behind each was quite different.

I think it's a lot more complex to take [self-assessment]... into the full range of community care stuff. But I actually think it's worth doing and I don't really think, at the moment, the learning from [occupational therapy] whilst it's a really good service, it's really fast and it hits a lot of targets and people are satisfied with the bits that they get, in terms of the deeper thinking and working practices behind it, I'm just not sure that there is enough learning there... It's just a very functional routine process. (Project 3)

Discussion

This article has sought to describe and explain the trajectories of three pilots – all implementing self-assessment initiatives, each one in a distinct way. It has utilized both existing concepts from the literature and new concepts developed inductively from the views expressed by the three respondents during interviews with them. The latter were all managers within their respective local authorities. The data therefore represent the views of those whose responsibilities lay in between commissioners and practitioners with the ability to reflect on the needs of both. Service user level data are reported elsewhere (Challis et al., 2008). The following discussion reflects on both some of the salient individual characteristics and considers their combination in the individual projects in relation to the notion of sustainability. This is followed by a consideration of the implications of the findings for professional practice.

Sustainability

Previous evaluations of innovations in social care, as well as the theoretical literature reviewed above, have observed a range of factors which supported or hindered the integration of such initiatives into mainstream practice. In particular,

issues of strategic 'fit', funding requirements and management arrangements were highlighted in this earlier literature. Where projects were located within the strategic framework of the local authority, for example, integration was found to be more likely than where they were isolated at the end of the pilot period, either by design or accident (Challis, Chesterman, Lockett, Stewart, & Chessum, 2002; Knapp, Cambridge, Thomason, Allen, & Darton, 1992). One study noted that the innovations being evaluated were hampered by a lack of joint funding and management. Davies, Bebbington, and Charnley (1990) argued that innovations needed to be linked to strategic development plans if they were to succeed beyond their initial project phase. Other studies have reported that whilst the projects they were investigating had transferred to mainstream services, this was achieved at a cost of some loss of function thought to result from the demise of local project management (Challis et al., 2002, 2009).

Some of these findings are echoed in the current study. Sustainability was equated with the ability of the projects – usually by design as opposed to accident – to embed themselves into the wider organization, so that their continued practice fitted into the wider aims and objectives of the latter at no extra cost to it. The three managers were clear where their projects stood in relation to this concept at the end of the pilot period. Project 3, which had attempted to widen access to social care through transforming the way that people approached the council, was not optimistic about its future. At best, the manager believed that it had served to take forward the debate about how to operationalize person-centred care and that this would be its legacy. Project 6 was more confident that their new approach, a development of an already existing service, would be further extended whilst the project had also made a contribution to preparing the workforce for further changes to practice. Finally, Project 13, it appeared, was already functioning alongside mainstream services and had become an integral part of them. The first level of findings – based on concepts from the literature and sourced from the individual projects' documentary material might have predicted some of these outcomes. Comparing the two projects involved in modal change (Projects 3 and 13), their characteristics were quite different. Project 13 had a higher level of political support than Project 3; it utilized existing service provision whilst Project 3 did not; it kept its management and workforce in house, whilst Project 3 employed an outside manager and staff; and it operated without active partners, again unlike Project 3, which had commissioned a voluntary agency to conduct the day-to-day running of the project. Project 3 also required significant further funding for its continuation, something Project 13 did not. Project 6, can be regarded as being characterized as a mixture of these two extremes with its 'success' also sitting between them.

Project 6 was the only one of the three pilots to be involved in an incremental rather than a modal change in practice. The findings outlined above suggest that the scale of change, in isolation at least, is not always of significance (Ferlie et al., 1989). Other features together with their particular combination alongside exogenous factors have been shown here to have been of more importance.

In relation to the longer term outcomes of the pilots, it is also important to be aware of their aims at the outset. For some agencies, the pilot funding offered an opportunity to kick-start a new approach which they hoped would become part of mainstream practice. For others, the funds provided the occasion to test out new ideas that were perhaps more radical and could not as easily be transferred into the mainstream. Thus what might be perceived as success or failure to mature from pilot to embedded status is not necessarily so clear cut. The pilots embodied not only new ways of delivering services but also new ways of thinking. Thus, even where a pilot did not successfully transfer into mainstream practice it might have had an impact on both professional and agency thinking which could be successfully transferred. This conclusion is supported by earlier research which followed up a large number of projects established a decade earlier and found that although few projects had taken hold long term, their influence on the development of mainstream practice, over time, was marked (Bauld, Chesterman, Davies, Judge, & Mangalore, 2000).

Implications for professional practice

The findings also suggest that alongside a number of challenges faced by those introducing innovative processes per se into social care settings, there are particular challenges relating to the introduction of self-assessment in care management. These were associated with appropriate targeting, the development of a shared understanding between professional groups of how to operationalize the notion of person-centred support and that of self-assessment itself.

Other literature has demonstrated the importance of targeting throughout the assessment and care planning endeavour (Abell, Hughes, Reilly, Berzins & Challis, 2010). This study has established the capacity of self assessment to contribute to this process. Project 3, although the most vulnerable as has been seen, successfully targeted black and ethnic minority service users through its partnership with a voluntary agency, which enabled a group of people who are known to find it difficult to seek the support of social services, to be supported in their approach for such help (Manthorpe et al., 2009). Project 6, on the other hand, found that although their concept of self-assessment worked well with some service users, it was less well received by those whom it had initially specifically targeted: those seeking unscheduled reviews and therefore likely to be in crisis, something which the manager herself recognized as a weakness in their original design.

Self-assessment can and should extend the influence and centrality of the service users' voice in assessment. All three projects had been established with this in mind, pursuing it in different ways. None, however, had used self-assessment as an alternative to professional assessment, although one (Project 6) came close to it. For the other two projects self-assessment was used either as an additional tier to professional assessment, enabling service users to express their views more confidently, or as a means of accessing additional services outside the scope of usual care management practice, widening access for a group of people whose needs fell short of

the council's threshold of responsibility to support (Department of Health, 2002). Self-assessment might be seen as a means of promoting the process of personalization and particularly choice and control (Cm 6737, 2006; Her Majesty's Government, 2007) within the assessment process. However, the ways in which the three projects considered here had interpreted this meant that it had become equated with an additional tool in the professionals' battery of information collection methods alongside a means of promoting the service users' voice.

In conclusion, the experiences of these pilots have offered an insight into how self-assessment can be used and in two of the three sites indications of long-term sustainability were evident (Clarkson et al., 2010). The fact that many of the findings resonate with earlier literature would indicate that inferences for wider practice can be made from this multiple case study approach (Bowling, 1997; Yin, 1994). Furthermore, the findings of this study suggest the need for further research and analysis of self-assessment as both a concept and practice. The study has also highlighted that pilots might have different end points in mind. It has been noted that the notion of a pilot is often ill thought through and used as an opportunity to bring a new initiative into mainstream practice rather than to test out whether a new idea is viable or not (Cabinet Office, 2003). Given this, if the intention is to provide an opportunity for 'blue skies thinking' it may not matter that the projects are not embedded in the wider agenda of their host organization. If, on the other hand, the intention is to incorporate the new practice into the mainstream, the issue of embeddedness has been shown to be vital.

Ethics

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