

What works in long-term care?

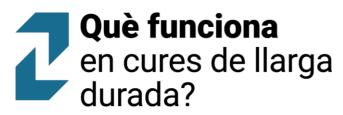
What works in home care services?











What works in long-term care?

Home care services

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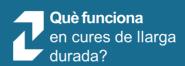
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Summary by: Ainhoa Carcavilla and Joseba Zalakain (SIIS – Social Information and Research Service)

Coordinated by: Ivàlua

The ideas expressed by the authors are not necessarily those of the organizations promoting the project.



A project to compile, analyse, and transfer information in order to improve public long-term care policies.

A project participated in by:





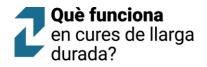






Table of Contents

1. Introduction	4
2. Motivation behind this project	4
3. Description of the service being examined	5
4. Questions that have guided the review	7
5. Data review	7
5.1. Methodology	7
5.2. Analysis of the evidence	9
5.2.1. The effectiveness of the HCS on the well-being and quality of life of users and caregivers	9
5.2.2. The impact and effectiveness of certain care delivery modalities	13
5.2.3. The impact and effectiveness of certain modalities of organizing care	20
5.3. General considerations about the available evidence and its limitations	25
6. Summary	26
7. Implications for practice	27
8. References	28
Appendix	38



1. Introduction

In Spain, people have a clear preference for aging at home (Costa-Font, Elvira & Mascarilla-Miró, 2009; Lebrusán Murillo, 2019). This is also the preference in situations in which people may be dependent and require care (Del Barrio and Díaz-Veiga, 2021). Studies carried out to develop the state-wide Strategy for a New Model of Care in the Community indicate that 81.6% of the Spanish population believes that the best option for older people who require care is to continue to live in their homes and remain in the community. 90% of the population also supports a change in the care model in order to promote this life in the community, with the necessary support that is required. To this end, citizens consider it a priority to provide people who need care with social and healthcare support in their homes (<u>Secretariat of State for Social Rights, 2023</u>).

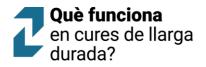
In this context, the Home Care Service (HCS) is an essential resource to ensure that vulnerable or dependent people can continue to live in their usual environment. It also supports and complements the work of family members who are caregivers. With this affirmation as our starting point, the objective of this review is to use the scientific literature published on the subject to identify the organizational elements associated with greater effectiveness of home care in general, and that of the Home Care Service in Catalonia (SAD in its Catalan acronym) in particular.

This review is part of the "What Works in Long-Term Care?" project, promoted by Ivàlua, Barcelona Provincial Council, the Taula d'Entitats del Tercer Sector Social de Catalunya (Board of Third Social Sector Bodies in Catalonia), and La Confederació. This project aims to contribute to improving the design and implementation of long-term care policies and services by compiling, filtering, organizing, and presenting the scientific evidence available in an accessible format.

2. Motivation behind this project

In a context where care at home has gained increased importance, **home care services play a key strategic role within the long-term care system**. However, both in Catalonia and in the other Autonomous Communities in Spain, the long-term care system faces a crisis that stems from several factors: the inability to provide a sufficiently high-quality, flexible, and integrated response to users' needs; some potential users' preference for other types of services or benefits; and the competition that the publicly-owned long-term care system faces from other forms of home care, such as home care staff being employed directly. Added to this are the poor working conditions that characterize the sector and the rising cost of the service, which is largely financed by local governments.

In Catalonia, the HCS is included in the Portfolio of Social Services that was approved in 2010. Although significant efforts have been made both at the local and regional levels to update the organizational framework and methods of this service, there is a clear need to overhaul the offerings and functions of this service by identifying and strengthening the elements that improve its effectiveness.



Currently, the **HCS in Catalonia covers about 3.5% of people over 65**, including both the socalled social HCS (in Catalan, SAD social) and the home care system managed and financed within the framework of the state system of care for dependent people (SAAD).¹ The evaluation of the HCS recently carried out by Ivàlua highlights, among other aspects, a lack of clear goals and of theory of change behind this service, high territorial variability in its main services, and the weakness and blurring of the functions of the social HCS (Rosetti et al., 2022). Consequently, the results of this evaluation highlight **the need to establish common basic criteria for HCS in the whole geographical area**, with the aim of avoiding situations of inequality in both access to care and its quality. However, the results do not clarify –since the evaluation was not designed for this purpose– which organizational, care-related, or professional factors are related to greater effectiveness.

The objective of this review is precisely to identify the elements that improve the effectiveness of the service, in order to move towards improving both that service and the long-term home care system in general. More specifically, the motivation behind this review is related to **the need to overhaul organizational frameworks** of the HCS and, where appropriate, even its conceptual foundations and actions, so that it can respond adequately to the needs of the various stakeholders involved: people in situations of vulnerability or dependency, the family members that are their caregivers, and professionals in the sector.

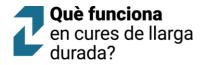
3. Description of the service being examined

This review focuses on the Home Care Service (here we will use HCS - in its Catalan acronym it is known as SAD),² defined in the Portfolio of Social Services of Catalonia as "the organized and coordinated set of actions that are carried out mainly in the person's and/or family home, aimed at providing personal care, help at home and social support to people and/or families with developmental needs or difficulties in social integration or lack of personal autonomy". For its part, Law 39/2006, of December 14 on the promotion of personal autonomy and care for people in situations of dependency, defines the Home Care Service (HCS) as "the set of tasks that are carried out in the homes of people or families who find themselves, for physical or social reasons, in situations where they temporarily or permanently lack the autonomy to be able to carry out their usual daily tasks". **The service includes both help around the house and help for personal care**.

When defining the HCS, two considerations must be made. On the one hand, as noted below, it is not always easy to differentiate the home care service from other services and support provided to people in situations of fragility or dependency in the community setting and, specifi-

¹ Based on the LAPAD (dependency law), there are two large target population groups for the HCS, giving rise to two service modalities: on the one hand, the dependency HCS provides coverage for people who have a situation of dependency that has been legally recognized by the Generalitat of Catalonia, within the framework of the LAPAD. On the other hand, the social HCS provides social support for individuals and/or families with developmental or social integration difficulties and provides coverage to individuals who have a situation of dependency which does not reach the degree required for it to be recognized by the LAPAD and to individuals and/or families with social support needs for their development or social integration, especially children who lack sufficient parental care. The social HCS represents around 40% of all service users (Diputació de Barcelona, 2022).

² The Catalan Social Services Portfolio refers to the HCS within the general framework of home-based services, which also includes the Care and Support Technologies Service.



cally, at home. The existing literature rarely focuses exclusively on the provision of personal care and home care by professionals who are employed and assigned by the administration. Instead, it includes other additional services or benefits or other ways of accessing these services. Furthermore, the literature analysed does not always distinguish adequately between so-cial home care services, included in the Social Services portfolio and primarily aimed at people in situations of or at risk of dependency,³ from home-based health or convalescence interventions aimed at people with chronic illnesses.

The service analysed

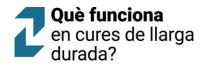
Our review primarily focused on the Home Care Service (HCS) as a specific service, although it also examined assessments covering other home support mechanisms and various forms of access to help with housework and personal care at home. Furthermore, the analysis focuses on services for the elderly, people with dependency, disabilities, and/or mental health problems, while excluding the HCS modalities that are aimed at addressing other social needs.

The analysis was structured on two levels: on the one hand, the effectiveness of the HCS in improving the quality of life and well-being of both users as well as professional and nonprofessional caregivers (mostly family members). More specifically, the aim was to identify which elements of the HCS contribute to improving the quality of life, well-being, or working conditions of all these people, and which needs or population profiles it is most effective in addressing. On the other hand, an analysis was made of the impact and effectiveness of certain provisions and organizational options in terms of achieving the goals of the service.

In this regard, the review includes both the type of evaluations available and the measures that have been taken in recent years in relation to the organization of home care, and **is structured around six main aspects**:

- a) the personalization of access to home care services;
- b) the commercialization of these services and the emergence of for-profit providers;
- c) service integration and integrated case management;
- d) the key aspects, tasks and functions of the service;
- e) using digital technologies in home care;
- f) measures related to the professionalization of care (training, self-organization and improvement of working conditions).

³ In Catalonia, as mentioned, the HCS can also be for people who are not dependent but have other types of social needs.



4. Questions that have guided the review

The objective of this analysis is to compile, review, and synthesize high-quality data to help understand what works in home care services. More specifically, and based on the aforementioned dimensions and aspects, this review aims to address three areas.

First, we seek to answer two specific questions related to the effectiveness of HCS in improving **the well-being and quality of life** of both users and caregivers. Specifically:

- Does the HCS manage to improve users' and caregivers' quality of life? Under what conditions and for what kinds of people?
- Does the HCS manage to delay institutionalization and reduce the use of health care resources?

Secondly, three questions are addressed regarding some measures related to **how HCS is pro-vided**:

- Do personalized home care access strategies work? For what kinds of user profiles and under what conditions?
- Does service integration and integrated case management work? For what kinds of user profiles and under what conditions?
- Are the complementary services that are provided within the framework of the HCS (or in addition to it) effective? For what kinds of user profiles and under what conditions?

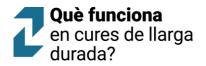
Finally, some additional questions are addressed regarding the impact and effectiveness of certain **HCS organization modalities:**

- Is the involvement of private companies in the provision of home care services effective? What impact has this had?
- Does the use of digital technologies in home care work? For what kinds of user profiles and under what conditions?
- Are the measures adopted to professionalize home care effective? Which ones are, and under what conditions?

5. Data review

5.1. Methodology

The data used focused primarily on **systematic reviews and meta-analyses of evaluations**, although some evaluations of specific interventions that were considered to be of particular interest have also been included in the analysis.



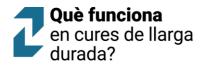
While it may appear that opting to examine systematic reviews and meta-analyses gives this type of work the methodological rigour necessary, as noted below, it also entails some **limita-tions**. The main limitation is that not all types of interventions meet the criteria for being evaluated in systematic reviews or meta-analyses. In fact, it has been shown that there is some very marked bias in place regarding the likelihood of some schemes being evaluated and incorporated into scientific reviews of this type (Palma and Delgado, 2006). This publication bias could relate to several factors: the language in which the evaluation is published, the country in which the intervention takes place, the type of intervention evaluated, the evaluation methodology, or the evaluation results, to name some of the most obvious biases.

