

Handout - Core Assessment Skills

Mod 3 H2

Participation

- Allow time for clear introductions - who are you , where you come from.
- Explain what you are visiting for - the nature of the care management process, what an assessment is, and why you are doing it.
- Explain recording policy and user access to information held about them.
- Emphasise the shared nature of working **with** the client and open exchanges of information/views.
- Set the scene for a collaborative working partnership - open body language, where you sit (allow the client space), ensure a non-threatening approach.
- Have appropriate eye contact with the user and avoid writing during the interview if possible - this can be done at the end if an immediate assessment is necessary.

Observation

- Initial contact - how you are greeted.
- Initial 'feeling' about the setting, people involved.
- Observation on the environment - this can reveal something about the persons' general well being.
- How the person presents - movement, dress, state of health.
- Body language - can pick up agitation, distress anxiety, conflict between family members etc?
- Balance between what is said and what is indicated by body language - are the two in contradiction or congruent?
- Reactions to subjects raised - are some particularly sensitive and need approaching in a different way, maybe later in the interview?
- Are there any observable hazards in either the material or human surroundings?

Communication

- Remember that you may be perceived as a powerful professional - clear language can remove some of the barriers which this perception may raise - avoid jargon.
- Check that you have been understood and that you understand - do this by re-framing questions.
- Where there are problems with understanding, be creative around communication - would pictures, diagrams, photographs etc help?
- Respect cultural differences and take interpreters where there may be issues around communication for people whose first language is not English.
- Be sensitive to communication issues around gender, age, disability, ethnicity, religion / belief and sexual orientation.

Active Listening

- Listen to the context as well as the content of statements i.e. **how** they are said as well as what is said.
- Consider the persons' answers and seek clarification if necessary e.g. 'do you mean'?
- Check out what you have heard and if necessary ask for the information in a different way
- Use open ended questions i.e. ones that cannot be answered 'yes' or 'no' - questions beginning **how, what, when, who** and **where**.
- Your body language can assist a free exchange of information - slightly leaning forward but relaxed.

Managing Conflict

- The users' wishes should be respected and valued.
- Their feelings and opinions are an expression of who they are.
- Acknowledge conflict and address it in a calm and open way.
- Ensure all participants have the chance to express their views even when they clash - and acknowledge each as valid.
- Explore ways of minimising conflict.
- Participants may need time to consider alternatives - you may need to return and discuss options again when they have considered them.
- If at any time you feel personally uneasy or threatened **leave** the assessment quietly but firmly - your personal safety is paramount.

Understanding Disadvantage/Vulnerability

- Requires knowledge of social and other factors that create disadvantage/vulnerability.
- Acknowledge and empathise with persons' life situation.
- Be aware of your own prejudices.
- Avoid stereotyping especially where there are cultural differences.
- Do not let cultural differences affect or cloud professional judgement.

Advocacy

- Some users may need an independent advocate especially where there is cognitive impairment e.g. Alzheimer's disease, learning disability.
- You may need to advocate for the service user if their wishes are being ignored or denied by others.
- Advocacy requires putting the service users' point of view forward - not negating the views of other participants.
- Advocacy involves informing people of their right to challenge decisions about their care.

(Acknowledgements to Kent County Council)

Handout - SAP Implementation Guidelines

Mod 3 H3

Joint Working and Assessment Standards

Why joint working?

In the White Paper, "Our health, our care our say " an emphasis is placed on health and social care organisations to work more closely together using a common assessment framework. The Single Assessment Process is a sound basis for the common assessment framework and requires joint working arrangements in place to ensure more effective co-ordinated services are provided across health and social care.

What are the standards that are required to ensure a quality assessment?

In order to ensure consistency of outcomes to assessment and care planning across organisations, all staff must apply these standards when carrying out the Single Assessment Process.

Standard 1 - The person being assessed should be fully involved in the process (and also the carer, if the person agrees).

Standard 2 - Information should be gathered in a way that is respectful and sensitive as well as efficient, proportionate, timely and adequate with due regard to people's equality and diversity needs.

Standard 3 - The process should help to recognise and build on the strengths of people who use services, and their carers, enabling and supporting people to resolve their needs themselves wherever possible.

Standard 4 - Assessment should fulfil all legal requirements as described in SAP implementation guidelines 2- Legal & Policy framework)

Standard 5 - The Single Assessment Process should avoid the need for people to repeat information to different staff involved in assessing and providing for their health and social care needs.

