There is a lack of systematic research to guide the conduct of care coordination for older people within the non-statutory sector at a time when central government is advocating an increased role for it. Against this background, the study seeks to inform practice by exploring the contribution of the non-statutory sector from multiple perspectives. A broad definition of care coordination is employed: the assessment of needs undertaken by a worker with specialist knowledge, and/or the compiling, monitoring and review of a support plan by a care coordinator. Services which promoted self-directed support (including brokerage) were included alongside those in which the care coordination process is led by a practitioner. This incorporated those specifically for older people as well as those for both older and other adult groups.

Key points from the research

- There has been little empirical research into care coordination arrangements for older people in the non-statutory sector.
- Standards relating to both agency and practitioner practice to guide care coordination arrangements have been described. However, they were often expressed in general terms and could not be measured.
- Currently services offering care coordination for older people were more likely to be provided by a local branch of a national organisation rather than a small independent local provider.
- Service users were often frail and most services focussed on hospital discharge arrangements and home based support, including that for people with dementia. Services were most frequently coordinated by staff in conjunction with service users and their carers and there was little evidence of independent self-directed support.
- A range of care coordination activities were reported reflecting the service specification of the commissioners. Typically assistance was only provided for a short period of time.

About the study

The study comprised:
- A scoping review of the literature relating to care coordination arrangements for older people in the non-statutory sector comprising 29 documents produced between 1985 and 2013
- An international review of care coordination agency and practice standards comprising 20 documents produced between 1989 and 2013
- A Discrete Choice Experiment to ascertain the views of practitioners working in non-statutory organisations about practice attributes and standards
- Creation of a database of care coordination services within non-statutory organisations
- A national survey of relevant services providing care coordination to older people
- Interviews with managers and practitioners in services selected from national survey returns
- Development of evidence based guidance and standards to promote evidence-based practice and service development
What was known about care coordination arrangements for older people in the non-statutory sector?

Non-statutory organisations provided a range of care coordination activities. Their services were reported to be more person-centred than statutory agencies and there was some evidence to suggest that they were able to engage with traditionally hard to reach communities. A mix of agency-led and self-directed support services were identified with those targeting older people more likely to be professionally-led. A minority of services were designed specifically for older people but the latter particularly valued these. A high level of staff expertise and commitment was noted. The role of volunteers was under reported in relation to care coordination activities.

At a strategic level, service stability and development in the non-statutory sector was hampered by fixed term contracts and a lack of long term commitment by funders. Regulation of non-statutory organisations as a quality assurance mechanism was not widely established.

What were the principal components of standards of care coordination?

Standards were defined as practices based on principles undertaken within one or more elements of care coordination, such as assessment or support planning. The purpose was to identify enduring features, variations in content, and the extent to which statements of intent were supported by measurable processes.

Standards included those relating to individual practice and agency responsibilities. Sixteen individual and eight agency level standards were identified. The most frequently reported individual standards related to: the use of networks; comprehensive and relationship approaches; user participation; cultural sensitivity; and a goal or outcome focus. Quality assurance was the most frequently noted agency standard. Half the documents provided practical procedures to support implementation and a minority included performance indicators or guidance.

What did practitioners think constitutes a quality service?

This was investigated through the administration of a Discrete Choice Experiment (DCE) questionnaire to over 100 practitioners to elicit their views about important characteristics and choose between those they value most. Comments provided by practitioners as an adjunct to the questionnaire relating to four characteristics are described below.

**Discrete Choice Experiment**

The DCE method allows an individual to select their preferred service according to its different characteristics at varying levels of provision. The service characteristics used in this study were:

- The nature of access to a care coordinator over time, same person or different person
- The length of time the service is provided
- The cost of the service to the service user
- The range of activities, for example assessment, advice, referral, provided by the service
- The period for which the service is funded
- Opportunities for staff to receive supervision and staff development
- The availability of the service, waiting times

“As we work with people with dementia, it is very important to have continuity of care and access to the same person.”

“The idea of cost to the service is very interesting and my feeling is that it would limit the number of people using the service… People like 'free'!”

“As from a service perspective, time period of service funding is important to enable planning,
development, etc., but this would most likely be low priority for a person in need of a service."

“…waiting times is very important as if people need the service it is because they need assistance now.”

Overall, the service characteristic valued most by practitioners related to continuity of care provided by the same practitioner.

**How were services identified?**

A two stage process was employed. First, relevant organisations were identified from four sources: the Voluntary Agencies Directory, (VAD, 2013); the Social Work Practices Pilots with Adults initiative (SCIE, 2013); personal knowledge of researchers; and local authority service commissioners. Duplicate organisations were removed. Care coordination for older people was predominately provided by local branches of three national organisations: Age UK, Alzheimer’s Society and the British Red Cross.

