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Citation for published version

MacInnes, Julie (2020) Care navigators decision-making in prescribing Telecare for older people. Health and Social Care in the Community . ISSN 0966-0410. (In press)

DOI

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Document Version

Author's Accepted Manuscript

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Title: Care navigators decision-making in prescribing Telecare for older people

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Acknowledgements: The author is indebted to the Telecare team at the Local Authority for enabling this study, and the Care Navigators who took part.

Conflict of interest statement: None

Abstract:

This aim of this study was to explore the decision-making process of Care Navigators in prescribing Telecare for older people living at home. The study took place in the South of England. A structured model of decision-making was used as the theoretical framework and a qualitative approach was employed. Care Navigators (n=7), acting on behalf of the Local Authority as 'external trusted assessors' were interviewed according to a semi-structured interview schedule. Documentary evidence of decision-making (Telecare Reasoning Forms) (n=10), were also analysed and added to the interview data. The main themes identified were the process of decision-making, training needs, and the support of Care Navigators and partnership working. Care Navigators adopted a complex decision-making process involving information gathering, information synthesis, consideration of alternatives to Telecare and implementation. Decision-making has a strong ethical dimension, especially

around funding. Training focused on the functioning and technical aspects of equipment. However, other training needs were identified in order to support decision-making, for example, assessing mental capacity. Peer support networks were valuable to Care Navigators and they developed good relationships with social care and Telecare provider staff. However, professionals making referrals to the Care Navigators for Telecare often did not understand their role or funding eligibility. In conclusion, Care Navigators are well-placed to prescribe Telecare in terms of knowledge and decision-making skills. Comprehensive training is necessary in order to support decision-making. Peer support and education of professionals referring for Telecare is also advocated.

Key words:

Care Navigators, Telecare, Decision-making, Older People

What is known about this topic:

- Telecare is seen as a potential means of addressing the future care needs of ageing societies
- Care Navigators and other health and social care support workers are increasingly responsible for prescribing Telecare
- Health and social care staff need to employ robust decision-making processes

What this paper adds:

- Care Navigators display a complex and multi-faceted approach to decision-making when prescribing Telecare
- Training should include the process of decision-making, as well as technical aspects of Telecare equipment

- Peer support and effective partnership working with other professionals are necessary to support the prescribing role of the Care Navigator

Introduction:

There are nearly 12 million people aged 65 years and over in the United Kingdom, of whom 1.6 million are aged 85 and over. Currently, 3.8 million people over 65 live alone, many of whom have frailty, dementia or other morbidities. Falls are prevalent with around half of people aged 80 and over falling at least once a year (Age UK, 2019). In the next 20 years, the number of individuals with complex care needs is projected to increase due to more people reaching age 85, with these individuals having higher levels of dependency, dementia, and co-morbidity (Kingston et al, 2018).

Telecare is seen as a potential means of addressing the future care needs of ageing societies and is defined as the remote monitoring of real time emergencies and lifestyle changes, in order to manage the risks associated with independent living (Telecare Service Association, 2013). In this study, Telecare consisted of personal sensors such as pendants and fall detectors; environmental sensors such as smoke and carbon monoxide sensors, flood detectors and door exit sensors; and location devices such as mobile phone apps and GPS trackers. A monitoring centre receives alerts from the sensors which are reviewed and actioned as appropriate which includes contacting a family member or the emergency services.

The development of remote care systems has run in parallel with policies aimed at 'ageing in place' in which Telecare is advocated as a means of effectively and economically delivering health and social care services in people's homes (Milligan et al, 2011). In Western societies, independence, active ageing and staying at home have come to characterise successful old age (Mort et al, 2013). The vision for Telecare is that fewer older people will require institutional care, and more will remain independent in their own homes for longer (Percival and Hanson, 2006). It is argued that Telecare can prevent or minimise the need for increased levels of care and support for older people (Brownsell et al, 2007) and assist goals of independence, participation and identity in older people (Bowes and McColgan, 2012). Quality of life and psychological well-being are also reportedly enhanced (Hirani et al, 2014).