The methodology used for identifying and selecting the available data consisted of searching specialized databases (*Web of Science, Cochrane Library, PubMed, ProQuest, the SIIS catalogue* and <u>Dialnet</u>), using search strategies that combined different terms related to the subject being analysed (home care, community care, domiciliary care...) and the appropriate type of documents (review, evidence, impact, effect, evaluation...). By using this strategy, a total of 1,365 references were identified, of which 110 met the inclusion criteria (type of document, subject and date). After reading through them, 57 journal articles and publications from the last fifteen years were eventually selected; these came from organizations in Europe, the United States, Canada and Australia. Of these, fourteen correspond to research or evaluations of interventions, models or other aspects relevant to the home care service. The other 43 references were literature reviews and meta-analyses covering over 2,100 studies worldwide on the organizational elements associated with greater effectiveness in home care (see the Appendix for references to the literature reviews and meta-analyses included in the review).

Regarding the effectiveness indicators that have been taken into account, following what was set out in <u>Issue 0</u> of "What Works in Long-Term Care", we selected reviews and meta-analyses that examine the impact of home care services on three factors: firstly, the well-being and quality of life of the users of the service, as well as that of non-professional⁴ and professional⁵ care-givers; secondly, indicators related to the personalization of care, in terms of choice and control, as well as how the service is adapted to each individual's needs. Finally, we considered the impact of the service on certain elements related to the care system, such as achieving delays in institutionalization or using less healthcare resources. When interpreting the results of the evaluations, it is important to keep in mind that the impacts on the different groups involved – people with dependencies, non-professional caregivers, professional caregivers, etc.– are not always necessarily the same, and that the impacts felt by one group –greater flexibility, for example– may not be seen by another group as something positive. In these cases, the measures adopted should seek a balance between the interests and needs of the different stakeholders.

⁴ In this text, the terms professional care and non-professional care have been chosen to refer, respectively, to the types of care commonly referred to in the literature as formal and non-formal. Non-professional care is very frequently provided by family members.

⁵ What has been taken into account is the impact of services –or of organizational and professional changes applied to the service– on indicators related to users' quality of life, health status, functional limitations, mortality, or life satisfaction, as well as on the satisfaction, work overload, or working conditions of both professional and non-professional caregivers.



5.2. Analysis of the evidence

5.2.1. The effectiveness of the HCS on the well-being and quality of life of users and caregivers

This section presents the available data on the impact of the HCS on the quality of life and wellbeing of users and caregivers. Specifically, it analyses whether the HCS improves the quality of life of these people, which aspects of it appear to have greater impact, and for what kinds of user profiles it seems most effective. This section also analyses the extent to which the HCS achieves the objectives typically assigned to it –to delay the institutionalization of users and/or reduce the use of healthcare resources– and under what circumstances.

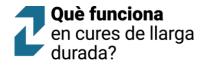
Does the HCS improve users' quality of life? Under what conditions and for what kinds of user profiles? And what about their caregivers?

Receiving home care services **improves the users' quality of life. However, this improvement does not take place in all cases and depends on several factors**, such as the quality and number of hours of care or the degree of dependency of the people receiving the care. First, there are improvements in quality of life associated with the very fact of being cared for in one's own home, that is, in the usual environment where the person has lived from day to day. Evidence suggests that allowing older adults to age in the place they choose, with the necessary support available, contributes to improving their health and well-being (Boland et al., 2017). However, the evidence is not conclusive as to whether home care offers better outcomes than care in other settings, such as nursing homes.

The data also shows that home care can improve quality of life up to a certain point and provided that certain conditions are fulfilled. In this regard, a comparative study conducted in Austria, England, and Finland (Trukeschitz et al., 2021) indicates that receiving home care services is associated with an improvement in users' quality of life. However, the effect is not the same in the three countries, as the characteristics of the service are different in each one. In other words, the specific design of the service can lead to differences in its outcomes. This means that HCS that is poorly designed –in terms of its access criteria, its benefits, or its intensity levels– might not lead to improvements in the users' quality of life.

There is conflicting evidence regarding the relationship between the impact of home care on the quality of life of those served in terms of their level of needs. While one study concludes that improvements in quality of life associated with HCS decrease as users' needs increase (Trukeschitz et al., 2021), another study identifies that improvements are greater for people with higher levels of needs (Forder et al., 2018). According to this same study, the impact of home care also varies depending on other personal factors, such as gender, state of health, or socio-economic level. In any case, it has been shown that increasing the number of hours of care does not always bring about a proportional improvement in quality of life. That is, **once a certain point is reached, adding more hours of care has a limited impact on how people's feelings of well-being** (Forder et al., 2018).

Is it possible to determine what conditions home care services must meet to improve users' quality of life? Analysing the available evidence shows that the interventions that achieve the best results combine three mechanisms: high levels of coordination between the social and health services concerned, effective case management mechanisms, and guaranteed continuity of care (Contandriopoulos et al., 2022). Similarly, interventions aimed at supporting people with dementia to continue living in their own homes are shown to be more effective when the



services are flexible, when they are tailored to the needs of the individuals served, when they include multidimensional or multicomponent interventions, and when the services are provided at the appropriate moment (Dawson et al., 2015).⁶

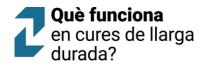
There is also sufficient evidence to support the conclusion **that the quality of life of those cared for improves when professional home care is combined with non-professional care**, so that the two types of care are complementary (Coe et al., 2021). However, while the effect of nonprofessional care –either by itself or in combination with professional support– on the wellbeing and health of those cared for is clearly supported, the effect of professional care is less clear, due to the many diverse interventions grouped under the generic term of professional support in the home environment.

In addition to the impact of home care felt by the users themselves, **the impact of these services on the quality of life of their caregivers** has also received attention. A recent review of the differences in caregivers' quality of life in three European countries –Austria, England, and Finland– has two interesting findings (Linnosmaa et al. 2024). On the one hand, the study identifies some personal variables related to a poorer quality of life for caregivers, such as poor health or cohabitating with the person they care for. On the other hand, the study shows that, although the user profile of caregivers in each country is different (factors associated with a poorer quality of life are more prevalent in England), actual levels of quality of life are similar in all three countries. It follows that the English system is more effective in improving caregivers' quality of life, as it achieves, thanks to HCS, levels of quality of life that are similar to or even higher than those in Finland or Austria. The study does not clarify, however, which particular aspects of HCS contribute to this improvement in quality of life.

On the other hand, the specialized literature shows that **home care has a significant impact on the labour force participation of working-age people who provide non-professional care.** A longitudinal study of a sample of employed non-professional caregivers indicates that leaving employment to dedicate themselves to care work is significantly more frequent among those who care for people who do not receive any professional home and/or community services (Pickard et al., 2018). Given the impact that caregiving – and especially intensive caregiving– has on employment, most countries are showing a growing interest in policies that help people with care responsibilities to combine their care work with paid employment. The evidence available suggests some key guidelines for developing policies regarding employment and non-professional care (Brimblecombe et al., 2018):

 The provision of professional services increases the likelihood of caregivers being in employment: professional home care and personal assistance services increase the likelihood of employment for both male and female non-professional caregivers; day centre services and home-delivered meals have a significant impact on women's employment; and respite services also cause a significant impact when combined with other services.

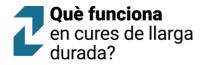
⁶ Although the aforementioned review only refers to people with dementia, the need for a multicomponent approach can be extended to all users of home care services, especially when their needs become complex or acute. The multicomponent nature of interventions refers to the need to integrate different services or support mechanisms, which are provided by different systems and providers, into an orderly support framework. This integration makes it possible to address the fragmentation that characterizes the care system and to articulate the "mosaic of care resources" in place. This mosaic is "a kind of puzzle with a whole series of pieces that have to fit together: the help provided by the dependency law, the employee who comes in for a few hours, the relative who comes in at other times, the day centre, the health services, the neighbourhood, friends... It is a complex puzzle, with scattered pieces that the person responsible for care has to fit together with all the difficulties that this entails. Primary caregivers have to juggle many factors in order to resolve the issues that arise day to day" (Comas d'Argemir, 2024).



- Financial aid aimed at compensating non-professional caregivers, especially direct aid to caregivers, can discourage participation in paid employment, so that opting for providing dependent individuals with professional services has a greater impact than services that compensate family caregivers financially.
- People for whom exiting the labour market entails lower opportunity costs -women, low-earners, and those approaching retirement age- are more likely to leave paid work in favour of informal caregiving. Policies that seek to increase the provision of professional services as a means of promoting caregiver employment should target this population of caregivers.

Table 1. Summary of evidence related to the impact of HCS on users' quality of life

- Home care services improve the quality of life of their users, but this improvement depends on the design of the care system as a whole, the number of hours of care provided, the control that people are able to exercise over their own care, and the severity of the needs of the people being cared for.
- When social services and health services are well coordinated, home care programmes for people with complex needs are more effective.
- The service is most effective when it combines different types of support or interventions and is adapted to each individual's needs, especially in complex cases. Multidimensional interventions have been proven to be more effective.
- The quality of life of those cared for improves when professional home care is combined with non-professional care provided by family members or other people close to them.
- The rate of leaving paid work to take on caring for others is greater when those cared for do not receive any other home and/or community services and when the caregivers have lower opportunity costs (women, low wage earners, or those close to retirement age).
- Measures such as providing day centres, home-delivered meals, and respite care make it easier for caregivers to maintain their participation in the labour market.
- Financial aid aimed at compensating non-professional caregivers tends to discourage their participation in the labour market.



Does the HCS work to delay institutionalization and save on using health care resources?

Some of the available evaluations have attempted to analyse whether home care services delay institutionalization in residential care or have any impact on reducing the use of health services.