Standard 6 - Assessments and care plans must be clearly and succinctly recorded providing evidence for decisions made.

Standard 7 - Records and plans must be communicated and made accessible to the person assessed and their carers where consent is given.

Standard 8 - Information must only be shared after consent has been given and only for the purposes stated on the consent form.

Standard 9 - Single assessment and care planning must involve effective communication and collaboration within a culture across health and social care agencies with a mutual respect and understanding of each other's professional roles and responsibilities.

Standard 10 - Assessment must include assessment of risk by taking account of the need to protect individuals from harm but also enabling them to make decisions about their own lives including aspects of independence, choice and dignity.

Standard 11- Assessments and care plans should be completed within the timescales required by each organisation.

Do we have to trust each other's assessment?

The principles of the Single Assessment Process mean that assessments and care planning information is shared across agencies and professionals and will therefore rely on a degree of trust. This is quite a new concept and will take time to develop but is very much part of a person centred approach where service users and carers do not like having to repeat information and have an expectation that there will be good joint working arrangements in place.

Will someone be needed to co-ordinate the assessment and care plan?

If there are several people involved in one assessment it will be necessary to identify the key worker or care coordinator and discussion needs to take place with the service user and carer about who is the most appropriate person to do this. The personal held record, which is kept in the person's home and contains assessment and care planning information, can help with communication between professionals in these situations (see implementation guidelines 6- personal held record).

What difference will eSAP make?

With the introduction of electronic SAP (eSAP), the amount of sharing of information and joint work on an assessment will be possible to an extent that has never really been possible before.

Whereas in the past each professional would undertake their own assessment and often ask the service user very similar questions, the electronic version of SAP will enable much easier sharing of information and should therefore help improve joint working arrangements. eSAP enables different professionals to be able to work on an assessment together and complete different domains by sending the assessment electronically to each other and being able to access it in one place electronically.

How will professional skills and identity be maintained?

SAP will involve a set of skills for joint working to enable standards to be met whilst recognising the value of different professional skills. SAP will also require professional skills for the assessment process to be carried out effectively especially for the specialist assessments. The SAP assessment documents are known as **tools** to aid the assessment process and evidence what has been carried out. There will still be the need for professional skill and analysis to enable the assessment to be carried out effectively.

Who should do what?

The **SAP at a glance** outlines which type of staff should complete which tools (see www.devon.gov.uk/sap-pro).

Module 4

Sharing & protecting personal information

Intended Learning Outcomes:

At the end of the module, the participants will:

- Have explored the concept of confidentiality and informed consent.
- Understand their role in sharing and protecting personal information belonging to service users or carers, including the legal implications.

Relates to: KSF Core Dimensions: 1, 2, 5
Specific Dimensions: IK1

Time: 30 minutes

Handouts: SAP Implementation Guidelines: Section 4 - Sharing and Protecting your Information (Mod 4 H1)
Consent form

The Activity:

1) Ensure the SAP basic awareness PowerPoint presentation has been seen which includes a slide on sharing and protecting personal information. Also show DVD Success with SAP if possible as this contains information about a service user and carers' experience of information sharing using a person held record and information about sharing information on eSAP. .

2) Discuss and define "confidentiality" and "information sharing consent".

3) Read through SAP Implementation Guidelines: Section 4 - Sharing and Protecting your Information.

4) In pairs - Discuss any issues that arise and areas that need clarification. Link these to examples of how this might apply in practice. Share these with rest of group, either on post-it notes to capture all views or in a general discussion, depending on numbers.

5) Circulate the **Consent to Share and Protect Your Personal Information** form and talk through it with the group, checking all are clear on how it should be used and when. For further details, see SAP Implementation Guidelines: Section 5 - SAP Tools, and SAP at a Glance.

6) Also refer to the SAP information leaflet available on the SAP website (www.devon.gov.uk/sap-pro) and the SAP Implementation Guidelines: Section 2 - Legal and Policy Framework. This highlights the relevant legislation. Refer staff to their organisation's information governance lead for further guidance.

Handout from SAP implementation guidelines

Sharing and Protecting Personal Information

1. The purpose of this section

The purpose of this document is to provide guidance to ensure that the **SAP Information Sharing Protocol** is effectively put into practice and adhered to.