However, Telecare is not a 'one size fits all' and personal, contextual and environmental factors influence the extent to which Telecare is acceptable or appropriate for individuals (Bowes and McColgan, 2012). As a result, health and social care staff with responsibility for prescribing Telecare for older people need to employ robust decision-making processes when recommending installation. Although there is a body of literature on social worker decision-making, particularly in the area of child protection (Taylor, 2017), little is known about the decision-making process when prescribing Telecare.

Local Authorities are required to consider services available in their locality to improve people's independence and well-being, and to work with local partners to prevent people developing care and support needs (DH, 2017). To do this, they are increasingly engaging with non-statutory services, such as care navigation. This service has become increasingly prominent since the publication of the Five Year Forward View (NHSE, 2014), and the

General Practice Forward View (NHSE, 2016), in which care navigation is advocated as a way to integrate care and ease the workload of health and social care professionals. In essence, Care Navigators “build relationships, problem solve and help locate resources, serving as a link between community, health and social services” (Health Education England, 2016, p.7). In the UK, Care Navigators may be employed by GP practices, acute hospitals or voluntary organisations and liaise with health and social care providers and service users to facilitate the organisation and co-ordination of care. In addition, Care Navigators and other health and social care support workers are increasingly responsible for prescribing Telecare as ‘third party’ agencies (Sharma and Clarke, 2014).

In this study, Telecare is prescribed either where a person has needs for care and support that meet the National Eligibility Criteria, following a needs assessment under section 9 of the Care Act (2014), or where the provision of Telecare would prevent or delay the development of need for care and support. The prescription of Telecare is carried out by Care Navigators who are external to the Local Authority, acting as ‘approved trusted assessors’. Prescribers assess users for their need of Telecare, request the equipment using an online system, and complete Telecare Reasoning Forms (TRFs) justifying their decision. As Local Authorities face increasing budget restrictions, ‘basic’ Telecare equipment such as ‘Lifelines’ (personal alarms worn as a pendant or on the wrist) are not funded as a preventative service. A local, unpublished internal audit of Telecare prescribing amongst Care Navigators, carried out by the Local Authority in 2019, provided the impetus for this study as it revealed the prescription of Telecare varied widely between prescribers, leading to inequality in the provision of Telecare for users. This study explores the decision-making process of Care Navigators in prescribing Telecare for older people living at home.

Methods:

The theoretical framework by Williams and Lair (1988) was used for this study as it proposes a model of decision-making for practitioners working with older people. The model consists of content and process components where content refers to the information gained during the consultation and process relates to the way in which the information is used. The model consists of nine stages. (*Table 1 here*)

Data collection

The study took place in the South of England and used a qualitative approach. Data was collected between April–August 2018 from two sources: interviews with Care Navigators and documentation in the form of the Telecare Reasoning Forms (TRFs).

1) Interviews with Care Navigators

A convenience sample of Care Navigators was identified by a member of the Telecare team within the Local Authority. A ‘snow-balling’ method was also used in which recruited participants were asked to suggest colleagues in similar roles. Individuals were contacted directly by the researcher. Interviews were semi-structured according to an interview schedule, carried out over the telephone, and were audio-recorded. Telephone interviews were chosen as this minimised the burden on participants. The interviews explored the assessment of users’ needs, particularly in relation to independence and safety, the perceived ability of the service to prevent or delay the need for additional care, the process of decision-making, and the selection of specific equipment.

2) Telecare Reasoning Forms (TRFs)

TRFs submitted during the study period were anonymised and added to the interview data.

Data Analysis

The interview audio-files were transcribed and analysed thematically using the framework method described by Miles et al (2013) consisting of data reduction through coding, conclusion drawing and verification and data display. Specifically, this consisted of extracting relevant sections of data using the interview schedule as a pre-determined template, coding and summarising. NVIVO11 was used to facilitate this process. Data was extracted by hand from the TRFs.