Regarding institutionalization in residential nursing homes, the evidence is contradictory. Some reviews suggest that schemes developed in the community setting, provided they have an individualized and multifactorial design, delay or even prevent the institutionalization of people with dementia (Luker et al., 2019). In the context of Spain, it has been shown that the use of the Personal Assistance Benefit (PEAP) in Gipuzkoa –which fulfils a similar function to the HCS in that area – has contributed to a 2.5-year delay in the institutionalization of users (compared to people with similar needs who used other care resources) (Iribar and Sancho, 2023). However, other reviews conclude that there is no evidence that participating in home care or community schemes leads to a delay in going into a residential nursing home (Duan Porter et al., 2020).

In terms of its effects on the healthcare system, there is evidence that **home care services can free up hospital beds and lead to significant cost savings**, as in the United Kingdom, where the estimated savings are of up to 274 million pounds sterling per year (Allan et al., 2021). These services also reduce the length of hospital stays (Walsh et al., 2020) and, in countries such as Switzerland, they help reduce unnecessary hospitalizations and hospital emergencies, and allow more elderly people to die at home rather than in a hospital (Di Pollina et al., 2017).

Certain organizational arrangements and services provided within the HCS framework, such as integrated case management, preventative visits or home-delivered meals, also **contribute to reducing the use of healthcare resources** (Ghosh et al., 2013; Eklund et al., 2009; Boland et al., 2017; Eltaybani et al., 2023; Liimatta et al., 2020; Walton et al., 2019; Zhu and An, 2013). However, a systematic review of the impact of the availability of social services on the use of healthcare services (Spiers et al., 2019) found that while the availability of residential care places does decrease hospital use, home care services do not have the same effect.

Finally, **is home care cost-effective?** A recent systematic review focused on this issue (Gousia et al., 2024) and concluded that **there is no evidence for this**, due to the poor methodological quality and inconsistency of the evaluations that analyse this question. In this sense, no conclusion can be made either way – that home care is not cost-effective, nor that it is indeed cost-effective. What is observed is that the evaluations that have analysed this issue are not stringent enough to answer this question rigorously.

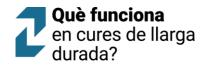


Table 2. Summary of evidence related to the impact of HCS on the delay in institutionalization and the use of health resources

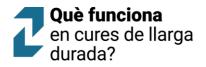
- Home care services improve the quality of life of users, but this improvement depends on the design of the care system as a whole, the number of hours of care allocated, the control that people can exercise over their care, and the severity of the needs of the people being cared for.
- When social services and health services are properly coordinated, home care schemes for people with complex needs are more effective.
- The service is most effective when it combines different types of support or interventions and is adapted to each individual's needs, especially in complex cases. Multidimensional interventions have been proven to be more effective.
- The quality of life of those cared for improves when professional home care is combined with non-professional care provided by family members or other people close to them.
- Non-professional caregivers leave paid work to take on caring for others more often when the recipients do not receive other (professional) home-based and/or community services and when the caregivers have lower opportunity costs (women, people on low wages, or those close to retirement age).
- Measures such as providing day centres, home-delivered meals, and respite care make it easier for caregivers to continue in paid work.
- Financial aid aimed at compensating non-professional caregivers tends to discourage their participation in the labour market.

5.2.2. The impact and effectiveness of certain care delivery modalities

After analysing the impact of the service on users' quality of life and on their access to other social and healthcare resources, the subsequent factor analysed is the evidence available regarding specific approaches to service provision. Specifically, an analysis is carried out of the elements regarding personalized approaches to accessing the service, such as direct benefits and personal budgets, the provision of additional services to complement the HCS, and the development of service integration strategies through integrated case management schemes.

Do personalized access plans to the services work? For which user profiles?

In contrast to the direct provision of services by public bodies or by providers subcontracted by those administrations, several countries are developing ways that access to care can be "personalized". In general this is done by making users transfers so that they themselves can directly contract care services (by way of **direct payments, personal budgets and self-directed support**, to name the most common methods). This idea responds to two different logics: on the one hand, empowering users to be able to exercise choice and benefit from flexible options; on



the other, adopting commercial ways of thinking, aimed at promoting competition between providers and reducing public responsibility in the provision of care (Peña and Zalakain, 2024).

The impact of these models has been evaluated in numerous studies –especially in Scandinavia and the United Kingdom⁷– but systematic reviews or meta-analyses of these evaluations are less common. In any case, it can be said that these models have shown **overall positive results**, **although the evidence is not always conclusive, and, alongside the positive impacts, various negative impacts have also been identified.**

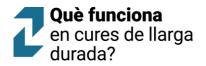
In the United Kingdom, personal budgets and direct payments have been shown to provide users with greater choice and control and the possibility of improving the users' quality of life and satisfaction with the support received (Peña and Zalakain, 2024). However, the positive impacts obtained depend on how these types of benefits are designed; for example, adequate funds being allocated to the users, access to support services, and flexibility in using the benefits are essential (Davey, 2021). Although the results vary depending on the profiles of the users served and the design of the schemes, overall, they appear to contribute to the deinstitutionalization of those who use these systems (Pattyn et al., 2021).

However, there is no solid evidence seen in qualitative studies regarding the impact of these models on the users' increased capacity for empowerment and self-determination (Pattyn et al., 2023). Potential positive impacts depend on factors such as the quantities paid out as benefits, the flexibility of the rules governing each system, or the characteristics of the users. In fact, qualitative meta-analyses suggest that the greater capacity for choice offered by these systems can generate negative impacts, such as greater responsibility, stress, and overload for users (FitzGerald and Kelly, 2018). However, these studies do not distinguish between possible differential effects based on gender or social class and thus fail to take the intersectional perspective into account.

On the other hand, the available evidence suggests that **the impact of these types of schemes differs depending on the profile of the users and their families.** People with mental health problems and people of working age with disabilities are those who obtain the best results from these benefits, with improvements in their quality of life, an improved perception of the quality of care and more general satisfaction with the support received (Netten et al., 2012). In the specific case of people with mental health problems, it can be said that personal budgets have produced improvements in terms of quality of life, independent living, labour inclusion, social inclusion and personal well-being. The evaluations carried out also show, in any case, that the design of these schemes should be modified so that their management is less stressful for users and causes them less sensation of overload (Micai et al., 2022).

Conversely, elderly people are those who present the worst results when they access this modality of services. In fact, some studies detect certain negative impacts on the psychological well-being and perceived health status of this population profile, compared to the elderly people who access services that are provided through conventional packages (Moran et al., 2013; Netten et al., 2012). Although the main explanatory element of this negative impact is related to the

⁷ In this regard, it is striking how little attention is paid to other cases, such as France or Germany, where access to services through these systems is widespread.

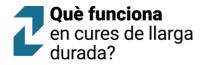


responsibilities involved in managing direct economic transfers, it has also been highlighted that the monetary benefits allocated to older people are lower than those allocated to other subgroups with similar levels of disability (Moran et al., 2013).

Regarding the impact of these systems on family caregivers, this type of access is associated with improvements in their well-being, better attention to their needs, and an increase in the use of professional services. The improvement in the situation of caregivers does not derive so much from a reduction in the hours of care they themselves provide, but from the possibility of personalizing the caregiving process, allowing the users themselves to prioritize their needs (Kueakomoldej et al., 2024).

Table 3. Summary of evidence related to the impact of forms of personalized access to HCS

- The various modalities developed to personalize access to home care services through direct benefits, personal budgets, or self-directed support show positive results overall, although the evidence is not always conclusive and, alongside the positive impacts noted, various negative impacts are also identified.
- In the case of the UK, which is one of the most studied, there is sufficient evidence to affirm that these models provide users with greater choice and control and can lead to improved quality of life and higher satisfaction with the support received.
- The literature clearly identifies that the main factors associated with a positive impact are high enough benefits, access to support services, and flexibility in the use of the benefits.
- However, there is no solid evidence regarding the impact of these models on the users' capacity for empowerment and self-determination. In fact, qualitative studies indicate that the greater choice these systems grant users can generate negative impacts related to greater responsibility in managing services, overload, and stress.
- People with mental health issues and working-aged people with disabilities are the users who benefit most from these personalized services.
- Conversely, elderly adults are those with the worst outcomes when they access these tools. In fact, some studies detect negative impacts on the psychological well-being and perceptions of health of elderly adults who use these personalized services.



Does service integration and integrated case management work? ⁸ Under what conditions and for what user profiles?

One of the main innovations that improve support for elderly or dependent people living at home is the design of integrated care management models, which allow various services and support to be combined into a single package. These allow for the effective coordination of the different services required by dependent people in their homes (Zalakain, 2023). The services or support required are highly varied and include healthcare (nursing care, occupational therapy, physiotherapy, etc.), psychological support, home adaptation, meal services, and support for carrying out administrative procedures or participating in leisure activities.

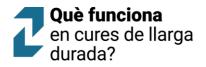
The evidence regarding the effectiveness of these schemes cannot be considered conclusive, due in part to the many diverse approaches and interventions that fall into this category. Conventional case management models have positive effects on reducing the use of hospital resources and improving the health of users. However, these improvements are not seen in all the studies reviewed and the evidence cannot be considered conclusive (Low et al., 2011).

On the other hand, a review of the evaluations made of one of the leading exponents of integrated home care, the American PACE program,⁹ concludes that there is no solid evidence of its effectiveness (Ghosh et al., 2013). The scheme does not result in either reduced costs for the funding agencies or lower rates of institutionalization, although it does result in a reduction in the number of hospitalizations. In addition, the scheme achieves better results than traditional approaches in terms of quality of care and is associated with a reduction in mortality. In any case, according to the evaluation, "although PACE participants are satisfied with their medical and personal care, there is insufficient evidence to affirm that their satisfaction and quality of life are greater than they would have been had they not participated in the program."

Another review carried out some years later, focusing specifically on the cost-effectiveness of integrated preventative schemes (Looman et al., 2019), reaches similar conclusions: the evidence regarding the cost-effectiveness of these interventions is limited, because most interventions do not show significant effects and the evidence is fragmentary, given the wide diversity of approaches and interventions.