The SAP information sharing protocol is a framework for the secure and confidential obtaining, holding, sharing and storing of information for the Single Assessment Process and can be obtained from the SAP website www.devon.gov.uk/sap-pro

The agreement on information sharing has two focuses:

- The communication between the professional disciplines within joint teams or other service providers contributing to the delivery of the Single Assessment Process.
- The sharing of information gained from the Single Assessment Process with those agencies who are not SAP Participating Organisations, such as housing, education, police and independent providers who represent the wider context of delivering co-ordinated and holistic services.

2. What does the SAP information-sharing protocol contain?

The SAP protocol replaces the separate protocols for Devon & Cornwall entitled "Information sharing for SAP". It contains sections on:

- Reasons for sharing SAP information
- The type of information that can be shared
- The legal basis for sharing confidential and personal-identifiable information
- Disclosures outside the scope of the agreement
- Responsibilities and standards for participating organisations
- Complaints
- Monitoring and review

3. What information can be shared?

The components of the Single Assessment Process cover basic personal information, needs and health, and an integrated care plan. This information will be recorded in the current versions of the FACE SAP assessment tools and will be shared between the parties to this protocol for the purpose of assessment and care planning.

The type of service user information to share will cover:

- Statistical information
- Depersonalized /Anonymous Information
- Personal Identifiable Information

4. Legal responsibilities

The legal framework for the information sharing aspects of Single Assessment are primarily covered by:

- Common Law Duty of Confidentiality
- Data Protection Act
- Caldicott principles
- Human Rights Act

The specific legislation for NHS and Local Authority organisations to share information is set out in the SAP Implementation Guidelines: Section 2 “The Legal and Policy Framework, together with other specialist legislation on health and social care as listed. This is supplemented by a range of Governmental guidance on information sharing, all of which have been used to establish best practice in information sharing.

You should be familiar with the specific guidelines, policies and their application regarding the legislation mentioned above for your organisation.

5. When and how should the “Consent to share and protect your information” form be completed?

As soon as is practically possible, you should ensure that the person being assessed is asked to consent to information sharing across agencies or staff members by signing the "Consent to Share and Protect Your Personal Information" form.

Service users and carers should be advised about what will happen to their information and how it will be shared with all those relevant to the provision of their care. The SAP user/carer leaflet gives details about information sharing as well as the whole process.

The service user should complete the “Consent to Share and Protect Your Personal Information” form at the time of **first** contact or assessment. This is

then refreshed each time a new assessment is completed by asking if the consent still stands as the assessment tools are completed (each of the FACE tools (as listed in SAP implementation guidelines 5- Tools) has some questions about consent to share information. If the Consent to Share and Protect Your Information form has already been completed by one agency then the simple check questions on the SAP assessment tools are all that is required. **The more detailed consent to share and protect your information form must initially be completed once and held on file or recorded on eSAP.**

Once electronic SAP (eSAP) is in place, records will be shared with relevant staff through a robust and secure method. However, until that time interim arrangements have to be put in place to ensure that best practice is followed with the sharing of information under the Single Assessment.

6. Why do we have to have secure methods for transferring information?

The reasons for having secure methods for transferring information are two fold:

- To safeguard the service user's legal right to confidentiality and privacy in the exchange of their personal information.
- To safeguard professional staff by providing measures that allow only appropriate and controlled access to service users' personal information to:
 - Ensure they have enough information to form professional judgements and to inform care planning under the Single Assessment Process.
 - Ensure they are informed about known and potential risks.
 - Ensure that a commonly understood framework is available to manage access to information and to protect professional staff.

7. Who can access information and be shared with?

Once a service user has given their informed consent for information to be shared with SAP partner organisations, (as listed in SAP implementation guidelines 1) it is acceptable to share that information based on the "need to know" principle. If a service user is known and has already completed a consent form, there is still a requirement to check that the person still agrees to this consent and fully understands what information they have consented to share. For example, someone may consent to share a contact assessment, then go on to have an overview but may not be in agreement for that detail to be shared so this will need checking.

8. What if the person is unable to give consent?

If a person is unconscious or unable, due to a mental or physical condition, to give consent or to communicate a decision, the professionals concerned must take decisions about the use of information. This needs to take into account

the person's best interests and any previously expressed wishes, informed by the views of relatives or carers as to the likely wishes of the patient. If a patient has made his or her preferences about information disclosures known in advance, this should be respected. There is a SAP FACE Mental Capacity Assessment tool, which can be used to assess someone's mental capacity if required.