Ethical approval was gained from the University Research Ethics Committee (Reference: SRCEA 199). All data relating to participants was anonymised using unique identification codes for the Care Navigators (CN) and TRFs, and kept confidential. Verbal consent was obtained at the time of the interviews by the researcher.

Findings:

Seven Care Navigators took part and ten TRFs were submitted and analysed. Table 2 describes the characteristics of participants. Findings are presented according to the stages of the Williams and Lair (1988) model.

Table 1: Stages of the Williams and Lair (1988) Model (*adapted*)

| Stage | | Description |
|--------------|--|---|
| 1 | Pre-entry | Determination of the practitioners own needs, beliefs, values and assumptions |
| 2 | Entry | Definition of roles |
| 3 | Information gathering | Data relating to the older person and family members |
| 4 | Problem definition and statement of goal | Information processing and translation into goal(s) |
| 5 | Identifying and selecting solutions | Analysis and synthesis of information to determine priorities of intervention |

| | | |
|---|--------------------|---|
| 6 | Stating objectives | Objectives to be accomplished within an established time period |
| 7 | Implementation | The first direct action taken in the problem-solving process |
| 8 | Evaluation | Monitoring of the action taken and assessment of outcome(s) |
| 9 | Termination | Decision to exit the process |

Pre-entry - Determination of the practitioners own needs, beliefs, values and assumptions.

Care Navigators described their own needs in terms of training provided by the Local Authority and the Telecare provider company. Training focused on the range of equipment, and the operational process of ordering:

“I went through a training course with [Telecare Provider] in order to be able to order it...it was quite good actually, it was someone from [Telecare Provider] telling you all about the equipment and everything that it does and then running through the ordering process on the computer” (CN2)

“The training ran through the equipment, the ordering process and obviously how an assessment would be done” (CN7)

For one assessor, on-site engineers were helpful in understanding the use of the equipment.

“We had training but to be honest when you get out and do it, there’s always questions that are never covered in training, and I think going out with one of the engineers, he was really helpful, I think I probably learnt as much from him as I did from the training” (CN5)

One Care Navigator, had specific learning needs in relation to the installation of GPS trackers:

“The first time I did the GPS tracker, I hadn’t particularly realised that it was all then around the Mental Capacity Act. We’re not trained to assess people under that Act and the deprivation of liberty...so that was a lot more complicated, and then there had to be carers involved and I hadn’t realised that at the time of prescribing it” (CN7)

All Care Navigators described being well supported by the Local Authority and the Telecare provider and were able to contact individuals for help and advice:

“I will ring and get advice... I will ring and say, ‘What about this? What about that? I think I need to do this referral, can we talk about it?’” (CN3)

“We follow the procedure and try and work with the [Local Authority] team. I think it’s working with them... If I’ve got a query, I’ll ring one of the occupational therapists so I’ll ring [Name] or I’ll ring someone in the team at Social Services” (CN7)

Care Navigators described having the support of others in the same role, either within or outside their employing organisations:

“We talk to each other and we support each other as peers” (CN3)

“I work quite closely with the Care Navigator in the hospital. She’s also Telecare trained so if I were to have a query, we can always talk to each other or I can talk to somebody else within my organisation who’s Telecare trained” (CN6)

“I have the support of the Occupational Therapists, the Social Workers, and all the team where I work...We do talk to the Care Navigators in other areas as well, so there is help available” (CN7)

“I do know other people who I work closely with in other organisations that would support me” (CN2)

While most Care Navigators felt adequately prepared to undertake the role in terms of knowledge of available equipment, recent changes to protocols and procedures resulted in almost all assessors feeling less confident. Revisions were communicated by the Local Authority via email which was a little overwhelming for some. A number of assessors reported that they would have liked an opportunity to discuss how these changes were to be operationalised:

“We receive emails with every update. Generally, [Local Authority] emails a ton through with the changes, to keep us in the loop, but like so many of these things, there’s quite a lot of reading behind the assessment process...it’s just keeping on top of it all” (CN6)