However, some reviews do find positive results for integrated case management: a review of nine studies using RCT methodology (Eklund et al., 2009) identifies positive results in terms of reduced use of healthcare resources; however, it finds no improvements in the situation of non-professional caregivers. In the case of integrated case management schemes specifically aimed at people with dementia, there is some evidence that these schemes can have some pos-

⁸ "Integrated case management" refers to models in which a professional takes on the management or coordination of all the care or support required by the person being cared for, without necessarily providing the service directly. This type of case management can vary in intensity, that is, in the number of hours the professional dedicates to each case. Integrated case management does not entail changes in the intensity of the HCS –i.e. the number of hours of professional care received in a given period– although it can generally be associated with greater intensity. It is important to differentiate integrated case management from additional services, which are referred to later in this report. These consist of the coordination of specific services or support mechanisms that are not part of the usual HCS functions, and include rehabilitation services, home-delivered meals, day centres, leisure, etc. However, integrated case management facilitates the coordination of all these services.
⁹ PACE (*Program of All-Inclusive Care for the Elderly*) has been in operation in the United States since the 1990s. It offers a package of integrated home-based services to elderly adults who are potential users of residential services. It is based on the coordinated provision of various home and community resources, both social and healthcare related.



itive impacts at certain times, both for the people cared for and for their caregivers, although the diverse nature of the approaches and interventions means that more solid conclusions cannot be reached (Reilly et al., 2015). Along these lines, another review indicates that home support provided by a multidisciplinary team reduces admissions to nursing homes and hospitals, decreases the incidence of falls, and improves the physical function of elderly people (Boland et al., 2017). From this perspective, it can be said that it is the integrated and multidisciplinary nature of these case management models that allows these positive results to be achieved.

Table 4. Summary of evidence related to the impact of integrated case management systems

- There is no solid evidence regarding the effectiveness of integrated case management systems, and it is difficult to determine which user profiles find these systems effective or under what conditions.
- Evidence regarding the cost-effectiveness of these interventions is limited, as most interventions do not show significant effects, while the diversity of approaches and interventions means that the evidence is fragmented.
- However, the evaluations analysed identify positive effects in terms of various indicators, such as quality of life, reduced use of hospital resources, and reduced mortality.

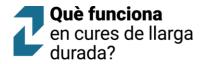
Table 5. Rural Care: intensive case management in a rural area

One integrated case management scheme that has yielded significant result is the Rural Care pilot project, promoted by the Regional Government of Castilla y León in partnership with other bodies and funded by the European Union's EaSI call for proposals.¹⁰

Rural Care complements home care, providing more hours of care than those usually offered by the existing HCS scheme to those already using it and by incorporating new services in a flexible and agile manner, such as accompanying users to medical appointments, supporting them to get out of their homes, etc. The scheme includes help with housework and offers services to users that would otherwise be excluded from home care, thereby reinforcing the preventative nature of the system.

The evaluation of the project (Fresno Consulting, 2023) confirms that it is in fact viable to offer personalized care in a community setting, allowing people who need support to continue living at home. The project has successfully served people with high levels of dependency; in these cases, multi-stakeholder collaboration between the lead organization, the healthcare services, and social services has been crucial. This coordination is structured individually on a case-by-case basis, resulting in positive and efficient coordination. Furthermore, the evaluation demonstrates that the support offered in the Rural Care project generates greater well-being for individuals than the support offered by residential models; in addition, improvements have been observed that can be attributed to the project's impact on the physical and psychological health of participants. All of this, moreover, is achieved at a significantly lower cost than residential alternatives.

¹⁰ Rural care website (in Spanish): <u>https://serviciossociales.jcyl.es/web/es/servicios-sociales-innovacion/proyecto-ruralcare.html</u>



Do the HCS's complementary services work? Under what conditions and for what user profiles?

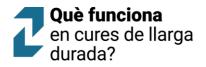
Meta-analyses and literature reviews examining issues related to what is offered in home care services and the roles and responsibilities of their providers have focused primarily on three aspects: home-delivered meals, home-based reablement or rehabilitation services, and preventative home visits.

The evaluation of home-delivered meal services for dependent elderly people yields conclusive and very positive results: the two literature reviews that were consulted agree that these schemes are effective in terms of nutrient and micronutrient intake, diet quality, reduction of food insecurity, and improvement in quality of life and social relationships. In addition, they are effective in reducing expenditure on care, since they delay institutionalization (Walton et al., 2019; Zhu and An, 2013).

Home-based reablement or rehabilitation services are a form of home-based care that in most cases has been developed as an extension of the intermediate care projects implemented in various countries in Europe, especially in the United Kingdom (Zalakain, 2023). Unlike traditional home-based care services, reablement services usually have a limited timespan (usually six to twelve weeks) and are aimed at maximizing people's independence through an intensive, personalized, and multidisciplinary intervention (Cochrane et al., 2016). These types of schemes are part of a broader intervention model based on four ideas: reablement, rehabilitation, getting people back out of their homes and food provision. Over recent years this model that has been becoming popular in a wide range of countries.

Numerous evaluations of home-based reablement and rehabilitation services have been conducted, but evidence regarding their effectiveness is inconclusive. One study concludes that, while some positive effects can be identified, the methodological quality of the studies carried out does not allow us to confirm how significant these effects are (Cochrane et al., 2016). Similarly, a qualitative and quantitative review of evaluations of these types of schemes indicates that they have tended to become a cheaper alternative to traditional home care services and that they focus on helping users recover their functional capacities, while neglecting other goals that had initially been contemplated for these services, such as community participation. In any case, the evidence regarding the long-term effectiveness of these services is weak and inconsistent, due to the lack of clarity in the definition of their goals and offerings, and the lack of evidence about their effectiveness (Legg et al., 2015; Clotworthy et al., 2021).

Other reviews offer more encouraging conclusions: home-based rehabilitation shows promising results, both in terms of cost-effectiveness and improved clinical outcomes, although it is not clear to what extent these results can be generalized (Sims-Goud et al., 2017). Similarly, a metaanalysis of evaluation studies of these schemes demonstrates these services leading to positive impacts, especially in terms of quality of life related to health and reduction in the use of other services (Tessier et al., 2016). The authors highlight that the rehabilitation approach contributes to home-based maintenance strategies, encourages the involvement of both professionals and families, improves quality of life, reduces the use of other services and increases professional satisfaction.



The effectiveness of **home visits to people with support needs** –essentially preventative in nature– has also been the subject of rigorous analysis, although the available evidence refers more to healthcare visits than to visits specifically related to social care. In any case, **the results of these evaluations do not point to particularly positive results**: while a reduction in hospital admissions is observed as a result of participating in these schemes, the other objectives pursued –reducing mortality, improving quality of life or preventing deinstitutionalization– do not appear to be affected (Eltaybani et al., 2023). Similar conclusions have been reached by other systematic reviews (Bouman et al., 2008) and meta-analyses (Grant et al., 2014). For example, Grant et al.'s study (2014) found no evidence linking participation in these schemes with reducing mortality, delaying hospitalization and institutionalization, reducing falls, or improving quality of life and/or physical and cognitive functioning.

However, other studies do show positive impacts stemming from these home visits. A systematic review that was focused on the cost-effectiveness of these interventions identified positive results in terms of reduced institutionalization and hospitalization rates for those receiving these visits, as well as improvements in their physical condition, quality of life, and mortality rates. These improvements also occurred without significant increases in the cost of care (Liimatta et al., 2020). We would therefore be talking about cost-effective interventions, to the extent that they achieve positive results without generating much of an increase in costs.

Table 6. Summary of evidence related to the impact of services that are complementaryto the HCS

- There is no conclusive evidence regarding the impact of home rehabilitation services on improving users' functional limitations.
- There is also no solid evidence on the effectiveness of preventative home visits.
- Conversely, the positive effect of home-delivered meals appears to be proven in terms
 of nutrient and micronutrient intake, diet quality, reduction of food insecurity, improvement in the quality and quality of social relationships, as well as reductions in
 care expenditure due to delaying institutionalization.

Table 7. Intensive home care service package in Ireland for elderly people with complex needs

Some countries have implemented and evaluated forms of home care that could be considered intensive, especially for people with complex needs.

As part of further developing home care, the Irish Public Health and Social Care Service (HSE) launched its Intensive Home Care Package (IHCP) initiative in 2014. The aim of this initiative was to provide a wider and better range of services to elderly people and their families, personalize home care delivery, and reduce the number of hospitalizations of people with dependency. The initiative was aligned with the National Dementia Strategy, and between 2015 and 2017, a portion of the funds allocated to implementing the

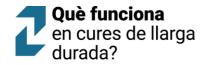


Table 7. Intensive home care service package in Ireland for elderly people with complex needs

Strategy was used to provide intensive home care packages for people with dementia. It should be noted, however, that the intensive nature of the package stems from both the higher number of hours of care provided and the combination of different services included in it.

Project evaluations (Keogh et al., 2018; Keogh et al., 2018b; Howard et al., 2019) conclude that support can be provided to elderly people with complex needs in their homes, provided that there is adequate provision of home care and other complementary services. Furthermore, this package of services has been shown to be effective in caring for dependent older people in a variety of settings: in both urban and rural settings; for people with varying levels of dependency; for those with little or no family or other nonprofessional support; and for elderly people at the end of their lives.

5.2.3. The impact and effectiveness of certain modalities of organizing care

Finally, this section analyses the impact of some modalities in which the HCS can be organized. Specifically, it examines the impact caused by the emergence of private operators, generally commercial companies, the effects of the use of digital technologies in care and of the measures adopted to professionalize care.

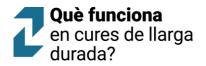
Is the participation of private operators in the provision of home care services effective? What impact has the commercialization of the sector had?

In recent years, there has been a gradual process of commercialization of long-term care. This process has been based on the growing role of private, for-profit, commercial organizations. While in some cases the service may be provided by non-profit organizations, in most European countries the role of such entities in the provision of long-term care is limited.

Due to both the personalization agenda and more general processes of commercialization, the role of for-profit private providers in the provision of home care services has increased in many countries in Europe. The emergence of private operators has impacts both on the living conditions of professionals and on the quality of life and well-being of users. However, evidence regarding the impact of these commercialization processes is scarce and is based primarily on analysing specific national cases (or, at most, on comparing a small number of countries). In fact, no meta-analyses or systematic reviews of the literature have been identified that specifically address this issue.