Second, focussed web based searches of these organisations were undertaken and inclusion and exclusion criteria applied to identify relevant services. General details of the non-statutory organisations were obtained together with service descriptors and care coordination activities. This ensured that at least one activity was undertaken for eight days or more. Services were contacted to confirm that they were still in existence. A total of 294 services were identified in this convenience sample.

**What were the defining characteristics of these services?**

One hundred and twenty two responses were received to a postal survey of identified services. This revealed that about a third of services were specifically targeted on older people, and almost two thirds said most of their service users were 60 years or over. There was large variation in the numbers of service users being supported ranging from seven to 8000.

In terms of their focus, almost half provided support to people with dementia and their carers, and around one third were hospital discharge schemes. A few focussed on brokerage or compiling a support plan on behalf of the service user. The majority of services had operated for more than three years, and three quarters were available five days a week. About two thirds described their service as offering short term support (less than 3 months).

With regard to staffing, many services were relatively small. Just over half had four or fewer paid staff. One quarter of services had no full time staff, and most had two or less full time staff. The majority of services also used volunteers. About a quarter had two or more members of staff with professional qualifications in health and social care. Just under half of services had none. Very few had staff members who were registered to practice with professional councils.

The majority of services received funding from their local authority, and just under half from the NHS clinical commissioning groups. They were mainly funded by contract and only one quarter received a grant. Around a quarter noted that their services were also funded from personal donations and other voluntary organisations.

Additional information was obtained from interviews with managers in 17 sites. The nature of the service, including the length of contact with service users, was usually a contractual requirement. Often staff groups were multidisciplinary, comprising both professionally qualified staff and those qualified by experience. Volunteers were used both as an adjunct and an alternative to paid staff. Typically information was shared with partners by paper, telephone or fax rather than electronic means. Overall, the impression was of staff groups highly committed to the service they provided. However, there was also evidence of funding uncertainty influencing service development and staff turnover.
What was the range of care coordination tasks undertaken?

Survey findings also revealed that most services performed assessments. Many also undertook the task of compiling a support plan for people living at home. Around half the services undertook outreach work to identify potential service users. Less than half provided brokerage and advocacy services and few provided assistance in respect of long term placement in a carehome.

From interviews in 17 sites, practitioners revealed that most service users receiving assistance were at least 75 years of age, some had memory problems and most were physically frail. There was evidence of both clinical and administrative approaches to practice reflected in the extent to which the professional attributes of social work skills, such as counselling, were recognised as important components of care coordination activities. Moreover, multiple care coordination tasks were undertaken in services which stated they had a single focus, such as brokerage. Practitioners also undertook additional activities such as publicising the service, training and group work.

There was little evidence of continuity within the care coordination process with a single practitioner responsible for assessment, care planning and review over time. Rather, practitioner involvement focussed on the performance of a specific task, such as compiling a support plan. Indeed some practitioners have their roles prescribed by task, for example reviewing officer.

Concluding comments

This study was conducted at a time when there was little evidence to guide and inform the conduct of care coordination for older people within the non-statutory sector. It revealed that services were small in terms of the number of personnel employed and that they generally provided assistance for a short period of time. To become sustainable care providers in the medium to long term, non-statutory organisations require a focus on both arrangements which directly influence the experience of service users and those which facilitate organisational development. The achievement of this goal represents a considerable challenge for service commissioners and service providers within the non-statutory sector. For policy makers these findings are a reminder of the nature and extent of the support available to older people in the second decade of the 21st century.

The findings are also important because they provide a means to benchmark and promote high standards of practice. As noted above, this was a multi-method study, employing a literature review, appraisal of standards and primary data collection. A group of carers contributed to the analysis and interpretation of the research findings and thereby contributed to the development of the standards.

More detailed findings relating to standards of care coordination for older people in the non-statutory sector have been developed. These will assist: service commissioners; providers seeking to secure funding; managers in non-statutory organisations; and practitioners seeking an insight into the infrastructure of this sector. They are available in an Expert Briefing Paper.

This and further information about the study and publications is available at:

http://research.bmh.manchester.ac.uk/pssru/nihrsscr/projects/carecoordination

The research was conducted by David Challis, Jane Hughes, Caroline Sutcliffe, Michele Abendstern, Rowan Jasper, Helen Chester and Nik Loynes at the Personal Social Services Research Unit at the University of Manchester between April 2013 and March 2015. Age UK Trafford facilitated public engagement activities and LMCP Care Link (a non-statutory organisation working with older South Asian persons and their carers) assisted in the design of schedules for the fieldwork. The study was supported by the Research Group of the Association of Directors of Adult Social Services.
References


The Personal Social Services Research Unit was established in 1974 and now has branches at three UK universities: the University of Kent, the London School of Economics and Political Science, and the University of Manchester. Its mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

PSSRU University of Manchester, 2nd Floor Crawford House, Booth Street East, Manchester M13 9QS
email: pssru@manchester.ac.uk, website: www.research.bmh.manchester.ac.uk/pssru