9. How should information be transferred between agencies?

Until an electronic version is available, you should follow your own organisation's safe-haven procedures for transfer of SAP forms, by fax or email. Where email is being used, care must be taken to ensure that the information is encrypted and sent securely.

A care plan, which includes a summary of needs, should be offered to the service user and carer, together with any part of the assessment form which the service user, carer and professional consider useful. The option of a person held record file is available to be kept in the person's home (see SAP Implementation Guidelines: Section 6 - Person Held Record). Assessment co-ordinators should keep a copy of all documents along with a record of what has been sent, to whom and when.

10. What about "vulnerable adult" situations?

In cases of vulnerable adults where adult protection is an issue, care must be taken about information that may be seen by a variety of people in the person's home. For further advice, see your organisation's adult protection policy.

11. Complaints

Any complaint received from or on behalf of a service user or carer, containing allegations of inappropriate disclosure of information, will be dealt with through the internal complaints procedure of the organisation receiving the original complaint.

12. Are there separate guidelines for the transfer of information electronically?

Separate guidelines will be given as part of the training on the electronic SAP system by your organisation.



Consent to Share and Protect Your Personal Information

Name: _____ Date of Birth: ____ / ____ / ____	NHS number: _____ Adult & Community Services reference: _____
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Your Statement of Consent

Please read this carefully, complete the restriction box if appropriate and then sign, and date the form. If you have any concerns please discuss them with a member of staff.

I **agree** that the information provided in my assessments may be shared with Health and Social Care staff, Service Providers who can contribute to my care and any agencies acting on behalf of these organisations.

I **understand** that this information will be used for the purpose of providing a service, or care to me. I also **understand** that agencies may use anonymised information for statistical purposes and that the law may allow in some circumstances for other agencies to be provided with information about me.

I **understand** that I may withdraw my consent to share information at any time and this may result in a reduction of services being available.

I **understand** that I have the right to restrict what information may be shared and with whom, but this may affect the provision of care to me.

I **understand** that my information will be held securely on paper and on computer in accordance with the Data Protection Act 1998.

I have made the following restrictions: (if applicable)	

Signature:		Date:	
Print Name:			

In order to alter your consent, please inform the office who have most contact with you.

Statement of Representative (if applicable)

I represent the person named on this form and:

I am happy with the decisions that have been made concerning the sharing of information

I am unhappy with the decisions that have been made concerning the sharing of information

because:

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Relationship to person: _____

Source of Legal Authorisation, if applicable (e.g. LPA): _____

Name: _____

Date of Birth: ____ / ____ / ____

NHS number: _____

Adult & Community Services reference: _____

Statement of Practitioner

Is the person able to understand why their information may be shared and are they able to make a consent decision on this basis? (Please tick and complete **A**, **B** or **C** below).

A Yes

and I have explained to the person/their representative:

Why we may need to share information.

Who we may need to share information with - *(please list if outside of Health/Social Care e.g. a Housing or Voluntary Agency provider)*.

Their right to decline the sharing of some or all of the information

Their right to withdraw consent at any time.

I have given the person/their representative a copy of the Single Assessment Process Information Leaflet.

The person has signed this form overleaf.

or

I have explained the above during a telephone call, and the person has given their consent **verbally**.

B I am unable to judge this and have referred this matter to:

C No, because:

Review of Consent

This consent form should be reviewed at the completion of any new assessment to ensure that it still reflects the person's wishes.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

Contact Number: _____

Organisation: _____

Role in Organisation: _____

Module 5

Person- Held Record

Intended Learning Outcomes:

At the end of the module, the participants will:

- Have an increased awareness of how the Person Held Record can be used.
- Understand the criteria for issuing a Person Held Record.
- Understand the process for setting up a Person Held Record.
- Understand the issues around confidentiality and storage of the Person Held Record.
- Have an understanding of how the person-centred approach and joint working can be enhanced by the Person Held Record.