Furthermore, it is not always easy to find conclusive evidence about the schemes evaluated. In the Danish case,¹¹ for example, evidence about the impact of the commercialization of home care is somewhat contradictory: studies show a deterioration in people's working conditions,

¹¹ Regarding this issue, the Scandinavian countries are the paradigm, since in recent years most have promoted an agenda that aims to increase people's choice. This has almost always been accompanied by a process of commercialization of care.



but not necessarily in the quality of care that the users receive. Giving users a free choice of services appears to enjoy broad support among the general public and users; it is also supported by municipal officials, as it allows them to reduce costs. On the other hand, although competition between providers does not appear to have significantly increased user satisfaction with the service, it does appear to have helped providers identify users' needs, priorities, and expectations. This change, which guarantees greater flexibility, has allowed the State to maintain responsibility for the services, make home care more universal, and further adapt it to the needs of users.

However, the improvement in user choice has been achieved at the expense of workers' conditions (Rostgaard, 2020). Indeed, evidence shows that, in Sweden, the adoption of free choice home care policies has also led to a deterioration in workers' conditions: they suffer from an increased workload, fewer support and supervision options, and higher levels of stress and burnout.¹² We can therefore see that the commercialization of services can have very different effects on the quality of care offered and the quality of working conditions (Strandell, 2019).

In any case, beyond the case of the Scandinavian countries, **comparative studies show that the process of commercialization of home care services has had a different impact on the working conditions of professionals in each of the countries where it has taken place.** These diverse results are due to the fact that the commercialization processes have developed in very different contexts: in some cases, the care systems have been developed over many years and consolidated, while in others, they are only just being put together. From this perspective, it can be said that local institutional factors have modulated the impact of the emergence of private companies in the sector (Theobald et al., 2017; Meagher et al., 2016).

In terms of quality of care, the few studies that have been conducted do not provide conclusive results. Systematic reviews of the evidence are scarce and focus specifically on the case of the United Kingdom. Their conclusions, however, suggest that outsourcing home care has caused a negative impact, at least for people with complex needs, insofar as they require interinstitutional coordination –both at strategic and operational levels– which the emergence of private agents makes more difficult to achieve (Jasper et al., 2019). However, analysis of some other national schemes suggests more positive results. In the case of Sweden, for example, it has been noted that the introduction of private providers has resulted in greater user satisfaction due to them obtaining greater capacity for choice (Bergman et al., 2018).

It is also worth noting, however, that **some research carried out in relation to the Swedish case questions whether there are sufficient grounds to talk about a genuine exercise of free choice in the case of home care services, as users often do not have the possibility of making this choice.** According to this work, the simplistic view of HCS users as well-informed consumers who are applying the logic of rational choice is naive, or even cynical. The guarantee of truly individualized care that takes into account the needs and expectations of users goes far beyond freely choosing a provider (Dunér et al., 2019; Moberg et al., 2016).

¹² The same effect has been found in other cases, such as the Irish one (O'Neill, N., 2023).

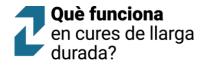


 Table 8. Summary of evidence related to the impact of private operators' participation in service provision

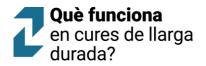
- The evidence regarding the impact of commercialization on the quality of care or user satisfaction is inconclusive. Systematic reviews of the evidence in this area are scarce and focus on very specific cases. In any case, this type of commercialization has unfavourable results.
- Although some studies conclude that greater choice leads to greater satisfaction with the service, others question whether conditions for true choice actually exist in this area.
- Some studies suggest that the outsourcing of home care has had a negative impact on people with complex needs whose care requires inter-institutional coordination, as this is hampered by private providers joining the mix of operators.
- The evidence regarding the impact on professional caregivers' working conditions is inconclusive, among other reasons, due to the fact that commercialization processes are applied to care systems with very different institutional characteristics and thus cause different impacts.
- In any case, some studies have identified a worsening of staff working conditions, resulting in increased workloads, fewer support and supervision options, fewer opportunities for self-management and self-organization, and higher levels of stress and burnout.

Does the use of digital technologies in home care work? Under what conditions and for what user profiles?

Digital technologies are being touted as promising tools for improving the autonomy and general well-being of older adults and enabling them to remain at home (Yusif et al., 2016). Advances in technology have ushered in a wide variety of tools designed to monitor and support care and activities for the elderly, as well as to improve their connection with their surroundings. These digital tools, applications and devices, both high-tech and low-tech, include, but are not limited to, mobility devices, information and communication technologies, assistive technologies, sensor technology, wearable devices or tools based on artificial intelligence for predictive purposes (Arioz et al, 2024).

In recent years, there has been a considerable increase in the number of reviews focusing on the impact of new technologies on the health and quality of life of elderly people who continue to live at home, as well as the barriers to them being adopted. However, the fact that these reviews mostly focus on broad, unspecific categories such as "ICT" or "robots" makes it difficult to understand the impact and usefulness of specific devices (Bergschöld et al., 2024; Sapci and Sapci, 2019). Many evaluations also fail to adequately distinguish the extent to which these technologies make it easier to continue living at home or, more specifically, contribute to improving the effectiveness of the HCS.

In any case, there is evidence to show that technology-assisted interventions, such as online rehabilitation, predictive telecare, robots or smartphone applications can improve the physical



condition and cognitive functioning of older people, even ones with mild or moderate Alzheimer's (Albargi, 2024). Along these lines, digital tools are also estimated to contribute to improving the mental health and social relationships of older people (Riadi et al., 2022; Heins et al., 2021).

The literature reviewed also indicates that, despite the potential that digital technologies offer for home care for the elderly, **integrating these technologies into care is not without its challenges.** Issues such as **technology acceptance, usability and accessibility must be addressed** to ensure the effectiveness of these interventions. Elderly people are often reluctant to adopt technological solutions due to physical limitations, cognitive impairment, or lack of digital literacy (Tian et al., 2024). Interventions that are tailored to the cognitive and physical capabilities of older adults, and accompanied by ongoing technical support, are more likely to be adopted and maintained over time. This suggests that future technology development should prioritize personalization and usability, ensuring that older adults can interact effectively with the technology in question (Albargi, 2024).

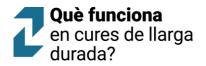
Finally, from the perspective of caregivers, the use of specific technologies such as robots has an impact that is somewhat ambivalent. On the one hand, their use offers potential benefits such as a reduced physical burden and improved work quality, but it also poses a number of challenges related to increased workload, emotional demands, and ethical issues (Persson et al., 2022).

Table 9. Summary of evidence related to the impact on the HCS of introducing technologies

- There is no solid evidence regarding the use of technologies in HCS, largely because the reviews about their impact focus on broad, nonspecific categories.
- Despite the above, existing research does suggest that technology-assisted interventions improve the physical and cognitive function of older adults, even those with mild or moderate Alzheimer's disease. Digital tools also contribute to improving elderly people's mental health and social relationships.
- Interventions tailored to the cognitive and physical abilities of elderly people, accompanied by ongoing technical support, are more likely to be adopted and maintained over time, so personalization and usability must be prioritized in their development.
- From the perspective of caregivers, the impact of specific technologies, such as robots, is rather ambivalent.

Are the measures that have been adopted to professionalize home care effective? What kind of measures work and under what conditions?

The increased demand for home-based care and support services, as well as the emergence of private providers, as previously mentioned, are fuelling the debate on the need to improve professional training and to improve the working conditions in the home care sector. In a context of lower wages and compared to other care sectors, worse rates of attrition, part-time work, and



temporary employment (Atkinson et al., 2016), the literature reviewed highlights the need to improve working conditions in the home care sector. Specifically, two issues related to this aspect have been identified: training professionals, and increasing their empowerment and possibility to self-manage the organization of their tasks.

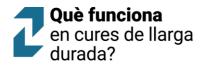
Even though it is somewhat limited, there is evidence of the benefits of training home care professionals: training benefits both their job satisfaction and the quality of life of users (Morrow et al., 2024). Specifically, it can be seen that training, continuous professional development and a supportive work environment contribute to the well-being and retention of home care staff. At the same time, staff training positively impacts the safety and quality of life of those using the services.

When designing or planning training schemes, the limited evidence available suggests that, to ensure their effectiveness, they should be personalized and incorporate a multifaceted approach, as well as giving practical guidance based on real-life situations (Cooper et al., 2017; Newbould et al., 2022).

On the other hand, greater flexibility in organizing their workload has an impact on the job satisfaction of home care staff (Morrow et al., 2024). In this sense, in recent years various approaches have been developed that seek to promote professionals' empowerment and selfmanagement, in the form of small, locally based work groups. The model associated with this approach is the Dutch *Buurtzorg*, which has been widely evaluated and applied subsequently in other contexts, such as in the UK (as "wellbeing teams") or in some municipalities in Catalonia. This home care model has had a positive impact on users, both in terms of health outcomes and satisfaction, and has also improved the job satisfaction of service professionals. Furthermore, this new organizational approach to home care also has positive results in terms of indicators such as staff turnover, absenteeism, and work productivity (<u>Centre for Policy Impact</u>).

Table 10. Summary of evidence related to the professionalization of HCS

- Even though it is very limited, there is evidence that points to the benefits of professionalizing HCS staff.
- Specifically, evidence reviews indicate that training, continuing professional development, and a supportive work environment contribute to the well-being and retention of home care staff.
- Likewise, staff training has a positive impact on the safety and quality of life of the users.
- In addition, greater flexibility in organizing their work has an impact on the job satisfaction of home care staff.
- The increased satisfaction felt by the professionals is accompanied by an improvement in the quality of life and satisfaction of the users, and unlike in other cases, there is no trade-off or need to find a balance between the needs of the two groups.



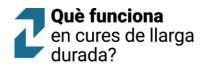
5.3. General considerations about the available evidence and its limitations

One of the main conclusions that can be drawn from the review carried out, and that has already pointed out by previous reviews (Contandriopoulos et al., 2021; Dawson et al., 2015), refers to the **difficult task of determining what works in the field of home care**, especially in the case of long-term care for people with dependency that is not provided by the healthcare services. These authors point out that the available evidence presents significant gaps and, while numerous interventions or organizational practices can be said to produce results that seem effective, the evidence base is still weak.