“We’ve got new protocols, it’s very difficult when you’re reading something because it is so diverse when you go out...I’m not finding the guidelines particularly easy to follow now” (CN4)

“Recently though they have brought in changes to the assessment process and I think that has led to some confusion...I probably [felt] more confident a while back before they put in the new assessment criteria” (CN7)

In terms of beliefs and values, some Care Navigators were uncomfortable with directing people to self-fund 'basic' Telecare (according to the revised Local Authority protocol):

"I hate it because I think when you're old and you're frail, I think you've done your time and you should be looked after a little bit more" (CN2)

Care Navigators were also concerned that vulnerable older people were being denied Telecare if they were not eligible for funding and declined to self-fund:

"There are a lot of people that say, 'I think I'll be alright at the moment, it seems quite a lot of money', and you know in your heart they're not going to put anything in, where I felt that it could probably save them laying on the floor, those people now are probably not going to have that equipment" (CN7)

"What's missing is, it's not taking into account that sometimes people can't afford it. I feel that we have got a lot of people that are falling through the net with this and we're kind of walking away, knowing that they haven't got this equipment and they genuinely could benefit from it" (CN6)

One Care Navigator described ordered equipment that was not needed in order to satisfy the funding criteria:

"This lady, she used to go into the kitchen, they'd [family members] had to have the gas cut off but she would go into the kitchen and she would try to attempt to cook stuff and she'd cut herself, so we needed door sensors to know that she was going into the kitchen but they [Local Authority] wouldn't let me have it because they said, 'that's standard equipment', so I had to order a falls detector even though I didn't need it" (CN4)

Entry: Definition of roles

Whilst Care Navigators were confident in their own role, many described a lack of understanding by other professionals, which led to conflict with professionals and users:

"There's been some misunderstanding I think, from hospitals and from people on discharge teams, 'Oh, they need Telecare, can you go out and put it in?' it's not understanding that actually it may be something that they have to pay for" (CN7)

"So people were saying, 'oh, you need a pendant, you need Telecare equipment, you can get that, the Care Navigators can do that' and we were having to have the

conversation, 'no actually you can't have that'. This lady in particular was really, really angry about that, she had been told that she could have it" (CN4)

"It's the carers in particular, we have a lot of referrals through from [care agency], they feel that this person needs Telecare and a lot of the time it's not complex enough for them to warrant that...I have felt pressure because the carers have said to somebody, 'oh, you need Telecare, you don't need to pay for it' and it's not the case." (CN4)

"I receive referrals from the occupational therapist saying this person may, or this person definitely needs Telecare to go home with, they use the phrase 'discharge dependent' and they need it to actually be discharged sometimes. They're not trained in Telecare, sometimes it can be a case of this won't actually benefit the person...sometimes it might not be the correct thing to do" (CN6)

Information gathering: Data relating to the older person and family members

Care Navigators described an individualised and complex approach to information gathering including past history, physical, cognitive, social and environmental conditions:

"It has to go on an individual basis. What their history is...they don't always have family, friends or any support network around them and [they] may have been admitted [to hospital] from previous falls, have a very extensive history of falls, and they are not always in the best living conditions" (CN6)

"When you do a home visit and you knock on someone's front door, you can actually see their mobility so you can make that assessment visually, so you're able to see how someone is managing, but also you can see whether they live on their own with no neighbours nearby" (CN3)

"The first thing is in regards to the button itself, can they press that?...If cognition's fine, capacity's fine, they can press that button. It's just trying to find that balance as to when [Telecare] is appropriate and when not" (CN1)

"What sort of support they've got, somebody that gets carers coming in 3 times a day might not necessarily need something as much as somebody who suffers from blackouts but doesn't necessarily have anybody coming in everyday. So it varies really from case to case" (CN4)