Relates to: KSF Core Dimensions: 1, 2, 4, 5, 6
Specific Dimensions: HWB 2, G2

Time: 1 hour - **or** this can be shortened if incorporated into Module 1- Implementing SAP in your area

Materials:

- Personal Held Record PowerPoint presentation (but ensure SAP basic awareness presentation has been seen at an earlier date)
- 'Success with SAP' - DVD, part one
- An example of a Person Held Record

Handouts: SAP Implementation Guidelines: Section 6 - Person Held Record

The Activity:

- 1) Run the Person Held Record PowerPoint presentation **or** show the SAP Basic Awareness presentation, which includes 2 slides on the person held record.
- 2) Refer to the SAP implementation Guidelines: Section 6 - Person Held Record. Ensure staff understand:
 - Who owns the folder
 - The criteria for having a folder
 - How to issue a folder
 - Who to inform that a folder is in place
 - How a folder is stored after a person dies or no longer needs one.
 - That a folder will be flagged on eSAP to record its existence.



- 3) Hand out an example of a Person Held Record (sometimes called yellow folders) and talk through the contents
- 4) Discuss in pairs, small groups or as a whole group any concerns, issues arising etc.
- 5) Log any issues that cannot be answered and send these to your local LIT lead.

Handout SAP Implementation Guidelines

Mod 5 H1

Person Held Record

What is a Person Held Record?

A person held record (sometimes called **yellow folder**) is a folder that contains a record of assessment and care planning information, which is kept in the home of the person receiving services or treatment. It has been designed for situations where there are several staff visiting people's homes and communication can be a problem e.g. people with long-term conditions or there are likely to be emergencies where out of hours staff would find it useful to have easily accessible information to make urgent decisions. A sticker is placed on the person's fridge to highlight the existence of a personal held record. The record should be kept by the fridge or phone if possible for easy access.

The folder contains useful information for the service user and carers such as:

- Contingency plans
- SAP assessment and care planning information
- GP information
- Diary sheets
- Contact sheets
- Self care information

What are the criteria for issuing a Person Held Record?

The Person Held Record is issued and owned solely by the PCT and will be distributed to people who have been identified by GPs, District Nurses and other health and social care staff as having multiple and/or complex care needs with health and social care input. The Person Held Record is therefore applicable for people who:

- Have complex care packages delivered in their own homes.
- Have treatment and care delivered and managed by a number of practitioners/agencies.
- Are known to request frequent unscheduled care from their GP (including out of hours services) or their District Nurse.
- Have required a number of unscheduled admissions to hospital in the last year.
- Are at 'risk' of needing emergency care.
- Are managed for a 'Long Term Condition' or 'Complex Care Pathway'.

How can I set up a Person Held Record?

If you consider the person would benefit from a personal held record then you should first discuss this with your line manager or the person's GP (check agreed

process in your organisation from your SAP lead). The folders are issued by the PCT, so if you work for social care, discuss this with the health member of staff involved. If social care only is involved it is unlikely a folder will be required (see criteria) but in certain circumstances it may be possible to set one up (see line manager or SAP lead)

How will the Out of Hours services know about the Personal Held Record or Yellow Folder?

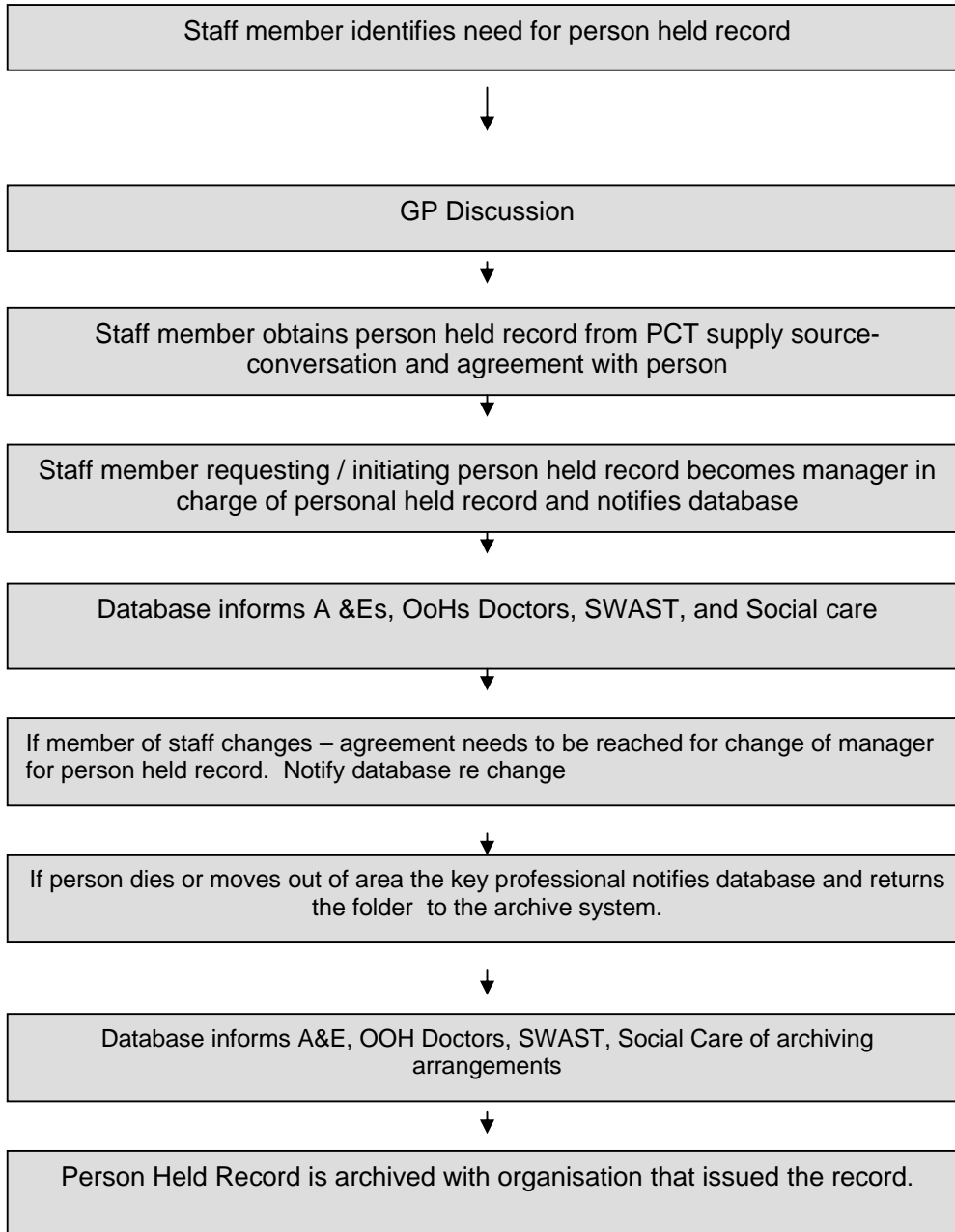
The Out of Hours services, such as South Western Ambulance Trust, Devon Doctors and social care emergency duty teams have all signed up to the personal held record and welcome the opportunity to use this and be informed when it is in place. A record of the issue of a folder must be put on your local PCT database and sticker placed on the person's fridge showing there is a folder in place.

Where can I find out more about the Person Held Record?

The **Person Held Records Protocol** explains the procedure for issuing folders, ownership arrangements, storage and retrieval. There is also a training PowerPoint presentation available. For further information, see www.devon.gov.uk/sap.

A Person Held Record process flowchart can be found overleaf.

PERSON HELD RECORD PROCESS FLOWCHART



Module 6

Introduction to FACE Tools

Intended Learning Outcomes:

At the end of the module, the participants will:

- Have a basic understanding of what the FACE tools are, what they replace and how to complete them.
- Checked whether further, more detailed, FACE training is required.

Relates to: (to be identified)

Time: 1 hour to half a day, depending on need

Materials: FACE training materials
FACE Overview Assessment user's guide
Checklist - knowledge of FACE tools and training needs.

Handouts: SAP at a Glance

The Activity:

Examine and discuss the FACE forms in small groups or together, depending upon how much time you have.

- 1) Take each form that you need to use, and look at the layout and language.
- 2) Include the following in your discussions:

- Terminology and language.
Using the forms proportionately, which sections might you use in which circumstances.
- Scoring systems.
- Which forms are used when, and which forms they replace.

Note: You can use the FACE training materials such as the prompts to support the discussions. The facilitator can feed any questions back to your Local Implementation Team.

- 3) If you have time, you can use the case vignettes provided or invent your own case studies to look at the forms in more detail.

CHECKLIST – Training needs for SAP FACE Tools

1. Have you seen the SAP basic awareness Powerpoint presentation?

& the 4 minute DVD- Success with SAP ?

Yes/no

2. Have you heard of the FACE SAP tools?

Yes/No

3. Do you know what they are or what they replace?

Yes/No

4. Have you already started to use FACE tools?

Yes/No

5. If Yes, How easy have you found the tools to use?

(Please circle)

Very easy Quite easy Ok Very different to what I'm used to

6. What areas do you need more training on?

7. Any other comments?

Handout 1 - SAP at a Glance

Mod 6 H1

	Who?	When?	What?	How?
Background and Contact Assessment	May be started/undertaken jointly with individuals/carers/families or by Health or Social Care Staff who have initial contact	On contact between an Individual and a Health/Social Care worker, where Health/Social Care needs are first suspected	<ul style="list-style-type: none"> • Basic personal information • Nature of presenting needs or risks • Any resulting actions • Multi agency referral tool 	FACE Background and Contact Assessment (SWP V1) Tool
Overview Assessment	NHS or Social Care staff with responsibility for assessing, coordinating and care planning	When more holistic assessment is required and significant needs and risks have been triggered by the Contact Assessment	<ul style="list-style-type: none"> • Complete picture of the person • Assessment of needs and risks • Summary of Current services • Action List 	FACE SWPv2-Overview Assessment Tool
Personal View of Your Needs	The Individual/Carer	Offered to the Individual at anytime for them to complete if they would like to.	Opportunity for person to describe own situation/ suggest any outcomes	Personal View of Your Needs Form (SAP2 (PO))
Specialist assessment	Any Health/Social Care staff with specialist skills or responsibilities. For example, Nurse, Occupational Therapist, CPN.	When input is required from a specialist professional -	Two standard specialist assessments currently available in SWP as below: HNA and Detailed assessment. Other FACE tools :COPD and others	Relevant Specialist Assessment E.g. Falls, Supporting people, Mental health etc will use own existing tools
Health Needs Assessment	Any health professional such as nurse, physiotherapist, occupational therapist	When more detailed health assessment is required or evidence for continuing health care	Collection of information around key health domains - provides evidence for continuing health care, intermediate care or other health requirements.	SAP (HNA)-Health Needs Assessment
Detailed Assessment	Any Health/Social Care staff with specialist skills or responsibilities. For example, Nurse, Occupational Therapist, CPN.	When an exploration of a specific need or risk is needed and more detail than the overview is required – e.g. people with learning disabilities or complex needs.	Collection of information in detail such as housing, activities for independent living.	Detailed assessment (SWP version of FACE core assessment LD tool)
Comprehensive Process	A range of different professionals or specialist teams, with the relevant skills and knowledge	<ul style="list-style-type: none"> • When input is required from range of Health/Social Care specialist staff • When the level of support/treatment likely to be offered is intensive or prolonged 	Formed from Contact and Overview Assessments, and relevant Specialist Assessment(s)	Not a specific tool
Care Plan / Summary of Your Needs	All Health/Social Care staff responsible for assessing, coordinating and care planning within the SAP scope	To summarise agreed needs and how they will be met for ongoing/complex situation and record outcomes.	<ul style="list-style-type: none"> • The care plan should identify how needs will be met and what services are treatment are being provided and by whom. Start and end dates, costs and contingency arrangements 	FACE Care Plan (SWPv1)
Review	The person responsible for reviewing the care plan	At regular intervals as agreed with eth service user, carer and provider.	<ul style="list-style-type: none"> • Review should identify if needs are being met and issues arising 	FACE Review Tool (SWPv1)
Consent to Share and Protect Your Personal Information Form	The staff member who initiates the first assessment as part of the Single Assessment Process.	At the first contact assessment. This consent is checked at every new assessment and recorded on the appropriate tool as to whether it still stands or needs amending. A new consent form does not need to be completed.	A record of verbal or written consent by the service user to share their personal information.	SAP (SWPv2) Consent to Share and Protect Your Personal Information Form



EVALUATION OF SAP TRAINING EVENT

Your feedback will help us evaluate the effectiveness of this learning and development and assess how well it has met your needs. We aim to deliver quality training, and your evaluation will help us achieve continuous improvements. Please feel free to add comments to any of your answers.

Course Title	
Date	
Trainer(s)/ Facilitator(s)	
Venue	
Delegates: single or multi-agency?	

1. Were your SAP learning needs or objectives identified before the session and/or discussed with your line manager? Yes/No

2. What SAP learning outcomes are you expecting to achieve as a result of this session?

3. Please comment on the content of training and score 1-5 (1=Poor-5=Excellent)