The limitations of this review relate precisely to the difficulties in unearthing and confirming this evidence. More specifically, the main limitations detected are the following:

- The first relates to the difficulty in defining what the scope of home care actually is, given that home support or care can include a wide variety of interventions, whether social, healthcare, or convalescence-related. The HCS (SAD in its Catalan acronym) in the Social Services portfolios has not been subjected to rigorous and frequent evaluations, and even less so to systematic reviews or meta-analyses. In fact, most of the reviews and evaluations examined for this study refer to convalescence or healthcare interventions, and those that focus on social home care services are much less frequent.
- The second limitation relates to the great diversity of goals, audiences, or effectiveness
 indicators that are considered in these evaluations, which can focus on individual users,
 professional or non-professional caregivers, or the entire care system. The impacts relate to very different dimensions, and it is difficult to draw universally valid conclusions
 for the interventions evaluated.
- The third limitation concerns the decision to focus on systematic reviews and metaanalyses of evaluations to identify the evidence. These types of reviews are relatively common in the healthcare field but less common in the social field (and, in any case, with an overwhelming overrepresentation of evaluations conducted in English-speaking countries). However, the review also includes some evaluations and primary research that provide some interesting results.

Finally, it is worth considering that the effectiveness of most of the interventions or organizational practices considered is highly dependent on their practical application in each local context, so that, to a much greater extent than other interventions that are more easily replicated in different environments, elements that have been effective for certain user profiles in certain contexts or under certain organizational structures are not effective for other user profiles, in other contexts or implemented in other ways.

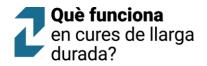


6. Summary

The first conclusion that can be drawn from this review is the **lack of sufficient empirical evidence to reach conclusive results for many of the aspects analysed**. Most of the reviews analysed indicate that the information compiled and the methodology used do not allow sufficiently clear answers to be reached to the research questions posed. This is due to the way that the interventions, objectives, target audiences, or impact indicators are highly dispersed, as well as the fact that there is a lower scientific output on this topic than for other areas of long-term care, such as residential care.

Despite the above, it is possible to conclude that the HCS improves users' quality of life, although not always or in all cases. Evidence suggests that HCS achieves better results when it is part of a multicomponent, flexible service package that is complemented by other interventions, is adapted to the specific needs of users, and allows them to exercise control over the interventions. Other elements, such as a higher number of hours of care provided, are associated with a greater impact, although above a certain number of hours, there are no additional increases in quality of life. Some studies also confirm that the HCS improves the quality of life of caregivers and facilitates their access to employment. Other evaluations indicate that it reduces the use of healthcare resources and delays eventual admission to nursing homes, although the evidence in this regard is weak. There is also no clear evidence regarding its costeffectiveness.

Regarding the interventions analysed, measures aimed at training and professionalizing the workforce, including staff empowerment and self-management, are shown to have positive impacts. So does the provision of some complementary services to the HCS, such as homedelivered meals. The other interventions analysed record positive effects in various dimensions, but the results of the reviews are inconclusive. Access to the service through financial benefits works for certain user profiles (mainly people with mental health problems and people of working age with disabilities), provided that these benefits have specific characteristics, especially with regard to the support provided to users in making use of them and having the appropriate conditions in place to exercise their right to choose. The emergence of private commercial entities in service provision generally has a negative effect on the working conditions of professionals, but there is no evidence that it negatively affects users' well-being. There is also no conclusive evidence on integrated case management models, preventative visits, home rehabilitation, or the use of digital technologies in service delivery.



7. Implications for practice

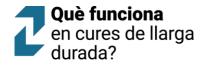
Although in many cases the review that was carried out does not yield conclusive results, it makes it possible to gather some implications regarding the design and provision of HCS in Catalonia.

The first refers to the **need to gather more evidence based on what works in home care services** and implement in Catalonia some of the initiatives regarding long-term care that are being developed in some neighbouring countries. In this regard, two complementary avenues for action can be identified. On the one hand, it would be advisable **to develop measures to evaluate the impact of services on the quality of life of users, at the individual level,** in order to subsequently analyse which types of user profiles and in which format the HCS achieves the best results. Standardized quality of life scales are already available –such as the ASCOT scale, available in Spanish and easily translatable into Catalan– that can take a user's individual conditions into account to assess in a rigorous way which of the particular services or benefits can provide them with the best quality of life. It would also be advisable **to develop quality of care standards and to establish a common evaluation system that can be linked to accreditation, contracting, or procurement processes.**

Regarding what is offered by these services, the main conclusion to be drawn is that **HCS should be part of a broader and more diverse package of home support services.** These packages should be flexible and personalized, and should provide added value beyond the mere provision of home care. The results also show that **the development of personal budgeting systems and self-directed supports can be beneficial** in improving the choice available to users, which is something that is often associated with positive impacts. These systems should, in any case, be considered as one option to be weighed up voluntarily against other options, and support and guidance mechanisms should be provided to those who choose to use them. The current design of the Service-Linked Economic Benefit (PEVS in its Catalan acronym) does not have room to accommodate this.

The emergence of private operators improves users' choice to some extent, although the evidence is inconclusive; what has been demonstrated is that it worsens the working conditions of professionals. Therefore, it does not appear that further commercialization of the HCS, favouring the participation of for-profit companies even more, will yield overall positive results. The results of the review also indicate that investing in the training, organization, and management methods of the staff providing the service has a positive impact on the quality of life of users and the professionals themselves. It is therefore necessary to increase efforts to improve staff training, guarantee better working conditions in the sector, and promote self-management methods for the staff to organize their own work.

Finally, the reviews reviewed indicate that **HCS improves the quality of life of family caregivers and facilitates their access to employment.** They also indicate that when users receive combined professional and family care, this is more effective than receiving professional care exclusively. All of this highlights the need to develop support services that allow family caregivers to continue providing care, but under the appropriate conditions.



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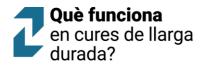
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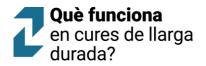
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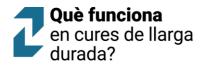
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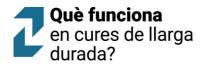
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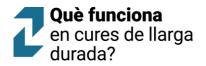
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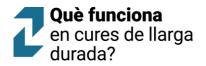
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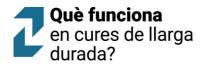
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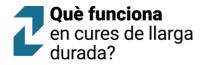
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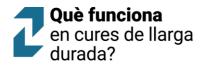
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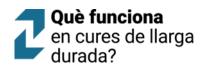


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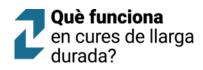
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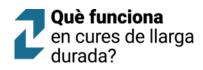


Appendix

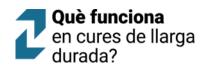
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
Boland, Laura; Légaré, France; Becerra, María Margarita; Wiggle, Matthew; Garvelink, Mirjam; McIsaac, Daniel I.; Painchaud, Geneviève; Emond, Julie; Brière, Nathalie and Stacey, Dawn. Impact of home care versus alternative locations of care on elderly health outcomes: an overview of systematic reviews	2017	Quality of life of users	Review of systematic reviews	19	Aging in place, with the necessary support, contributes to improving the health and well-being of older adults, although there is no conclusive evidence as to whether home care offers better outcomes than care in other settings, such as nursing homes.
Contandriopoulos, Damien; Stajduhar, Kelli; Sanders, Tanya; Carrier, Annie; Bitschy, Ami and Funk, Laura. <u>A realist</u> <u>review of the home care literature and</u> <u>its blind spots</u>	2022	Quality of life of users	Literature review	113	The most successful interventions aimed at supporting users' continued residence are characterized by a combination of three elements or mechanisms: advanced levels of social and health coordination, effective case management mechanisms, and the ability to ensure continuity of care.
Dawson, Alison; Bowes, Alison; Kelly, Fiona; Velzke, Kari and Ward, Richard https://bmcgeriatr.biomedcentral.com/ articles/10.1186/s12877-015-0053-9	2015	Quality of life of users	Systematic review of the literature	131	Reviews of the effectiveness of interventions to support people with dementia in remaining at home indicate that the best outcomes are achieved when services are flexible, tailored to the needs of the people being cared for, and delivered at the right time.
Coe, Norma, B.; Konetzka, R. Tamara; Berkowitz, Melissa; Blecker, Emily and Van Houtven, Courtney, H. <u>The effects</u> of home care provider mix on the care recipient: An international, systematic review of articles from 2000 to 2020	2021	Quality of life of users	Systematic review of the literature	65	While non-professional care-either exclusively or in combination with professional support-is associated with improvements in the well-being and health of those receiving care, the effect of professional care is less clear, due in part to the diversity of interventions that are grouped under the generic term of professional support in the home setting.
Luker, Julie, A.; Worley, Anthea; Stanley, Mandy; Oops, Jeric; Watt, Amber, M. and Hillier, Susan, L. <u>The evidence for</u>	2019	Delay institutionalizati on	Systematic review of evidence	32	Community-based schemes, provided they are individualized and multifactorial, can delay and even prevent the institutionalization of people with dementia.