"It's just looking at the whole, an holistic approach, What's their living situation, what are their vulnerabilities, do they have family nearby, is there Telecare equipment that could prevent them falling? the way I tend to look at it is to prevent hospitalisation or having further injury" (CN7)

This information gathering is supported by the TRFs which also described assessment of medical history and social and environmental conditions:

“Currently in hospital after a fall at home. Blind in one eye, left eye removed after cancer. Awaiting a package of care before discharge date can be set. Numerous falls which have all been admitted to hospital” (TRF5)

“Patient used to live with husband who has passed away...Lives alone in a bungalow – nieces live far away – currently having enablement 3 x day” (TRF6)

Installation at a practical level was also considered:

“Whether they have any sockets, they have any lines plugged into the socket, how far the socket is to the electric socket” (CN5)

However, Care Navigators expressed concerns about their ability to undertake financial assessments:

“We’re not trained to do financial assessments, so you’re making a call on information that may not be correct, just because somebody’s in a big house and looks like they have a lot of money they may not have a lot of disposable income” (CN7)

“If someone’s saying that they can’t fund...how are you supposed to know whether someone can or can’t fund? They could be saying they can’t but they have loads of money” (CN1)

Problem definition and goal(s)

Care Navigators did not explicitly define problems or specify goals although they did describe Telecare as being important for users to gain confidence and independence, which enabled them to stay in their own homes:

“A lot of the time it’s their confidence as well, and they’re saying that they’re worried that they could fall, and it’s whether that will boost their confidence as well as keeping them independent” (CN1)

“As for dementia, if somebody can stay safe at home then that’s helping them to be independent and stay at home, so that’s definitely the best thing” (CN2)

“Nine times out of ten it is always good to support people in their homes with assisted technology. To stay in their homes for longer because that’s what the aim is

now, isn't it? Rather than scooping people up and putting them into care, it's trying to keep them in their homes" (CN6)

Similarly, the Care Navigators believed that Telecare enabled users to stay safe at home, particularly those with dementia, those at high risk of falls and those living in isolated locations:

"Someone that's got dementia that is potentially wandering or forgetting to do things, it's to try and keep someone with dementia safe in their own home" (CN2)

"They keep forgetting to turn the taps off or, they keep leaving the rings on in the kitchen and things like that...my brain starts ticking...Telecare is the best thing for this person because it alerts someone if something goes wrong" (CN2)

"We do have properties that are in fairly remote locations, like one gentleman, it was a fire alarm that tied into his Telecare because if there was a fire in the property no one would actually see it until it had got quite a hold" (CN7)

Identifying and selecting solutions: Analysis and synthesis of information to determine priorities of intervention

Care Navigators rationalised their decisions and justified their choice of equipment based on assessment, knowledge of the equipment and consideration of alternatives:

"It really depends on the person. I visited a gentleman the other day who's got this fantastic pebble pendant that he can take out with him...so if he has a fall when he's out it's got a GPS tracker on it, they can talk to him" (CN4)

"Fall detector – to alert family/emergency services as soon as possible should (Name) fall as a result of a blackout" (TRF1)

"Lifeline unit. Falls sensor (neck worn) - Patient has a past history of falls and lives alone. She would benefit from a falls sensor as previously she has laid on the floor until carers arrive at the next care call" (TRF7)

In terms of alternatives to Telecare:

"I would have a look to see if there's any alternatives, like if it was somebody that was prone to falling a little bit or had an illness, whether they could have a mobile phone that they could just keep with them, so there's different alternatives" (CN4)

For users who were required to self-fund, Care Navigators described supporting this process by checking users are on all the available benefits and supporting them in making choices about spending:

“I will look at whether or not they’re getting all the benefits that they need. So it might be that they could claim attendance allowance so then I’ll go through that with them and if they can claim attendance allowance then I will say, you know, if you get the attendance allowance then that money’s there then for you to be able to provide your own Telecare equipment” (CN4)

“If someone gets attendance allowance, and they say, ‘well, I have to pay the gardener and I have to pay for someone to do the shopping...’. You do not have a gardener the whole year. If you live in a small flat, you only have a cleaner for an hour, and I sit with them and in a very nice way say, ‘Look, this is how much you’re getting a week, this is how much a Lifeline costs, this is how much a gardener costs, you’ve still got all this money left’, and it’s actually talking to them about what they use their attendance allowance for” (CN3)

For users not eligible for funding, Care Navigators also provided independent advice about Telecare that could be purchased privately:

“If they’re happy and they’re confident in looking through it [Telecare provider catalogue] themselves or they’ve got family that will do it with them, I will send the information out in the post and then do a follow-up call to say, ‘did you find the information helpful, did you get that put in place?’” (CN4)

“I have to say to them, ‘have you thought about a Lifeline, would you like me to give you the information’, and then I will give them the information of all the different companies that provide it and help them the best I can, but ultimately it’s their decision when they’re paying” (CN2)

As with goal-setting, the decision-making stage of stating objectives was not explicitly referred to by the Care Navigators. Similarly, implementation i.e the installation of Telecare, was not addressed as their remit ended at the point of prescription when the Telecare provider and engineers took over responsibility for installation. As the role of the Care Navigators was not to provide continuous or long-term support, any evaluation of the effectiveness or outcome of the Telecare was largely unknown to them, however, some examples of perceived outcomes were suggested:

“I have a lady out in an isolated farm house and she had had a hip replacement but it wasn’t going well, and I felt she was at risk...and I know that she hit the alarm” (CN3)

“I felt that if he went down he wouldn’t be able to reach for the call button, and I arranged for a Lifeline [to be] installed that afternoon, and the next day when he fell he actually hit it, there was a visit to hospital. I think he would have been dead on the floor to be honest if we hadn’t done that” (CN3)

Termination of the relationship and the decision to exit the care process was not addressed in this analysis due the specific and short-term nature of the relationship.

Discussion:

A number of themes were identified, namely, the process of decision-making, training needs, and the support of Care Navigators and partnership working.

The process of decision-making

Social care practice necessitates that decisions are made in an informed and rational manner (Proctor, 2002). The Care Navigators in this study described an holistic and multi-faceted approach in determining the need for Telecare for older people. The process consisted of gathering information from the older person, and their family or carers (assessment), analysing this information, identifying and selecting Telecare options and ordering the Telecare solution (implementation). This is in line with other decision-making models such as Taylor (2017), who describes four aspects of decision-making – assessment, which consists of gathering, ordering and analysing information; planning which involves identifying and selecting options; implementation and evaluation. For the Care Navigators, assessment included past social and medical history, physical and cognitive abilities and environmental factors. This was achieved by questioning but also by observation of the older persons surroundings and functional ability.

Decision-making took place along a timeline. Situations in the past were considered (such as previous admissions to hospital); the present situation (for example, functional ability and current level of care); and predictions about the future (such as risk of falls). Timeline trajectories in decision-making is also described by Taylor (2017).

In order to make decisions, the Care Navigators drew upon range of skills including cognitive judgement, knowledge of the equipment (and alternatives), and their own values and beliefs, especially around financial entitlement. Although the Care Navigators in this study were not required to carry out formal financial assessments, they sometimes had to advise people that they are not eligible for funding and instead provided support for making self-funding decisions. This was ethically challenging for many of the Care Navigators with some opposed to the principle of self-funding, and many concerned that older people were left without Telecare when it would be of benefit. One Care Navigator reconciled their beliefs and values around financial entitlement by prescribing unnecessary equipment in order to meet the funding criteria. Doyle et al (2009) explored the factors relating to ethical decision-making and also found a mismatch between ethical values and courses of action chosen. An ethical issue is raised when Care Navigators are required to act as gatekeepers for funding for Telecare services, without access to financial information on which to base decisions, and have no influence on the eligibility criteria for funding. This uncomfortable position may lead to work stress which needs to be addressed.

Decisions are increasingly subject to scrutiny for the use of payment authorisation and quality assurance (Proctor, 2002). The use of the TRFs were used for this purpose. However, the information provided was brief and arguably did not lead to more critical and rational

decision-making as envisaged by Proctor (2002). The Care Navigators did not describe the use of decision-making tools, such as algorithms or support systems which is advocated for consistent decision-making (Taylor, 2017).

Training needs

HEE (2016) identify 'knowledge for practice' as a core competency for Care Navigators. To achieve this "individuals need to be committed to lifelong learning and enthusiastic to apply new knowledge and skills" (HEE, 2016, P.29). In this study, decision-making was based on experience and discussion with peers, rather than formal learning for the role. Preparation for prescribing Telecare focused on the range of equipment, technical specifications and the practical process of ordering. Perhaps as a result, some Care Navigators described areas where they felt they lacked expertise which impacted on their ability to make decisions. For example, assessing mental capacity when considering GPS tracking devices. Lack of knowledge and understanding of new protocols caused some lack of confidence in making decisions. This was largely due to how changes were communicated (by email) which afforded limited opportunity for clarification or discussion.

Support and Partnership Working

Many of the Care Navigators worked in isolation and were the only Telecare prescriber in their organisation. However, the development of peer support networks with others in similar roles in other organisations was an important support mechanism.

Implementing Telecare requires the involvement of different sectors including business, technology and care (Berge, 2018). In this study, the Care Navigators described working in partnership with the Local Authority and the Telecare Provider company. However, as in the

study by Naick (2018), there was reliance on a small number of key individuals in these organisations. Partnerships were primarily focused on rules and regulations for prescribing, including eligibility for funding (Local Authority), and knowledge of the equipment, the ordering process and technical aspects of installation (Telecare Provider). Relationships were based on openness and trust and were built over time. In contrast, other professionals lack of knowledge and understanding of the Care Navigators role and the eligibility for funded caused conflict. Berge (2018) found that when partners lacked or had insufficient knowledge, either of each other or of the situation, trust and co-operation were threatened.

Strengths and Limitations:

The use of Williams and Lair's (1988) model provided a structured framework within which to explore Care Navigators decision-making. However, the stages of evaluation and termination were less relevant due to the short-term and highly specific nature of the Care Navigators role in this context. This study is limited by the small sample size and that it was conducted in one Local Authority. The author recognises that the older person and their family are fundamentally involved in the decision-making process and practitioners work in partnership with users. However, since the purpose of this study was to explore decision-making from a prescriber perspective, shared decision-making has not been explicitly discussed here.

Transferability and implications for practice:

Findings from this study may be transferable to all prescribers of Telecare, not only Care Navigators. Training and the need for support and partnership working are applicable to the wider role of the Care Navigator and other support workers.

Training should be considered more broadly to include ethical decision-making and specific learning needs, such as mental capacity assessment. This might be as part of a structured programme of training, which is especially important when there are significant changes to the service; Peer support and partnerships with the Local Authority and Telecare provider are essential to the prescribing process and effort should be invested in fostering networks and building and maintaining relationships; Information and education on the role of the Care Navigator is needed for professionals in hospitals and in the community who refer for Telecare.

Conclusion:

Care Navigators are well-placed to undertake the prescription of Telecare for older people. In doing so, they employ a complex decision-making process involving assessment, and consideration of alternatives to Telecare. Decision-making has a strong ethical dimension, especially around funding, and prescribers may be placed in an uncomfortable position as third party gatekeepers of publicly-funded services over which they have little influence. There is a need for training which addresses knowledge and skills related to decision-making, not just the availability and technical aspects of Telecare equipment. Care Navigators often work in isolation, as they are frequently the only Care Navigator and/or Telecare prescriber in any organisation. Peer support networks are therefore, highly valuable. The development of open, trusting relationships with other professionals is key

and the role of Care Navigators in assessing and prescribing Telecare for older people should be transparent across the health and social care sector.

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