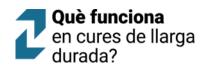
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
services to avoid or delay residential aged care admission: A systematic review.					
Duan-Porter, Wei; Ullman, Kristen; Rosebush, Christina; McKenzie, Lauren; Ensrud, Kristine, E.; Ratner, Edward; Greer, Nancy; Shippee, Tetyana; Gaugler, Joseph, E. and Wilt, Timothy, J. Interventions to prevent or delay long- term nursing home placement for adults with impairments-A systematic review of reviews	2020	Delay institutionalizati on	Systematic review of reviews	47	There is no evidence that participation in home or community schemes results in a delay in accessing a residence.
Ghosh, Arkadipta; Orfield, Cara and Schmitz, Robert. <u>Evaluating PACE: A</u> <u>review of the literature</u>	2013	Reduce the use of health resources	Review of the evidence relating to the PACE scheme	22	There is moderate evidence that scheme maturity is associated with greater success in reducing hospitalization rates among users.
Eklund, Kajsa OT, Reg and Wilhelmson, Katarina. <u>Outcomes of coordinated and</u> <u>integrated interventions targeting frail</u> <u>elderly people: A systematic review of</u> <u>randomized controlled trials</u>	2009	Reduce the use of health resources	Review of randomized controlled trials	9	This review provides some evidence that integrated and coordinated care is beneficial for the frail older adult population and reduces health service utilization. However, more is needed to understand how integrated and coordinated care impacts caregivers.
Eltaybani, Sameh; Kawase, Kiyomi; Kato, Risako Inagaki, Asa; Li, Chia-Chien; Shinohara, Masumi; Igarashi, Ayumi; Sakka, Mariko; Sumikawa, Yuka; Fukui, Chie and Yamamoto-Mitani, Noriko. Effectiveness of home visit nursing on improving mortality, hospitalization, institutionalization, satisfaction, and quality of life among older people: Umbrella review	2023	Reduce the use of health resources	Summary of systematic reviews	10	Although there is minimal evidence of the benefits of home nursing care services for older adults, it has been found that this service reduces hospital admissions. It is noted that the optimal intensity of home nursing for older adults requires further analysis.



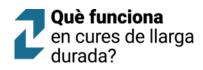
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
Walton, Karen; do Rosario, Vinicius; Pettingill, Henry; Cassimatis, Emmanuel and Charlton, Karen. <u>The impact of</u> <u>home-delivered meal services on the</u> <u>nutritional intake of community living</u> <u>older adults: a systematic literature</u> <u>review</u>	2019	Reduce the use of health resources	Systematic review of the literature	13	Increasing total energy intake has a positive influence on the risk of malnutrition in frail older adults, and increasing protein intake supports good health, promotes recovery from illness, and helps maintain physical and cognitive function. Furthermore, home-delivered meals increase calcium intake, which is important in aging, particularly for bone health. Thus, home-delivered meal delivery services improve the health of older adults, reducing the use of health services.
Zhu, Huichen and An, Ruopeng. <u>Impact</u> of home-delivered meal programs on diet and nutrition among older adults: A review.	2013	Reduce the use of health resources	Review of the evidence	8	Home-delivered meal schemes improve dietary quality and increase nutrient intake among users. These schemes are also aligned with federal cost- containment policies to rebalance long-term care, shifting it away from residential facilities toward home and community-based care. Ultimately, these schemes help older adults maintain their independence and remain in their homes.
Spiers, Gemma; Matthews, Fiona Elaine; Moffatt, Suzanne; Barker, Robert; Jarvis, Helen; Stow, Daniel; Kingston, Andrew and Hanratty, Barbara. <u>Impact of social care supply on healthcare utilization by older adults: a systematic review and meta-analysis</u>	2019	Reduce the use of health resources	Systematic review and meta- analysis	12	This systematic review of the impact of social service availability on health service use finds evidence of the impact of residential placements on reducing hospital resource use. However, it does not find evidence of the impact of home care service availability: in other words, the availability of residential placements reduces hospital resource use, but the availability of home care services does not.
Gousia, Katerina; Teo, Hansel; Rand, Stacey and Vadean, Florin. <u>Determining</u>	2024	Cost- effectiveness	Systematic review	14	There is no evidence on the cost-effectiveness of home care, due to the poor methodological quality and inconsistency of the evaluations that examine this issue.
Brimblecombe, Nicola; Fernández, José Luis; Knapp, Martin; Rehill, Amritpal and Wittenberg, Rapahel. <u>Review of the</u> <u>international evidence on support for</u> <u>unpaid carers</u>	2018	Labour participation of caregivers	Review of the evidence	8	The provision of professional services increases the likelihood of caregivers working: home care and personal assistance services increase the likelihood of employment for both male and female caregivers; day services and home-delivered meals have a significant impact on women's employment; and respite services also have a significant impact when combined with other services.
Pattyn, Eva; Gemmel, Paul; Vandepitte, Shopie and Trybou Jeroen. <u>Do cash-for-</u>	2023	Personalization formulas and	Systematic review	90	Qualitative studies do not find solid evidence regarding the impact of personal budgets and direct payments on users' capacity for empowerment



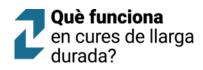
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
care schemes increase care users' experience of empowerment? A systematic.		access to services			and self-determination. This review confirms that multiple factors can affect users' experience of empowerment. However, active cooperation and communication between users and the care provider are essential to increasing user empowerment.
Pattyn, Eva; Werbrouck, Amber; Gemmel, Paul and Trybou, Jeroen. <u>The</u> <u>impact of cash-for-care schemes on the</u> <u>uptake of community-based and</u> <u>residential care: A systematic review</u>	2021	Personalization formulas and access to services	Systematic review	27	The wide variety of individual financial aid systems' user profiles and design makes it difficult to draw definitive conclusions about their effectiveness, although, in general terms, they seem to point to improvements in the deinstitutionalization of the people who benefit from these systems.
FitzGerald, Maggie and Kelly, Christien. Questioning "choice": A multinational metasynthesis -care programs for older people	2018	Personalization formulas and access to services	Meta-analysis	47	Qualitative meta-analyses conducted on the relationship between the concept of choice and indicators of well-being or quality of life do not find a clear relationship between the two dimensions and, on the contrary, associate the greater choice that these systems grant users with negative impacts associated with greater responsibility, overload, and stress.
Micai Martina; Gila Letizia Caruso Angela; Fulceri Francesca; Fontecedro Elisa; Castelpietra Giulio Romano, Giovanna; Ferri, Mila and Scattoni, Maria Luisa. <u>Benefits and challenges of a</u> <u>personal budget for people with mental</u> <u>health conditions or intellectual</u> <u>disability: A systematic review.</u>	2022	Personalization formulas and access to services	Systematic review	29	The design of personal budgets should be modified so that managing them is less stressful for users and causes less overload.
Kueakomolej, Supakorn; Dinelli, Emily; Beestrum, Molly; Sadler, Tonie; Caldwell, Joseph; McHugh, Megan and Heinemann, Allen, W. <u>Self-directed</u> <u>home- and community-based services</u> <u>improve outcomes for family caregivers:</u> <u>A systematic review.</u>	2024	Personalization formulas and non-professional caregivers	Systematic review	16	Personalization formulas are associated with improvements in their well- being, better attention to their needs, and an increase in the use of professional services. The improvement in the situation of caregivers does not derive so much from a reduction in the number of hours they provide care, but from the possibility of personalizing care, focusing it on the needs that the users themselves prioritize.
Jasper, Rowna Hughes, Jane; Roberts, Amy; Chester, Helen; Davies, Sue and	2019	Participation of	Review of the	22	The outsourcing of home care in the United Kingdom has had a negative impact, at least for people with complex needs, as they require inter-



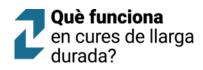
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Challis, David. <u>Commissioning home</u> <u>care for older people: Scoping the</u> <u>evidence.</u>		private entities	evidence		institutional coordination, which the emergence of private agents makes difficult. Fragmentation and variability in service quality negatively affect the user experience.
Low, Lee-Fay; Yap, Melvyn and Brodaty, Henry. <u>A systematic review of different</u> models of home and community care services for older persons	2011	Comprehensive case management	Systematic review	35	Conventional case management models have positive effects in reducing the use of hospital resources and improving the health status of patients, although these improvements are not observed in all the studies reviewed, and the evidence cannot be considered conclusive.
Looman, Wilhelmina Mijntje; Huijsman, Robert and Fabbricotti, Isabelle Natalina. <u>The (cost-) effectiveness of</u> <u>preventive, integrated care for</u> <u>community- dwelling frail older people:</u> <u>A systematic review.</u>	2019	Comprehensive case management (cost- effectiveness of integrated preventive schemes)	Systematic review	46	Evidence regarding the cost-effectiveness of these interventions is limited, as most interventions do not show significant effects and the evidence is fragmented, given the diversity of approaches and interventions.
Reilly, Siobhan; Miranda-Castillo, Claudia; Malouf, Reem; Hoe, Juanita; Toot, Sandeep and Challis, David. <u>Case</u> <u>management approaches to home</u> <u>support for people with dementia</u> <u>(Review).</u>	2015	Comprehensive case management (older people with dementia)	Review of randomized controlled trials	13	There is some evidence that case management schemes specifically targeted at people with dementia may have some positive impacts at certain times, for both the people being cared for and the caregivers, although the diversity of approaches and interventions precludes more robust conclusions.
Cochrane, Andy; Furlong, Mairead; McGilloway, Sinead; Molloy, David, W.; Stevenson, Michael and Donnelly, Michael. <u>Time - limited home - care</u> <u>rehabilitation services for maintaining</u> <u>and improving the functional</u> <u>independence of older adults</u>	2016	Additional services (home reablement or rehabilitation services)	Review of randomized controlled trials	2	Although some positive effects of home-based reablement or rehabilitation services can be identified, the methodological quality of the studies conducted does not allow us to determine the extent or significance of these effects.
Clotworthy, Amy; Kusumastuti, Sasmita and Westendorp, Rudi, GJ <u>Reablement</u> <u>through time and space: A scoping</u>	2021	Additional services (home reablement or	Exploratory systematic	86	This qualitative and quantitative review of evaluations of home-based reablement or rehabilitation services indicates that they have tended to become a low-cost alternative to traditional home care services and have



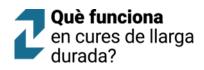
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
review of how the concept of 'reablement' for older people has been defined and operationalized		rehabilitation services)	review		focused on restoring users' functional capacities, neglecting other objectives initially considered for these types of services, such as community participation. Evidence regarding the long-term effectiveness of these services is also weak and inconsistent.
Legg, Lynn; Gladman, John; Drummond, Avril and Davidson, Alex. <u>A systematic</u> review of the evidence on home care rehabilitation services	2015	Additional services (home reablement or rehabilitation services)	Review of the evidence	34	Rehabilitation is an ill-defined intervention, targeting a poorly defined and potentially highly heterogeneous patient population/group. There is no evidence to suggest that it is effective in either of its objectives: increasing personal independence or reducing the use of personal care services.
Sims-Gould, Joanie; Tong, Catherine, E.; Wallis-Mayer, Lutetia and Ashe, Maureen, C. <u>Reablement, reactivation,</u> <u>rehabilitation and restorative</u> <u>interventions with older adults in receipt</u> <u>of home care: A systematic review.</u>	2017	Additional services (home reablement or rehabilitation services)	Systematic review	15	Home-based rehabilitation offers promising results, both in terms of cost- effectiveness and improved clinical outcomes, although it is unclear how generalizable these results are.
Tessier, Annie; Beaulieu, Mamire- Dominique; McGinn, Anna and Latulippe, Renée. <u>Effectiveness of Reablement: A</u> <u>Systematic Review</u>	2016	Additional services (home reablement or rehabilitation services)	Systematic review	10	The rehabilitation approach contributes to home maintenance strategies, encourages professional and family involvement, improves quality of life, reduces the use of other services, and increases professional satisfaction. Evaluation studies of these schemes show a positive impact on users, especially in terms of health-related quality of life and reduced use of other services.
Grant, Sean; Parsons, Amanda; Burton, Jennifer; Montgomery, Paul; Underhill, Kristen and Wilson, Evan. <u>Home visits</u> for prevention of impairment and death in older adults: A systematic review. Campbell Systematic Reviews	2014	Additional services (preventive home visits)	Systematic review	64	Overall, home visits are not effective in maintaining the health and independence of older adults living at home. Preventive home visits did not reduce absolute mortality and had no significant effect on the number of institutionalized individuals. There is high-quality evidence that interventions aimed at preventing falls have no effect on falls. There is low-quality evidence of small, statistically significant positive effects on older adults' quality of life. Some schemes may have modest effects on institutionalization and hospitalization among older adults. However, the heterogeneity of the target population and intervention design, as well as the lack of methodology in the analyses, make this effect difficult to determine.



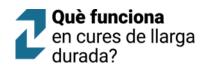
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
Bouman, Ans; van Rossum, Erik; Nelemans, Patricia; Kempen, Gertrude and Knipschild, Paul. <u>Effects of</u> <u>intensive home visiting programs for</u> <u>older people with poor health status: A</u> <u>systematic review</u>	2008	Additional services (preventive home visits)	Systematic review	8	Home visiting schemes do not appear to be beneficial for older adults in poor health within the healthcare setting of Western countries.
Liimatta, Heini, A.; Lampela, Pekka; Kautiainen, Hannu; Laitinen-Parkkonen, Pirjo and Pitkala, Kaisu, H. <u>The effects</u> of preventive home visits on older people's use of health care and social services and related costs	2020	Additional services (preventive home visits)	Review of a controlled trial	1	This review identified positive results in terms of reduced rates of institutionalization and hospitalization of users, as well as improvements in their physical condition, quality of life, and mortality rates. These improvements also occurred without significant increases in the costs of care.
Yusif, Salifu; Soar, Jeffrey and Hafeez- Baig, Abdul. <u>Older people, assistive</u> <u>technologies, and the barriers to</u> <u>adoption: A systematic review.</u>	2016	Application of digital technologies (acceptance by older adults)	Systematic review	44	Privacy is a critical concern for older adults when adopting technology. Two other equally important barriers to the adoption of assistive technologies were trust and functionality/added value. Other serious concerns include the cost of the technologies and their ease of use, the perception of "non- necessity," stigma, fear of dependency, and lack of training. Despite this, more and more older adults are adopting different types of assistive technologies in their daily lives, primarily for socializing.
Arioz, Umut; Smrke, Urška; Plohl, Nejc; Spes, Tanja; Musil, Bojan and Mlakar, Izidor. <u>Scoping review of technological</u> <u>solutions for community dwelling older</u> <u>adults and implications for instrumental</u> <u>activities of daily living.</u>	2024	Application of digital technologies (acceptance by older adults)		52	Despite the potential of technology to facilitate independent living for older adults living at home, its adoption and use remains limited among this population. This gap is primarily due to technology design, which does not adequately address the specific needs and preferences of older adults. Technology development often overlooks the capabilities and aspirations of the older population, resulting in technologies that are difficult to use or unsuitable for this age group.
Bergschöld, Jenny, M.; Gunnes, Mari; Eide, Arne, H. and Lassemo, Eva. <u>Characteristics and range of reviews</u> <u>about technologies for aging in place:</u> <u>Scoping review of reviews</u>	2024	Application of digital technologies	Review of the evidence	344	It is highly likely that there are untapped redundancies and synergies in the <i>body</i> of evidence on technology applied to older adults' home care. Specifically, the fact that reviews mostly focus on broad, unspecific categories such as "ICT" or "robots" makes it difficult to understand the impact and usefulness of specific devices. This risk must be reduced in the design of future research that will allow for



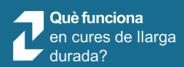
ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
					further analysis of this topic.
Sapci, A. Hasan and Sapci H. Aylin. Innovative assisted living tools, remote monitoring technologies, artificial intelligence-driven solutions, and robotic systems for aging societies: Systematic review	2019	Application of digital technologies	Systematic review	91	The use of smart technologies for home care for older adults will increase their independence, as well as the support services available to this population. The convergence of medicine and computer science could lead to the development of new models of interdisciplinary research and new assistive products for older adult care, although their development and evaluation are currently still in their infancy.
Albarqi, Mohammed Nasser. Exploring the effectiveness of technology- assisted interventions for promoting independence in elderly patients: A systematic review.	2024	Application of digital technologies	Systematic review	14	Technology-assisted interventions demonstrated positive impacts on older adults' physical and cognitive function, as well as on health management, quality of life, and engagement with technology. Improvements were observed in areas such as mobility, chronic disease management, mental health, and activities of daily living. High usability and adherence rates were reported for well-designed interventions. However, challenges were identified in user-centreed design, customization, and integration with other existing support systems. Technology-assisted interventions show promise in promoting independence among older adults, although further research is needed to address the challenges posed by their development and adoption.
Riadi, Indira; Kervin, Lucy; Dhillon, Sandeep; Theo, Kelly; Churchill, Ryan; Card, Kiffer, G.; Sixsmith, Andrew; Moreno, Sylvain; Fortuna, Karen, L.; Torous, John and Cosco, Theodore, D. Digital interventions for depression and anxiety in older adults: a systematic review of randomized controlled trials.	2022	Application of digital technologies	Review of randomized controlled trials	17	There is still no regulated standard design for successful digital mental health interventions for the older adult population. Despite the apparent potential of digital technology to support mental health, insufficient evidence suggests that this potential is being underexploited, with low adoption and largely anecdotal and unpublished results. Findings from the literature on digital mental health interventions from the last decade suggest that: (1) users and the population of interest should be at the centre of the development and design of digital mental health interventions; (2) digital mental health interventions should be flexible and able to adapt to different life circumstances, educational levels, and physical and psychological abilities of the target population; and (3) the creation of digital mental health interventions should be accompanied by (human) support available to all users.
Heins, Pascale; Boots, Lizzy, M.M.; Koh,	2021	Application of	Systematic	36	The quantitative findings showed limited effects of technology on



ID	Year	Topic analysed in relation to HCS	Methodology	Number of publications analysed	Conclusions
Wei Qi; Neven, An; Verhey, Frans, RJ and de Vugt, Marjolein, E.		digital technologies	review		loneliness, social isolation, and social support among older adults. However, from a qualitative perspective, several benefits related to older adults' social participation were observed. It can be concluded that social interaction, face-to-face contact, and intergenerational engagement are successful elements of technological interventions in improving the social participation of community-dwelling older adults.
Tian, Yi Jiao; Felber, Nadine Andrea; Pageau, Felix; Schwab, Delphine Roulet and Wangmo, Tenzin.	2024	Application of digital technologies	Systematic review	163	Smart home health technologies could be useful in the care setting, but they are not without challenges. Despite the potential of digital technologies for home care for older adults, their integration is not without challenges. Issues such as technology acceptance, usability, and accessibility must be addressed to ensure the effectiveness of these interventions. Older adults are often reluctant to adopt technological solutions due to physical limitations, cognitive impairment, or lack of digital literacy.
Persson, Marcus; Redmalm, David and Iversen, Clara.	2022	Application of digital technologies (impact on caregivers)	Systematic review	27	The use of specific technologies such as robots has a mixed impact. On the one hand, their application offers potential benefits such as reduced physical strain and improved work quality, but on the other hand, it also poses a number of challenges related to increased workload, emotional demands, and ethical issues.
Morrow, Elizabeth; Kelly, Carmel; Killeen, Clodagh; Naessens, Edward and Lynch, Mary.	2024	Professionalizati on of care (staff training)	Systematic review	261	The findings of the evidence review suggest effectiveness in terms of well- being among home care professionals. Specifically, it shows that training, continuing professional development, and a supportive work environment contribute to the well-being and retention of home care staff. Staff training also has a positive impact on the safety and quality of life of users.
Cooper, Claudia; Cenko, Blerta; Dow, Briony and Rapaport, Penny. <u>A</u> systematic review evaluating the impact of paid home carer training, supervision, and other interventions on the health and well-being of older home care clients.	2017	Professionalizati on of care	Systematic review	10	There is a paucity of evidence on effective strategies to improve home care for older adults, especially those with dementia. This review found only one high-quality controlled trial in which staff training improved the quality of life of older adults. In this case, the training was accompanied by other key elements such as ongoing supervision and support, suggesting that staff training alone is not sufficient.
Newbould, Louise; Samsi, Kritika and Wilberforce, Mark.	2022	Professionalizati on of care	Review of reviews	15	When designing or planning training schemes, the limited evidence available suggests that, to ensure their effectiveness, they should be personalized



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		(training)			and incorporate a multifaceted approach, as well as practical guidance based on real-life situations. It is also important to provide opportunities to share learning with other training participants and offer ongoing support and easily accessible written information.



A project to compile, analyse, and transfer information in order to improve public long-term care policies.

A project participated in by:









