APPENDIX B – Critical appraisal and findings tables

Critical appraisal tables

Home Care Research questions 1.1 and 1.2

What are users' and family carers' experience of home care?

What do they think works well and what needs to change?

Brannelly T & Matthews B (2010) When practical help is valued so much by older people, why do professionals fail to recognise its value? Journal of Integrated Care 18: 33 – 40

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate the Handyperson Service, funded under Broadening Choices for Older People, a Birmingham-based non-governmental organisation. Specifically, to establish users' perceptions of the worth of this service; to establish the potential cost-effectiveness of the service; and to contextualise the service amongst similar schemes noted in the literature. **Country:** England.	**Methodology:** Survey and semi-structured interviews**.** **Objectives of the study clearly stated?** Unclear. **Research design clearly specified and appropriate?** Partly. The content of the questionnaire is unclear, and the major motivation for the service appears to be falls prevention (for which no change can be identified). **Clear description of context?** Partly. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** No. No information on questionnaire.	**Survey population and sample frame clearly described?** Unclear. Unclear if 131 were the sole recipients - unlikely since 965 'jobs' were completed in 2008 (p 37). **Representativeness of sample is described?** No **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Partly. Could have been large enough, but objectives are vague. **All subjects accounted for?** No.	**Basic data adequately described?** No. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** No. **Results internally consistent?** Unclear. **Data suitable for analysis?** Unclear. **Clear description of data collection methods and analysis?** No. **Methods appropriate for the data?** Unclear. **Statistics correctly performed and interpreted?** Unclear. **Response rate calculation provided?**	**Limitations of the study stated?** No.	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment: −**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Ethical approval obtained? Unclear. **Measures for contacting non-responders?** No. **All appropriate outcomes considered?** No. **Response rate:** 57% (of 131 surveyed). **Describes what was measured, how it was measured and the outcomes?** No. **Measurements valid?** Unclear. **Measurements reliable?** Unclear. **Measurements reproducible?** No.	No. **Methods for handling missing data described?** No. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on subject and study objectives?** No. **Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No.		

Callaghan L and Towers A M (2014) Feeling in control: comparing older people's experiences in different care settings. Ageing and Society 13: 1427-1451

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To "*… examine the association between control over daily life and the setting in which older people receive care and support …*" (at home, in extra care housing or care homes, p 5.) • To compare older people's perception of control over daily life in different settings. **Country:** England.	**Methodology:** Survey - structured questionnaires, which in the majority of cases (with some exceptions in the extra care housing study, where respondents refused help) were conducted using face to face interview. Survey data was collected and collated from four different studies which used this approach to boost the sample. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **References made to original work if existing tool used?** Yes: tools based on (slightly varied as still in development) ASCOT. **Reliability and validity of new tool reported?** Yes. **All appropriate outcomes considered?** Yes.	**Survey population and sample frame clearly described?** Yes: 4 study populations described. **Representativeness of sample is described?** Partly: see limitations. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Yes: use of 4 sample sets to boost sample. **All subjects accounted for?** Partly: some excluded to take into account data collection not collected face-to-face; and people housed in highly dependent extra care	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Yes. **Response rate calculation provided?** Partly. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents**	**Limitations of the study stated?** Yes. Questions were from studies involving development of ASCOT, and some questions (e.g. on ADLs) were removed as not used in all studies. Study populations: care home samples only included those able to take part in interviews; in extra care housing sample, only those receiving social care included. (Home care sample felt to be representative of population.)	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes. **Overall assessment:** ++

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		housing. **Measures for contacting non-responders?** N/A - collected face-to-face; samples used subsets from prior surveys. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes. **Measurements reliable?** Yes. **Measurements reproducible?** Unclear. **Clear description of data collection methods and analysis?** Yes. **Methods appropriate for the data?** Yes	**described?** Partly: reasons given for sample selections. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Research design clearly specified and appropriate? Yes. **Response rate:** This is difficult to judge as 4 different completed studies, samples adjusted for comparison at baseline and using only respondents.			

Care Quality Commission (2013) Not just a number: Home care inspection programme - National overview. Newcastle: Care Quality Commission

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To determine whether more than 250 home care agencies (from all sectors and of all sizes) were meeting five standards of care relating to quality and safety by gathering the views and experiences of people using home care services. **Country:** England.	**Methodology:** Survey - national, regional, local reports, assessments and evaluations (secondary data), including unannounced inspection visits to care providers; as well as a postal questionnaire and telephone interviews with service users and carers. **Research design clearly specified and appropriate?** Partly. **Clear description of context?** Partly. **References made to original work if existing tool used?** N/A.	**Survey population and sample frame clearly described?** Partly. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its ob-**	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Yes. **Data suitable for analysis?** Partly.	**Limitations of the study stated?** Partly, though not described as such. Unclear how the original 250 home care providers were selected (or how the sample was topped up when some were found to be unsuitable). Unclear precisely what data was collected (although views of older people and their carers	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Reliability and validity of new tool reported? N/A. **All appropriate outcomes considered?** Unclear.	**jectives, sample size estimates performed?** Yes. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** Partly. **Measurements reliable?** Partly. **Measurements reproducible?** Partly. **Description of data collection methods and analysis?** Partly. **Methods appropriate for the data?** Partly.	**Clear description of data collection methods and analysis?** Partly. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** N/A. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Partly.	were collected). There is no detail on what measures were used to validate the meeting of the five standards, how the telephone interviews were conducted and what questions or prompts were used.	

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Response rate: 1003 responses to postal questionnaire of 4794 older home care users and their carers (21%) were returned. **Methods for handling missing data described?** No.			

Cattan M and Giuntoli G (2010) Care and support for older people and carers in Bradford: their perspectives, aspirations and experiences. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To "*… identify the needs, views and perceptions of older people, their families and carers in Bradford regarding current care provision and future aspirations.*" (p 8) • To "*… identify the extent to which older people, their families and carers consider that their care and support needs are, or might be, met and by whom.*" (p 8) **Country:** England.	**Methodology:** Qualitative - focus groups and in-depth interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics com-**	**Was the sampling carried out in an appropriate way?** Appropriate. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of researcher clearly described?** Unclear.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	Not all participants are necessarily recipients of home care, and the findings are not disaggregated.	**Relevance to the home care guideline:** Somewhat relevant. Not clear if all of the participants received home care. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	mittee? Not stated. **Is the reporting of ethics clear and coherent?** Interviewees' consent obtained.				

Clough R, Manthorpe J, ORPSI et al. (2007) The support older people want and the services they need. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• "*To identify and understand the range of diverse barriers to achieving person centred support for Older People, Disabled People and Service Users*." • "*To identify approaches to address these barriers, which will have credibility with users and viability in practice.*" (p 1) **Country:** United Kingdom.	**Methodology:** Qualitative - focus groups. **Qualitative approach appropriate?** Yes. **Is the study clear in what it seeks to do?** Yes. **How defensible is the research design/methodology?** Defensible, though not clearly described.	**How well was the data collection carried out?** Unclear. **Was the sampling carried out in an appropriate way?** Somewhat appropriate. **Is the context clearly described?** No. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Reliable.	**Are the data 'rich'?** Yes. **Is the analysis reliable?** Reliable. The transcripts of the discussions were read by three members of the research team and the key themes were developed and explored. **Are the findings convincing?** Convincing: supported by other studies**.** **Are the conclusions adequate?** Somewhat adequate.	Limited methodological details of methods, recruitment of participants, and participants: 'older people': no age, gender details, not clear if all are recipients of home care services.	**Relevance to the home care guideline:** Somewhat relevant. **How well was the study conducted?** +

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data. **Addresses a clearly focused issue?** Yes. **Good case made for chosen approach?** Yes. **Direct comparison provided for additional frame of reference?** No.	**Were those involved in data collection also providing a service to the user group?** No. **Appropriate methods used to select users and clearly described?** Unclear. **Reliable data collection instrument/method?** Unclear. **Response rate and sample representativeness?** Unclear.	**Results complete and analysis easy to interpret?** Unclear. **Conclusions based on objective interpretation?** Yes.	**Limitations in methodology identified and discussed?** No. The data is pre-2006 and is not therefore a reliable reflection of the current state of home care services.	**Results can be applied to other service users?** +

Department of Health, Social Services and Public Safety (2010) Survey of Home Care Service Users Northern Ireland 2009. Belfast: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To describe service users' experiences of domiciliary care with particular regard to the quality of these. • To investigate whether service users were involved in the planning of their care and to examine	**Methodology:** Survey - postal questionnaires sent to pool of older people who were clients of home care providers registered with RQIA in April 2008. **Objectives of the study clearly stated?** Yes.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Yes.	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively**	**Limitations of the study stated?** Unclear. Low response rate: 48%	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Unclear. **Overall assessment of**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
whether they had received written information about their care plans from their provider. **Country:** Northern Ireland.	**Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Yes. **Methods appropriate for the data?** Yes. **References made to original work if existing tool used?** Unclear. **Reliability and validity of new tool reported?** Unclear. **All appropriate outcomes considered?** Yes. **Ethical approval obtained?** Unclear.	**Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Partly. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes. **Measurements reliable?** Partly. **Measurements reproducible?** Partly.	**& in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Partly. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on subject and study objectives?** No.		**quality** + No conclusion given but results sound.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Response rate: 48% (4,321/9038 returned questionnaires). **Methods for handling missing data described?** Unclear.			

Duff P & Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions.*" (p 61). **Country:** United Kingdom.	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study. **Is a qualitative approach appropriate?** Not sure. **Is the study clear in what it seeks to do?** Mixed. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**How well was the data collection carried out?** Unclear - inadequately reported. **Was the sampling carried out in an appropriate way?** Unclear. **Is the context clearly described?** Unclear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Unclear.	**Are the data 'rich'?** Not sure. **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Somewhat convincing. Despite some shortcomings, the study highlights what appear to be generalisable issues. **Are the conclusions adequate?** Somewhat adequate.	Although the researchers refer to the study as a case study/pilot study it seems observational/based on an audit exercise. There is no real evidence of analysis or data collection methods or how the audit tool was applied, but the issues which are highlighted are important (e.g. inter-agency collaboration and case management issues). Some of the findings, however, may be useful for the GDG to consider.	**Relevance to the home care guideline:** Somewhat relevant - despite limitations the paper does highlight some interesting points regarding inter-agency working. **How well was the study conducted?** – There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the findings were considered relevant for the GDG to consider.

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review. **Is a qualitative approach appropriate?** Somewhat appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The researchers liaised with intermediary organisations to recruit both self-funders and workers and this may not have been representative. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Limited to small sample of self-funders, so a range of contacts and user led organisations were used which may not have been representative.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Henderson C (2006) Time and other inputs for high quality social care: Wanless social care review. London: King's Fund

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To consider the role of "… *time and other service inputs required to provide 'high quality' or 'best practice' social care to frail older people, with and without cognitive impairment.*" (p 3) **Country:** United Kingdom, Canada and the United States.	**Methodology:** Secondary data analysis (from relatively recent systematic review). **Addresses a clearly focused issue?** Yes. **Good case made for chosen approach?** Partly. **Direct comparison provided for additional frame of reference?** No.	**Were those involved in data collection also providing a service to the user group?** No. **Appropriate methods used to select users and clearly described?** Yes. **Reliable data collection instrument/method?** Partly. Did not report methods of review in depth (but this was only a summary paper). **Response rate and sample representativeness:** Uncertain.	**Results complete and analysis easy to interpret?** Partly. **Conclusions based on honest & objective interpretation?** Yes.	**Limitations in methodology identified and discussed?** Unclear. There is a lack of methodological transparency.	**Results can be applied to other service users?** Partly. General conclusions applicable, though less so in terms of detail of time needed for specific tasks.

Lakey L and Saunders T (2011) Getting personal? Making personal budgets work for people with dementia. London: Alzheimer's Society

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To present the views and experiences of people with dementia and their carers on their use of direct payments and personal budgets.	**Methodology:** Mixed methods – survey, interviews and focus groups. **Is the mixed-methods research design relevant to address the qualitative and quantitative re-**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?**	**Is the process for analysing qualitative data relevant to address the research question?** Yes.	It is unclear how participants were identified and what the survey response rate was.	**Internal validity: -** **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: United Kingdom.	**search questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Unclear **Is the sample representative of the population under study?** Unclear.	**Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** No. **Is there an acceptable response rate (60% or above)?** Unclear.		**Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

London Assembly (2010) Home truths: older Londoners' access to home care services. London: Greater London Authority

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… review access to home care, focusing on how easy it is for older Londoners to get the help they need.*" (p 7) **Country:** England.	**Methodology:** Mixed methods – included a 'listening event', two focus groups, a 'call for written views', and a survey. **Is the mixed-methods research design relevant to address the qualitative and quantitative re-**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Partly.	**Is the process for analysing qualitative data relevant to address the research question?** Unclear. **Is appropriate con-**		**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	search questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question? Partly (The events and call for evidence, supplemented by published research and other data, do not really amount to research methods) **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.		**sideration given to how qualitative findings relate to the context, such as the setting, in which the data were collected?** No. **Is appropriate consideration given to how qualitative findings relate to researchers' influence; for example, though their interactions with participants?** No.		

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging and Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… investigate provider level influence on service user perceptions of home care service quality.*" (p 84) **Country:** England.	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with providers. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes.	**Survey population and sample frame clearly described?** Partly. n=9254 service users from 121 home care providers provided data and service quality data was obtained from 7935 of these ser-	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly.	**Limitations of the study stated?** No. One obvious limitation is the age of the study and the data.	**Results can be generalised?** Partly, but study is based on data from 2003. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Clear description of context? Yes. **References made to original work if existing tool used?** Yes, Netten et al, 2004. **Reliability and validity of new tool reported?** Yes. **All appropriate outcomes considered?** Unclear.	vice users. **Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** Not reported. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes.	**Results internally consistent?** Partly. **Data suitable for analysis?** Yes. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Measurements reliable? Yes. **Measurements reproducible?** Unclear. **Clear description of data collection methods and analysis?** Yes. Univariate analyses to explore relationships among service user, provider characteristics, and service quality using statistical analysis software STATA. **Methods appropriate for the data?** Yes. Factor analyses generated a four-factor solution including a service quality indicator which reflected service users' views on the standard of home care delivered on a day-to-day basis. Reliability for service indicator was high.			

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Response rate: Not clear. n=9254 service users from 121 home care providers were interviewed, and service quality data was obtained from 7935 of these service users. **Methods for handling missing data described?** No.			

Older People's Commissioner for Wales (2012) My home, my care, my voice: older people's experiences of home care in Wales. Cardiff: Older People's Commissioner for Wales

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To describe older people's daily lives and the issues which are important to those in receipt of home care. **Country:** Wales.	**Methodology:** Survey. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Partly.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Partly. **Subject of study represents full spectrum of population of interest?** Yes.	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes.	**Limitations of the study stated?** Partly. Sparse data on information needs.	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	References made to original work if existing tool used? N/A. **Reliability and validity of new tool reported?** Unclear. **All appropriate outcomes considered?** Yes. **Ethical approval obtained?** No.	**Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted for?** Partly. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** Yes. **Measurements reliable?** Unclear. **Measurements reproducible?** Yes. **Methods appropriate for the data?** Yes. **Methods for handling missing data described?** No.	**Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Unclear. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.		

Patient and Client Council (2012) Care at Home. Older people's experiences of domiciliary care. Belfast: Patient Client Council

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To "*… explore the experiences of older people and their carers receiving a domiciliary service throughout Northern Ireland in the context of pressure on services and the potential changing policy context for domiciliary care.*" (p 6) **Country:** Northern Ireland**.**	**Methodology:** Mixed methods - survey (questionnaire), interviews and discussion groups. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Partly. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Unclear. **Is the sample representative of the population under study?** Unclear.	**Is the process for analysing qualitative data relevant to address the research question?** Unclear. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Unclear. **Is there an acceptable response rate (60% or above)?** Unclear.	Although there is insufficient methodological detail, and the structured questionnaire approach may have limited the scope of the views expressed by respondents, the surveys were supplemented by more exploratory qualitative methods, and the findings are very consistent with other studies on home care.	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes – experience of older people. **Overall assessment of external validity:** +

Quince C (2011) Support. Stay. Save: care and support of people with dementia in their own homes. London: Alzheimer's Society

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To provide feedback from people with dementia, their carers, and home care workers on their aspirations and experiences with respect to dementia care provided in the community in England, Wales and Northern Ireland. **Country:** United Kingdom.	**Methodology:** Mixed methods - questionnaires (quantitative and qualitative), small group discussions and interviews. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Unclear.	**Is the process for analysing qualitative data relevant to address the research question?** Yes. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Unclear. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Unclear. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response**	There is a lack of methodological detail, and the sample of service users and carers is taken from existing membership of the Alzheimer's Society, so may not be fully representative of people with dementia or their carers. The structured questionnaire may have inhibit the range of views expressed by respondents. The response rate from home care users and carers (6.8%) is very low and the response rate from providers is uncertain. Those findings framed as recommendations are not transparently linked to responses, and may represent Alzheimer's Society policy, rather than the views of participants. However, the findings relate to	**Internal validity:** - **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Partly **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			rate (60% or above)? No.	important issues in an under-researched area. Much of this report is not transparent about the source of conclusions and recommendations: a large number of submissions were from providers, so only those known to come from users and carers are included here.	

Seddon D and Harper G (2009) What works well in community care: supporting older people in their own homes and community networks. Quality in Ageing 10: 8-17

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore what works well in supporting older people to live in their own homes and participate in their local communities.	**Methodology:** Qualitative - focus groups. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**How well was the data collection carried out?** Appropriately. Data elicited through facilitators asking open questions. **Was the sampling carried out in an appropriate way?** Appropriate. Organisations and places where representatives of different stakeholders met	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable. Constant comparative method was used to identify, explore, refine and connect themes identified. **Are the findings convincing?** Convincing.	Sampling methods to recruit focus groups may mean that the sample is not representative of certain types of older people (e.g. those isolated at home and not in contact with organisations).	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		were approached: opportunistic sampling then recruited individuals willing to participate. **Is the context clearly described?** Unclear. Not reported where focus groups took place, likely to be in sheltered housing complex. **Is the role of the researcher clearly described?** Clearly described. **Were the methods reliable?** Somewhat reliable.	**Are the conclusions adequate?** Adequate.		

Sykes W and Groom C (2011) Older people's experiences of home care in England. Manchester: Equality and Human Rights Commission

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To provide information about older people's experiences of home care as well as exploring potential risks to human rights or failure to address them.	**Methodology:** Qualitative - using in-depth interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it**	**How well was the data collection carried out?** Appropriately. **Was the sampling carried out in an**	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Somewhat reliable.	**Unclear recruitment:** Respondents were recruited with the help of a specialist agency using local recruiters based in each of the sample areas.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: England.	**seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**appropriate way?** Appropriate. The sample areas were selected to represent a spread in terms of region, urban/rural characteristics and population mix. **Is the context clearly described?** Clear. Interviews lasted an hour and were carried out in respondents' own homes; in a few cases, in the presence of relatives or friends. **Is the role of the researcher clearly described?** Unclear. **Were the methods reliable?** Somewhat reliable (some deficits in reporting).	**Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	There is no detail on analysis, but there is extensive reporting of areas of concern, positive and negative findings, and seven individual case studies.	

Walsh K and Shutes I (2013) Care relationships, quality of care and migrant workers caring for older people. Ageing and Society 33: 393-420

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To 'explore the relationship' between migrant care workers and older people in Ireland and the UK; the barriers to and facilitators of the relationship; and the implications for relational aspects of quality of care in institutional and home care settings. **Country:** United Kingdom and Ireland.	**Methodology:** Qualitative – focus groups, interviews and a survey. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**How well was the data collection carried out?** Somewhat appropriately. **Was the sampling carried out in an appropriate way?** Somewhat appropriate. **Is the context clearly described?** Partially, as it covered a wide terrain (UK, Ireland, care homes and homes in the community. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Somewhat reliable. Not much detail provided regarding the analysis of the raw data is provided. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Of the older people involved in focus groups to inform the study, only 2 focus groups held in UK included older people living in their own homes and receiving home care. Only data from these 9 older people receiving home care is relevant to our topic. The findings from different UK and Irish and care contexts are not clearly disaggregated. Despite shortcomings in data collection and analysis, the focus on the relational aspect of caring may be relevant according to other sources. Authors suggest that interviews might have been better. Also there is no mention of family caring or other relationships, so the paper may not present a comprehensive picture.	**Relevance to the home care guideline?** Somewhat relevant. Despite the shortcomings of data collection and analysis, the focus on the relational aspect of caring is relevant according to other sources. **How well was the study conducted?** +

Findings tables

Home Care Research questions 1.1 and 1.2

What are users’ and family carers’ experience of home care?

What do they think works well and what needs to change?

Brannelly T and Matthews B (2010) When practical help is valued so much by older people, why do professionals fail to recognise its value? Journal of Integrated Care 18: 33 - 40

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate the Handyperson Service, funded under Broadening Choices for Older People, a Birmingham-based non-governmental organisation. Specifically, to establish users' perceptions of the worth of this service; to establish the potential cost-effectiveness of the service; and to contextualise the service amongst similar schemes noted in the literature. **Country:** England.	**Methodology:** Survey and semi-structured interviews.	**Population:** Older people using home care - specifically those using the Handyperson Service. **Sample size:** Intervention number = 131. 75 (57%) returned questionnaires (19 were supposedly interviewed, though no findings are reported). **Sample characteristics:** • 51 participants were aged over 76. • 79% were female. • 72% lived alone. • 93% were white. • 63% lived in owner-occupied housing and 33% in social housing. • 78% had stairs. **Intervention:** Handyperson service.	The vast majority of respondents (nearly 80%) credited the service as being an important factor enabling them to remain living at home.	**Overall assessment:** −

Callaghan L and Towers AM (2014) Feeling in control: comparing older people's experiences in different care settings. Ageing and Society 13: 1427-1451

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To "*… examine the association between control over daily life and the setting in which older people receive care and support …*" (at home, in extra care housing or care homes, p 5) • To compare older people's perception of control over daily life in different settings. **Country:** England.	**Methodology:** Survey - structured questionnaires, which in the majority of cases (with some exceptions in Extra Care Housing study, where respondents refused help) were conducted using face to face interview. Survey data was collected and collated from four different studies which had used this approach to boost the sample.	**Population:** • Older people receiving home care. • Older people receiving social care in extra care housing or care homes. **Sample size:** N= 618 across ten local authorities. • Extra care housing residents (n= 102). • People receiving home care services (n=301). • Older people living in care homes (n=215). **Sample characteristics:** • Age = 70% aged 70 – 89. • Gender = 70% female. • Health status (self-rated) = 36% good; 44% fair; 20% bad.	**For users and family carers:** • People living in extra care housing 3.68 times more likely to feel in control than those who received care at home. • People living in care homes were 2.13 times more likely to feel in control than those who received care at home. • People who received care at home were less likely to feel in control in comparison to the extra care housing and care home residents, even after controlling for the effects of confounding factors such as dependency and age.	**Overall assessment:** ++

Care Quality Commission (2013) Not just a number: Home care inspection programme - National overview. Newcastle: Care Quality Commission

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To determine whether more than 250 home care agencies (from all sectors and of all sizes) were meeting five standards of care relating to quality and safety by gathering the views and experiences of people using home care services. **Country:** England	**Methodology:** Survey - national, regional, local reports, assessments and evaluations (secondary data), including unannounced inspection visits to care providers; as well as a postal questionnaire and telephone interviews with service users and carers.	**Population:** • Older people receiving home care. • Family carers of older people using home care. **Sample size:** 250 home care agencies, consisting of 208 privately owned agency services, 22 council owned and 20 owned by voluntary organisations were inspected. Altogether they provided home care to over 26,000 users and family carers. Data was collected from 1003 questionnaires, 2742 telephone interviews, and 738 home visits. **Sample characteristics:** • Age = 75% aged > 65 years. People of this age were the focus and interviews were not undertaken with younger people encountered at the time of inspection.	74% of agencies (184/250) met all five standards selected for the inspection: • Regulation 17 – "*Respecting and involving people who use services.*" • Regulation 9 – "*Care and welfare of people who use services.*" • Regulation 11 – "*Safeguarding people who use services from abuse.*" • Regulation 23 – "*Supporting workers.*" • Regulation 10 "*Assessing and monitoring the quality of service provision.*" (p 53) **Users and carers' main concerns and views on what needs to change:** • Late and missed visits at weekends. • Lack of consistency of care workers. • Lack of support for staff to carry out their work. • Lack of respect and involvement of users. • Failure to address ongoing issues around travel time. • Failure to keep people informed about changes to their visits. • Poor care planning and documentation of care needs and routines – *"Her needs have changed; she was poorly and had to go to bed early. They noticed it but did nothing."* (Unknown commentator, p 27). • Lack of regular review. • Limited information provided to people about the choices available. • Lack of staff understanding regarding their safeguarding and whistleblowing responsibilities. **Where services were seen to work well, features include:**	**Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		• Gender = not reported.	• Good written information about the services and choices available, also discussed with people face-to-face. • Relatives and carers routinely involved in decisions about care. • People were encouraged and supported to express their views. • Detailed records which document preferences and choices. • Care plans in the home kept up to date. • Care workers complete the daily logs accurately. • Regular reviews and risk assessments to adjust care plans and respond to changing needs and preferences. • Care workers properly introduced to people receiving services before the service starts. • Continuity of care workers, with any changes notified in advance. • Care workers routinely knock and announce their arrival. • Care workers show kindness, friendliness and gentleness, with respect for property and belongings. • People's views are gathered and results acted on and they inform improvements, which are communicated back to people. • Customer satisfaction surveys supplemented by personal contact from the management team. • Staff understand people's illnesses, are better able to provide the right amount of support when needed. • Staff have a good understanding of dementia. (Some examples above are edited from summary tables, p 4 and p 18). **Safeguarding issues:**	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			• Users aware of who to contact if they have concerns and they have received written information about this. • Users given information about how to complain, any learning from the complaint is fed back to the complainant, and action plans are developed to address any issues. • All staff undergo a Criminal Records Bureau (CRB) and reference check. • Information about access to people's homes treated in a safe and secure manner. • Staff wear ID badges to confirm their identity and are aware of security requirements. • Staff have a clear understanding of what constitutes abuse, including failure to provide care in the right way. (Some examples above are edited from summary table, p30). In addition to user and carer commentary, inspectors called for more organisational support for workers, including: • Training and supervision to improve knowledge and skills, around areas identified by staff, including dementia care and use of equipment, how to report safeguarding concerns, and clear policies to manage these. • Support to enable more detailed assessment and care planning, which incorporates service user choices and preferences. • Better coordination of visits that require two care workers. • Encouragement to involve family and unpaid carers. • Support for staff to manage travel time and unscheduled visits. • Better supervision and appraisal.	

Cattan M and Giuntoli G (2010) Care and support for older people and carers in Bradford: their perspectives, aspirations and experiences. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To "*… identify the needs, views and perceptions of older people, their families and carers in Bradford regarding current care provision and future aspirations.*" (p 8) • To "*… identify the extent to which older people, their families and carers consider that their care and support needs are, or might be, met and by whom.*" (p 8) **Country:** England.	**Methodology:** Qualitative - focus groups and in-depth interviews.	**Population:** • Older people receiving home care. • Older people receiving social care. • Family carers of older people. **Sample size:** • Focus groups = 137 older people and 33 carers. • In depth interviews = 38 older people and 15 carers. **Sample characteristics:** • Age = 69% were aged between 65 and 90 years of age (n=118). • Gender = 74% female. • Ethnicity - Older people and carers from 10 ethnic communities (African Caribbean n=7, Bangladeshi n=19, Hungarian n=9, Indian n=13, Irish n=3, Italian n=21, Pakistani n=34, Polish n=15, Ukrainian n=12 and White British n=37.	**What needs to change?** Service users and carers expressed a number of unmet needs and concerns including: • Support from different care providers was sometimes not co-ordinated, and there was poor continuity of support from the same people. • Emotional needs were not always considered, and people who did not speak English well said staff did not ask family carers about their personal preferences and support needs. • Being able to trust workers, and have some relief from loneliness was important. • Personal background and experiences should be taken into account in planning care. • Some people felt they received less service support because their family carers were expected to provide it. • Culturally appropriate meals (meals on wheels) were not always available. • Carers came at the wrong times, e.g. earlier than the older person preferred to go to bed. • Users and carers felt that inflexible and unreliable services represented poor value for money. • Communication: information should be available for non-English speakers, and ability to communicate with carers was central to good care. **Specific examples of poor care were mentioned:** • Poor adherence to hygiene routines e.g. care staff not washing their hands on arrival; using the same cloth to wash the face and body of the older person. • Not cleaning the bowl used to wash the older	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		• Majority lived in private properties.	person and re-using it the following day; • Not tidying up after completion of care tasks. • Not respecting the dignity of the individual. (p 37)	

Clough R, Manthorpe J, ORPSI et al. (2007) The support older people want and the services they need. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• "*To identify and understand the range of diverse barriers to achieving person centred support for Older People, Disabled People and Service Users*." • "*To identify approaches to address these barriers, which will have credibility with users and viability in practice.*" (p 1) **Country:** United Kingdom.	**Methodology:** Qualitative - focus groups.	**Population:** Older people probably receiving home care (unclear if they all received home care). **Sample size:** Seven focus groups with older people (n=79).	The older people in the focus groups did not all qualify for home care support paid for by a local authority. However, many of them identified difficulties with tasks because their eyesight and hearing was failing. The report findings support the idea of low-level or preventative support, to prevent further deterioration and promote independence, e.g. weekly help with household tasks and shopping, installation of mobility aides, etc. **What tasks would service users like home care to include in addition to personal care:** • Household odd jobs such as cleaning, laundry, basic security (installing spyholes, smoke alarms, grab rails, etc.), garden maintenance. • Management of personal affairs or 'business' such as managing utilities, understanding correspondence, seeking advice, reading and writing (especially if the person's sight is failing). • Assistance with shopping such as trying on clothes, buying presents, collecting prescriptions, and going to hairdresser. • Socialising, recreation and leisure - countering loneliness, getting out and meeting friends, feeling safe in the street.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			The report notes that better services would: • Do more to involve older people and the whole community. • Provide more information about how to get help, find out about options, etc. • Be flexible, provide 'individual-focused' services which expand the choice of what is available. • Provide some oversight, such as occasional visiting, to check on the welfare and needs of older people.	

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data.	**Population:** • Older people receiving home care. • Home care agencies. • Local authority services and home care managers. **Sample:** Listening event: 1839 older people took part in public 'listening events' and meetings. Interviews: 120 older people were interviewed. Inspection reports: CSCI collected data from us-	**What works well:** Most older people speak highly of their own care workers, and suggest that problems are a result of 'the system' rather than the workers themselves. **Problems in home care services:** Many older people are confused by the rules regarding the tasks which statutory services allow, including domestic services. Some people noted that volunteers could pick up these tasks as they were not bound by these seemingly arbitrary rules. People felt especially aggrieved if they were paying all or part of the costs of their care, and workers still would not undertake certain tasks; particularly in relation to housework. There are significant problems in relation to the quality, timing and reliability of home care. Irregular visits, coupled with poor communication about what could be expected,	**Results can be applied to other service users?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		ers, carers and staff from inspections in 118 agencies conducted June 2004 and February 2005. Data from 1037 service users and 493 relatives and carers responses were analysed. Complaints: Content of 684 complaints received in 2005-06 analysed. Seminars with 15 representatives of 9 local user-led organisations held. Site visits to 9 councils involving interviews with 24 older people were held. **Sample characteristics and settings:** Not reported.	reduced service users' and carers' sense of control. Shortages of staff, and very tight schedules combined to reduce visit lengths with one service user reporting that they could not dress properly because only 15 minutes had been allocated for her morning 'routine'. The study notes that continuity in carers was an important issue and that the strain of having to 'train' new staff was the main reason why people valued this so highly; in addition to the chance to build a relationship these workers over time. The authors note that more effective methods of seeking user satisfaction are needed, as older people feel vulnerable if they make direct complaints about individuals on whom they depend for care. Just under a third of complaints received (32%) concern staff attitudes. Service users and carers expressed concerns about safeguarding in relation to vulnerable service users such as people with dementia and frail older people living alone and a number made reference to high profile cases where people had been seriously "… neglected, abused, or died alone …" (p 39) Drawing on statutory inspections, the authors suggest that medication practices and training in this issue need to be improved.	

Department of Health, Social Services and Public Safety (2010) Survey of Home Care Service Users Northern Ireland 2009. Belfast: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To describe service users' experiences of domiciliary care and their views on the quality of these services. • To investigate whether service users were involved in the planning of their care and whether they had received written information about their care plans from their provider. **Country:** Northern Ireland.	**Methodology:** Survey - postal questionnaires sent to pool of older people who were clients of home care providers registered with RQIA in April 2008.	**Population:** Older people receiving home care. **Sample size:** n=4,321 (out of 9,999 originally surveyed, response rate of 48%). **Sample characteristics:** • Age = 83% of sample aged 65-85 years; 17% under 64 years. • Gender = 69% female. • Health status (last 12 months) = 48% not good; 44% fairly good; 7% good. • Disability = 91% considered themselves to have a disability.	**The three main tasks undertaken by domiciliary services which service users were 'not able' to perform were:** • Household shopping (79%). • Housework (79%). • Preparing food (57%). The three main activities most users received help with: • Getting dressed/undressed (66%). • Washing themselves (63%). • Preparing food (59%). **Quality and scope of home care received:** • 30% of respondents reported that there was "*something they would like their care worker(s) to do for them that they did not do at the time of the survey.*" • 86% rated the service they received as either 'very good' (54%) or 'good' (31%). • 86% stated that they "*would not like to change the times of their home care visits.*" • 89% reported that "*their care worker(s) had spent the amount of time they were supposed to at their home over the 7 days prior to the survey.*" • 72% thought the number of hours they were supposed to receive was enough for them. • 39% said that they always saw the same care worker(s) and a further 58% said that they nearly always saw the same care worker(s). **Satisfaction with involvement in home care plans:** • 84% reported that they (or a friend or relative) were involved in the decisions about the services they would	**Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			receive. • 74% reported that they had been asked what times would be convenient for them. • 81% reported that someone from the organisation that provided their care had explained what their care worker(s) are supposed to do for them. • 62% reported that they had been given a written guide that told them about the home care services they were receiving. • 96% who had read their written guide reported that they understood what it told them about the home care services they were receiving. • 94% who had read their written guide said that they were receiving all the home care services that it said they would. **Service users' views on impact and quality:** • 29% said that the help they received made them a lot more independent than they had been. • 85% said that they could not manage at all without the help they get from their care worker(s). • 89% said that they felt they were always treated with respect and dignity by their care worker(s). • 92% said that they always trusted their care worker(s). • 85% reported that they always looked forward to their care worker(s)' visits. • 79% said that they always chatted with their care worker(s) during visits. • 77% said that their care worker(s) always made them feel less lonely. • 88% said that they were always happy with the way their care worker(s) treated them. • 69% said that their care worker(s) always arrive punctually. **Note:** Dindings are edited from the key findings section of the report (p 1-2).	

Duff P and Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions."* (p 61). **Country:** United Kingdom.	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study.	**Population:** • Older people receiving home care. • Family carers of older people. • Home care workers employed by agency. **Sample characteristics:** Not reported. **Intervention:** Person centred home care, integrated with other care providers and coordinated by case managers.	The audit covered user, carer and worker perspectives on a number of themes. **What worked well:** Clients valued staff who allowed 'what time they could' to converse with them. They also reported satisfaction with the allocated case manager approach as this provided them with a contact who could bring their problems to the attention of the provider agency. **What worked less well:** • If the case manager was absent, and issue overseen by a duty officer, there seemed to be no understanding of the client's details and specific needs, which meant that issues weren't resolved, or resolved unsatisfactorily (e.g. by transferring care to another agency without consulting the client or their family carer). • Poor communication with hospital reablement teams.	**How well was the study conducted? −** There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the findings were considered relevant for the GDG to consider.

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review.	**Population:** Older people receiving home care which they wholly or partly funded. **Sample size:** • 108 people who fund 50% or more of their home care. • 30 directly employed carers. **Sample characteristics:** • 75% of the self-funders were older than 65; 50% were older than 80; and 75% were female. 27 directly employed a paid carer and the remainder used an agency or a combination of the two approaches. • 69% of the care workers were aged between 35 and 54 years of age. Two were male and the majority (53%) had at least five years' experience in the sector.	The researchers note that the literature they reviewed as part of this study highlights the importance of knowledge and "*… skills, trust, confidentiality and the less tangible quality of 'personal chemistry' … to self-funders when deciding who to recruit.*" They also report that the evidence relating to the relationships that self-funders have with their employees is limited; particularly with regards to "*… performance management, grievances, termination of employment and sick leave.*" (p 4) The study states that self-funders find these aspects of the employer-employee relationship to be difficult and stressful. The researchers note that some participants were paying 'relatively high fees' and/or had inflexible care plans in place. Self-funders who employ care and support workers directly were motivated by expectations of greater continuity and flexibility in care. Only 27 of the 108 participants employed workers directly, with most opting for direct payments and purchase through a single agency, for a variety of reasons including uncertainties regarding employment contracts. The researchers conclude that good employer/employee relationships predominate despite the lack of sector support. However, they suggest that there is a 'very real risk' that self-funders buy packages of care that represent poor value for their money.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Intervention: Consumer directed home care.		

Henderson C (2006) Time and other inputs for high quality social care: Wanless social care review. London: King's Fund

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To consider the role of "… *time and other service inputs required to provide 'high quality' or*	**Methodology:** Secondary data analysis (from relatively recent systematic review).	**Population:** • Older people receiving home care. • Family carers of older people.	The review highlights evidence that the aspects of support most important to users is consistently reported to include: '*the attitudes and training of staff; the responsiveness of care to the needs of recipients; and the reliability of the care'*.(p7, citing Patmore 2001, Raynes and Joseph Rown-	**Results can be applied to other service users?** Partly. General conclusions applicable, though less so in terms of detail of

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
'best practice' social care to frail older people, with and without cognitive impairment." (p 3) **Country:** United Kingdom, Canada and the United States.		**Sample:** N/A - literature/document review. **Intervention:** No particular model of home care specified.	tree Foundation 2001, Patmore 2004, Patmore 2005; Sinclair et al, 2002; Curtis et al 2002; Netten et al, 2004) They cite a range of evidence from studies included in the review the indicates the following are particularly important to people using services: • The relationship they have with the staff providing support, and the skills and competence of those staff. • Continuity of care and clarity of communication about any changes to the service. • Flexibility of the service both to meet their particular needs, and to accommodate changes in support requirements, or needs on a particular day. • Help with the day-to-day activities involved in running a household. • Coordinated working between different professionals.	time needed for specific tasks.

Lakey L and Saunders T (2011) Getting personal? Making personal budgets work for people with dementia. London: Alzheimer's Society

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To present the views and experiences of people with dementia and their carers on their use of direct payments and personal budgets. **Country:** United Kingdom.	**Methodology:** Mixed methods – survey, interviews and focus groups.	**Population:** • Older people living with dementia and receiving home care. • Family carers of older people with dementia. **Sample:** N= 1,432 responses to the survey in total (91% from England, 6% from Wales and 2% from Northern Ireland). In	**Satisfaction with services:** *"Survey respondents using direct payments were:* • *More satisfied with particular aspects of their care and services than those not using direct payments.* • *More likely to say they have received enough information; that the person with dementia is getting all the support they need; and that services made life easier.* • *More satisfied with support received at an early stage and that services were focused on meeting the person's specific needs.* • *More satisfied with particular services: help with household tasks (such as cleaning, gardening, shop-*	**Internal validity: −** **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		92% of responses the person living with dementia was over 65. 3% of responses were from people with dementia, and 96% were from their carers. 23% (N=204) respondents receive or were offered personal budgets. Alzheimer's Society also held 3 focus groups involving 6 people with dementia, and 19 carers, and 7 telephone interviews with carers managing a direct payment.	*ping); care workers who visit (to help with personal care or provide support in the home during the day or night) and visits from care managers, social workers and occupational therapists.'* (Executive summary, v) Negative aspects of direct payments cited were the difficulty of the process and lack of information. There was also *'No indication that respondents had found services more flexible.'* (Executive summary, v) **Concerns:** • Concern that social services can use personal budgets to abdicate responsibility. • Some councils do not promote personal budgets and people often don't know what it is. • People need information and ongoing support to manage personal budgets: *"It is an extra responsibility… When it did go pear-shaped… it was very upsetting… I did feel very abandoned."* (Carer, England, p 36). **Barriers to take-up:** Barriers to take-up among people with dementia who had been offered direct payment included a lack of confidence; satisfaction with current arrangements; and a perception that they would be 'too difficult'. In addition, authors note that: • Health and social care professionals need to understand law in relation to people who lack capacity. • Local markets need to be developed to deliver appropriate services. • Eligibility thresholds mean people may not be able to access care until crisis point, when personal budgets may no longer be appropriate. • *'Insufficient funding'* meaning people may not be able to	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			pay for support as their needs increase. (Executive summary, vi)	

London Assembly (2010) Home truths: older Londoners' access to home care services. London: Greater London Authority

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… review access to home care, focusing on how easy it is for older Londoners to get the help they need.*" (p 7) **Country:** England.	**Methodology:** Mixed methods – included a 'listening event', two focus groups, a 'call for written views', and a survey.	**Population:** • Older people receiving home care. • Family carers of older people. • Charities and organisations representing older people and care providers. • Administrators, commissioners, managers. **Sample size:** n=73 older people and carers participated via: - a 'listening event' at (n=23 older people and carers); two focus groups. In addition, a written call for evidence from home care providers and commissioners was made, and two formal public Committee meetings were held.	London's home care services are under huge pressure owing to: growing numbers of older people in the capital; the greater likelihood that older people in London will live alone and experience poverty; the diversity (and associated diverse needs) of the population; the higher cost of delivering home care in London; the greater numbers of people with complex needs; and, the higher eligibility thresholds. Home care provision is more expensive in London than nationally and self-funders can pay higher rates. Authors also highlight the complexity of the social care landscape. The report notes the timing of key stages in the process of accessing home care can be problematic, highlighting specifically that: >1,700 people waited >3 months in 2007-08; and, >1,500 waited > 6weeks after assessment for the service to be set up. Authors also note that short-time slots allocated for care work are problematic in that they can: limit care workers ability to respond flexibly to need and help with a wide range of tasks; cause frustration to both carers and people using services; undermine person-centred care (in that the person has to change their life to fit the care slot available).	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Sample characteristics: Ethnicity = 33 users and carers were recruited through BME or Irish representative organisations. **Intervention:** No particular model of home care specified.	**What works well/ positive findings:** Personalisation of care through personal budgets offer a way to improve choice and control (but people using these are in a minority). [Note: in places this paper uses 'personalisation' as synonymous with 'personal budgets'] **Main challenges identified by participants in the study:** • Participants reported that the assessment process could be overly simplistic and did not comprehensively cover cultural needs. • Lack of reliability and continuity of care caused considerable problems for older people as they had to explain their support needs to each new carer (something which can be particularly challenging for those with communication difficulties). • 40% of event participants found it difficult to access information about services available to them. • Older people and carers can find it difficult to complain. They can also be scared to complain in case their services are negatively affected, or can feel as though they are not taken seriously.	

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging & Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "… *investigate provider level influence on service user perceptions of home care service*	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with provid-	**Population:** • Older people receiving home care. • Providers of home care.	**Users' perception of quality:** • Perception of higher service quality was significantly associated with users younger than 85 years ($p < 0.01$), and with older people in receipt of at least 10 hours per week of home care.	**Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
quality." (p 84) **Country:** England.	ers.	**Sample size:** Service level and quality data obtained from 7935 older people receiving home care (from potential sample of 9254) service users, and 121 home care providers. **Sample characteristics (service users):** • Ethnicity = 1% BME. • Age = 86% aged 75 or over. • Gender = 75% female.	• In-house providers were perceived as higher quality when compared with independent sector providers ($p< 0.001$). **Workforce characteristics associated with users' rating of higher quality of home care:** • An older workforce was associated with higher quality care (proportion of care workers over 40 years, $p<0.001$). • A more highly trained workforce (hours of training) was associated with high service quality ($p<0.01$). • Training for the NVQ2 qualification was negatively associated with service quality ($p<0.001$). • Higher proportion of care workers employed with the provider for over 5 years was also associated with higher quality ($p< 0.001$), possibly reflecting both experience among workers and stability in the workforce. • Level of turnover (staff joining and leaving) in the past year was negatively associated with service quality ($p< 0.001$). • Higher proportion of workers having guaranteed working hours and higher female wage rate relative to local rates were associated with higher service quality ($p<0.001$). • Part-time working (less than 10 hours a week) was associated with lower service quality ($p<0.01$). • 10 or more minutes for travel allowed between visits was associated with higher service quality ($p<0.001$). • Provider flexibility to vary hours given and the way hours were used within agreed limits was associated with higher service quality ($p<0.001$). • Decreased service quality service was perceived by users as number of hours increased up to 19 hours of care per week; those receiving 20 or more hours a week reported improved service quality.	

Older People's Commissioner for Wales (2012) My home, my care, my voice: older people's experiences of home care in Wales. Cardiff: Older People's Commissioner for Wales

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To describe older people's daily lives and the issues which are important to those in receipt of home care. **Country:** Wales.	**Methodology:** Survey.	**Population:** Older people receiving home care in four local authority areas. **Sample Size:** n=1029. **Sample Characteristics:** • Age = ≥ aged 65. • Gender = not reported. Ethnicity = not reported. • Some of the older people appear to be carers.	**What works:** • **'Listening to clients'** - 72% said that they always or often felt listened to. One respondent reported that even though their care workers time was "*… limited they always do their utmost to care and provide what I need or request*" (Service user, p 9). • **Users' appreciation for the care they received** - "*The quality of the care my husband receives is 'second to none' and we are very grateful for their help*". • **Enabling the person to live at home** - 50% of respondents said they always had good quality of care, and 30% often, with some suggesting that they could not live at home without them. "*I could not remain in my own home without them. To have to give up my house where I have lived for 50 years would be terribly upsetting for me*." (Service user, p 14). **What needs to change:** • **Choices not being incorporated into care plans -** "*My opinion counts for nothing. I feel that I have given in to bullies because they only want their own way with everything and the clients view really doesn't matter at all they are not willing to change anything to suit the client.*" (Service user, p 9). • **Having the right knowledge and skills, including induction -** Over three-quarters of respondents felt that paid carers always or often had the right skills, but problems were identified around induction and dementia care: "*I feel that the carers [care workers] need more training they are left to fend for themselves after only a week's "shadowing" another carer [care worker]*	**Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			who has not had any training themselves." (Service user or carer, p 10). "*Apparently they specialise in dementia. You wouldn't know it. …*" (Carer, p 10). • **Time pressures -** Less than 50% of older people felt that their care workers give them as much time as they need, and reported that this impacted on what they could do. "*...15 minute calls during which they are meant to get the person up, wash and dress them and provide breakfast. The 15 minutes also includes travel time to the next call. Many older people forgo the washing and ask the staff to prepare their breakfast.*" (user or carer, p 11) • **Use of unfamiliar staff -** Only 35% of respondents said they were always familiar with the carer sent, and lack of communication about changes of staff was reported as a cause of distress. It was recognised that retention of staff was a problem. "*It seems that girls leave quickly because of the pay, hours and job expectations.*" (Service user or carer, p 13).	

Patient and Client Council (2012) Care at Home. Older people's experiences of domiciliary care. Belfast: Patient Client Council

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… explore the experiences of older people and their carers receiving a domiciliary service throughout Northern Ireland in the context of pressure on services and the*	**Methodology:** Mixed methods - survey (questionnaire), interviews and discussion groups.	**Population:** • Older people receiving home care. • Older people receiving social care. **Sample size: "***A total of 1161 people took part in this process: 700 people*	**Users' views (survey):** • 87% of people using services rated them positively. A significant minority of people did not feel their needs were met (16%) and most commonly attributed this to lack of time available. • Typical concerns included: short visits and/or inconvenient visit times; lack of continuity or quality in care staff; inflexibility of service; and, poor staff training. • Participants thought the definition of care should be	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
potential changing policy context for domiciliary care." (p 6) **Country:** Northern Ireland**.**		*completed a questionnaire outlining their experiences of receiving domiciliary care, 38 people in receipt of an intensive home care service took part in an interview, 170 people participated in small discussion groups and 253 members of the public filled out a short questionnaire."* (p 3) The response rates were not given. 29 of the interviewees were older people currently receiving a domiciliary care service and 9 were carers for a person in receipt of home care. 12 of the older people were interviewed along with their main carer. **Sample characteristics:** 75% of questionnaire respondents had less than 10 hours of home care per week (i.e. non-intensive). Interviewees were all intensive users. Most of public respondents to short questionnaire were not users.	more joined-up and should also take into account non-health and social care-related tasks. 73% people received support with washing, 68% had help dressing, 63% with food preparation. 10% had help with housework and 5% with shopping. 30% people paid for additional help (mostly with practical tasks) while many also relied on family carers. Some noted that more practical support from care workers would help them be more independent. • People felt they could not complain for fear of services being negatively affected. **Carers' views (interviews):** • Most carers rated home care staff positively and indicated that they offer reassurance to families. They echoed many of the concerns raised by older people in relation to brevity of visits (and related impact on care quality), poor care continuity, inflexibility and poor administration. • There were particular concerns (in terms of quality, health, safety and hygiene standards) about staff in some private agencies to which care had been transferred from the local authority. **Author's recommendations:** • All care staff should be trained in the concepts of dignity and respect to a high level rather than training which simply aims to meet minimum standards. • Providers should ensure continuity of care, which is essential to help identify risks to or changes in the needs of vulnerable adults. • Care packages should address wider emotional and psychological support. • Older people should have choices about their care.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		29 of the 38 interviewees were older people currently receiving a domiciliary care service; 9 were carers for a person in receipt of home care. **Intervention:** No particular model of home care specified.		

Quince C (2011) Support. Stay. Save: care and support of people with dementia in their own homes. London: Alzheimer's Society

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To provide feedback from people with dementia, their carers, and home care workers on their aspirations and experiences with respect to dementia care provided in the community in England, Wales and Northern Ireland. **Country:** United Kingdom.	**Methodology:** Mixed methods - questionnaires (quantitative and qualitative), small group discussions and interviews.	**Population:** • Older people using home care, family carers and home care workers. • Home care providers. **Sample size:** 1436 questionnaire responses (from 21,000 issued, i.e. 6.8% response rate). 1425 reported including from people with dementia (n=48, 3%), carers (n=1377) and home care workers (n=989, 98% of whom reported working with someone with de-	**What people living with dementia and their carers want from services:** • Most significant to good home care is that 83% of user/carer respondents want to live in their own home • 59% consider links to the community to be important. • Providing 'enough support' for the person living with dementia, and for their carer– is essential. **Concerns:** From survey, 50% of users and carers felt that the home care support offered was not sufficient, leading to a range of negative outcomes including avoidable hospitalisation or entry to residential care. 52% of carers felt they had inadequate support to them in their caring role. There was also criticism of the timing of care visits, and the irregularity of these in particular:	**Internal validity:** - **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		mentia). **Sample characteristics:** 91% of all respondents were from England, 6% from Wales, 2% Northern Ireland. **Sample characteristics (people with dementia):** • 90% lived in flat or house, 6% in sheltered housing, 1% in extra care housing. • 49% aged >80 years; 34% aged 70-79; 8% aged 65-69 years; 8% aged 40-64 years. **Sample characteristics (carers):** 21% > 80; 29% aged 70-79 years; 12% aged 65-69; 33% aged 41-64; 2% aged ≤40. **Intervention:** Home care support for people with dementia.	"*But it's difficult to set any times. In the afternoons it's any time between four and half past seven. In the mornings it might be half past seven or ten o'clock*." (Person with dementia, p 47).	

Seddon D and Harper G (2009) What works well in community care: supporting older people in their own homes and community networks. Quality in Ageing 10: 8-17

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To explore what works well in supporting older people to live in their own homes and participate in their local communities. **Country:** United Kingdom.	**Methodology:** Qualitative - focus groups.	**Population:** • Older people receiving home care. • Carers unrelated to the particular older people in the sample. • Home care workers employed by agency. • Care managers. **Sample size:** n=68. • 35 older people. • 18 carers (not related to older people). • 13 direct service providers, (6 of whom were based at a local charity). • 9 care managers. **Sample characteristics:** • Age = varied between 68-94 years. • Gender = 2 males.	**What needs to change:** • Participants reported that a more person-centred approach was needed, with greater sensitivity to older people's needs and preferences. • Older people and carers felt that there should be greater flexibility in the tasks undertaken as part of a home care service to ensure that older people are not isolated from the community, citing the fact that workers are permitted to collect shopping for individuals but not allowed to take the older people along with them. • Older people also reported that continuity of carer is an issue, as this prevents a more personalised service (which relies on familiarity). However, participants recognised that retention and the low status of staff was a sector-wide difficulty in this regard.	**How well was the study conducted?** +

Sykes W and Groom C (2011) Older people's experiences of home care in England. Manchester: Equality and Human Rights Commission

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To provide information about older people's experiences of home care as well as exploring potential risks to human rights or failure to address them. **Country:** England.	**Methodology:** Qualitative - using in-depth interviews.	**Population:** Older people receiving home care (with some input from family carers of older people). **Sample size:** n=40 older people. **Sample characteristics** • Age = aged 66-99 years. • Gender = 13 males, 27 females. • Ethnicity = White British: 35; Black African/Caribbean: 5. Household situation = lives alone: 35; lives with partner: 4; lives with other(s): 1. • Funding = arranged or part paid for by local authority n=31; direct payment n=2; self-fund n=12. • Location = Living in four local authority areas in England; a target of ten interviews per area. The sample areas were selected to represent a spread in	**What is valued:** • Skill and professionalism of care workers. • Seeing the same workers and being able to build 'warm' relationships. • People organising or funding their own care appeared to find it more flexible and responsive to their needs, although there was concern (from authors) about potential exploitation. **What needs to change:** • 'Slapdash' approaches to preparing food, tidying, etc. • Workers who look 'scruffy' and unkempt. • Workers rushing through their work, with no time for conversation. • Workers who 'speak over' the older person in a language other than English. • Lack of respect for service users who felt they were treated 'as a number'. • The assignment of different carers without warning, and workers who stop providing care without notice. • Poor timing of visits and time keeping practices such as inappropriately early evening visits before the person is ready to go to bed. • Unreliable services with workers who don't turn up for scheduled visits. • Minimal flexibility in the tasks which workers can undertake; particularly in work which is not detailed in the care plan, even if these are minor tasks. • The authors emphasise the prevalence of social isolation which they note was consistently emphasised by respondents. • The researchers suggest that respondents often 'passively' accepted services which offered minimal auton-	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		terms of region, urban/rural characteristics and population mix.	omy or choice, unless there was an issue which was 'bad enough' to make a complaint about.	

Walsh K and Shutes I (2013) Care relationships, quality of care and migrant workers caring for older people. Ageing and Society 33: 393-420

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To 'explore the relationship' between migrant care workers and older people in Ireland and the UK; the barriers to and facilitators of the relationship; and the implications for relational aspects of quality of care in institutional and home care settings. **Country:** United Kingdom and Ireland.	**Methodology:** Qualitative – focus groups, interviews and a survey.	**Population:** • Older people receiving home care. • Migrant home care workers employed by agency. • Directly employed migrant care workers. • Provider managers. **Sample size:** • n=90 care workers. • n=41 older people. • Some information from survey and telephone interviews with provider service managers - not much reported. **Sample characteristics (care workers):** • Ethnicity = migrant workers of mixed ethnicity from countries such as India, Philip-	**What works well:** • The relational aspects of care are regarded by older people and their carers to be the core determinants of care quality. • Older people valued workers who were *"… caring, kind and patient …*" over technical skill sets. **What needs to change:** • 66% of employers and providers said that poor English could be a significant challenge when employing migrant care workers. **The authors also highlight the following:** • The impact of language, customs and cultural norms potentially acting as a barrier to the social and conversational aspects of care, for example, if people are unfamiliar with the same idiomatic phrases. • Familiarity with specific carers could help to improve care quality, but the ability to build a relationship was hampered by recipient dependency, significantly high carer workloads and staff shortages. • Relationships with people of other cultures could be rewarding and interesting, and some workers established a warm and caring reciprocity with the older	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		pines, Nigeria, Zimbabwe, Poland, and other eastern European countries. • Employment status = 34 nurses and care assistants working in Irish nursing homes (not relevant); 56 of same working in UK nursing homes and home care. Of the sample of 90, the workers relevant to this guideline are: 8 care assistants working for Irish home care organisations (3 of whom lived with employer); 27 care assistants working for home care organisations in the United Kingdom (16 of whom lived with employer). Latter recruited through random sample survey of UKHCA (12% response rate). • Gender = 78 of the workers were female. **Sample characteristics (older people):**	person, as though they were family.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		• Age = not reported. • Two focus groups took place in Ireland, 4 in the United Kingdom (two of which were with home care users - the latter involving nine older people). Data relevant to home care assistance in the United Kingdom extracted. **Intervention:** No particular model of home care (but delivered by migrant workers of different ethnicity to clients).		

Critical appraisal tables

Home Care Research questions 2.1 and 2.2

What are the views and experiences of home care practitioners, service managers and commissioners procuring or delivering services?

What do they think works well and what needs to change?

Angel C (2012) Care is not a commodity. Sutton: United Kingdom Homecare Association

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To investigate the impact of local authority commissioning of home care services. **Country:** United Kingdom.	**Methodology:** Survey (online) - responses gathered over four-week period. **Objectives of the study clearly stated?** Partly. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** N/A.	**Survey population and sample frame clearly described?** Yes. • 739 respondents (UK home care providers) • Respondents were 'senior post holders' in each organisation. 50% were an 'owner, partner, chief executive, director, or similar'. 47% were a 'registered manager, or other senior manager'. 3% were 'another employee or consultant'.(p15) **Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Partly. 98% of responses came from organisations that	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Partly. Online survey - but no details of how participants were directed to it. **Response rate calculation provided?** Partly. There is no indication of how many people were invited to complete the survey to put the 739 responses in	**Limitations of the study stated?** No. There is no description of how respondents were directed to the online survey. It is possible that non-responding home care providers might have had a more positive experience of contracting with local authorities, although there was feedback from services contracting with 90% of local authorities and Health and Social Care Trusts.	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		currently trade with the council they were describing in the survey. Of these, 92% of responses were from organisations that had traded with the specified council for at least one year, and 78% had been doing so for three years or longer. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Partly. **Measures for contacting non-responders?** No – issue of non-respondents not mentioned. **Clear description of data collection methods and analysis?** Partly. The data were collected	context but data is provided on response rate in terms of how many councils they represent and the regions in which they are based. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** Partly. High response rates were considered by the authors to be most likely to represent councils where there are a significant number of local providers, or where local providers have active networks. The authors also suggested that the high response rates correlate with "*… strong feelings about the council's commissioning prac-*		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		through an online survey - but there are no details provided on how participants were directed to it. **Response rate:** • 90% UK Councils represented by responses from one or more provider • England 96% councils (655 responses received, representing 146/152 councils) • Wales - 91% councils (43 responses from 20/22 councils) • Scotland 56% councils (26 responses from 18/32 responses) • Northern Ireland - 100% (15 responses from 5/5 councils). • Responses were further broken down by government region and type of provider	*tice.*" (p 14) A low response rate from providers in Scotland was suggested to be the combined result of relatively low numbers of providers based in rural counties and the relatively limited impact which public spending cuts have so far had on providers in Scotland compared with those in other regions of the United Kingdom. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes. For example when referring to home care being increasingly paid for 'by the minute' rather than by visit (traditionally home care has been paid for by the length of commissioned visit).		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		(95% independent, 5% voluntary). **Methods for handling missing data described?** Partly. Incomplete responses excluded from calculation of results.			

Cangiano A, Shutes I, Spencer S et al. (2009) Migrant care workers in ageing societies: research findings in the United Kingdom. Oxford: ESRC Centre on Migration Policy and Society

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The research addressed four questions: • "*The factors influencing demand, in an ageing society, for care workers – and in particular migrant care workers – in the provision of care for older people.*" • "*The experiences of migrant workers, of their employers and older people in institutional … and home-based care.*" • "*The implications of the employment of migrant workers in the care of older people for the work-*	**Mixed methods** - analysis of existing data; postal and online survey; interviews; and focus groups. The research consisted of the following five main pieces of data collection and analysis: 1. Analysis of Labour Force Survey and similar sources. 2. A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires, between January and June 2008. 3. In-depth, face-to-face interviews, carried out between June and De-	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is there a clear description of the randomisation or an appropriate sequence generation?** N/A. **Is there a clear description of the allocation conceal-**	**Is the process for analysing qualitative data relevant to address the research question?** Yes - well illustrated, though not described as process. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Yes - good policy and practice scope and background.	Although the survey response rate appears low (13%), the initial sample (3,800 care homes, 500 home care providers) was large, and the 557 respondents employed 13,800 care workers (and 1900 nurses). However, the findings cover the whole social care workforce, not just those working in home care.	**Internal validity:** ++ Although the methods are not fully described, findings are triangulated using different methods, and highly consistent. **Is the setting similar to the UK?** Yes - UK study. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** No, it relates to migrant workers within the social care workforce who

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
ing conditions and career prospects of the migrants and for the quality of care for older people." • "*The implications of these findings for the future social care of older people and for migration policy and practice.*" (p 3-4) **Country:** United Kingdom.	cember 2007, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other agencies supplying care workers, or directly by older people or their families. 4. Five focus group discussions, with 30 older people. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes.	**ment (or blinding when applicable)?** N/A. **Are participants (organisations) recruited in a way that minimises selection bias?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Yes.	**Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Yes. **Are there complete outcome data (80% or above)?** N/A. **Is there low withdrawal/drop-out (below 20%)?** N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** N/A - observational and national survey data. **In the groups being**		work with older people and therefore includes residential care workers. **Is the intervention clearly home care?** No, it is social care workforce, includes residential care. **Is the intervention clearly home care?** No, it is the entire social care workforce, including residential care workers. **Are the outcomes relevant?** Yes - outcome data is relevant but the data is largely qualitative and based on views. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups? N/A. **Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?** N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response**		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			rate (60% or above)? Not for survey, only 13%.		

Clark H, Gough H, Macfarlane A (2004) 'It pays dividends'. Direct payments and older people. Bristol: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To examine how older people use direct payments and how this can be facilitated by local authority care management teams and direct payments support workers. • To determine how older people are introduced to direct payments and why they choose them. • To understand care managers views on direct payments for older people and the role which this group plays in 'making direct payments work for older people'. **Country:** England.	**Methodology:** Qualitative - interviews and focus groups. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Appropriate. **How well was the data collection carried out?** Appropriately. Lack of detail on sampling although the three local authorities included do cover different geographical areas and authority types, and "*different mechanisms of making and supporting direct payments.*" **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Somewhat reliable but is not well described. The authors simply note that the analysis process was ongoing and that "*… a constant comparative analysis approach was adopted"* (p 62) **Are the findings convincing?** Convincing. Despite some shortcomings, the study highlights some issues which appear to be generalisable. **Are the conclusions adequate?**	The analysis is not comprehensively described. The sample is limited to 41 older people across three areas. The authors note that not including older people with mental health or learning difficulties was 'a major omission' (p 8)	**Relevance to the home care guideline:** Relevant, but the study is over ten years old. It is therefore only likely to illustrate early experiences of direct payments. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			Adequate. The conclusions are drawn from 2002-3 data and summarise both the benefits, but also the conditions and support needs that both service users and local authority care managers and staff have.		

Cooper J, Urquhart C (2005) The information needs and information-seeking behaviours of home-care workers and clients receiving home care. Health Information and Libraries Journal 22: 107-116

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore the information needs of home care workers and their clients in one urban locality. **Country:** Wales.	**Methodology:** Qualitative - participant observation and in-depth interviewing techniques. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible. **Is the context clearly described?** Unclear. The agency is anonymous and no detail is provided on characteristics such as its size or locali-	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The study does not present detail on how the older people using home care or the home care workers were identified. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Somewhat	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable. Coding was checked by another person. Quotes included. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Somewhat adequate. The link be-	Sampling limitations prevent this being rated as a higher quality study. It is not clear how people were recruited to the study, and the range of different types of participant (see sample) does not allow a development of themes specific to any particular group. There is sometimes a lack of clarity around the reporting of information needs of clients and practitioners.	**Relevance to the home care guideline:** Somewhat relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	ty, only that it is 'urban'. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Yes, as evidenced by the decision not to interview the older clients.	reliable. **Is the role of the researcher clearly described?** Clearly described. Although more detail needed on dual role as care worker.	tween the findings and the implications these have for health and social care librarians was not made very strongly.	The reporting of observation is not clear.	

Department of Health, Social Services and Public Safety (2009) Survey of Domiciliary Care Providers Northern Ireland 2008. Belfast: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To explore the practices and procedures of domiciliary care providers in Northern Ireland with particular reference to regulations and minimum standards introduced by the government. • To explore whether provider's decision making was informed by the views of their users. • *"The survey sought to assess domiciliary care services provided in Northern Ireland in the context of regulations and minimum standards the Department has introduced. It also collected*	**Methodology:** Survey - postal survey of all domiciliary care providers in Northern Ireland. **Objectives of the study clearly stated?** Yes, to ascertain compliance with RQIA (Regulation and Quality Improvement Authority) standards. **Research design clearly specified and appropriate?** Partly. Data is self-reported, and is really more of an audit than research. **Clear description of context?** Yes. Yes. Information is provided on the mix of statutory, private, voluntary providers.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Unclear. 25% did not respond. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample**	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Response rate calculation provided?**	**Limitations of the study stated?** No. They include self-reporting and a lack of piloting or validation of the questionnaire. The tool could be regarded as audit, rather than research. This survey may only be relevant to Northern Ireland.	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** + The report relies on self-reported data and is essentially an audit.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
baseline data for future evaluation of these regulations and minimum standards." (p 1) **Country:** Northern Ireland.	**Clear description of data collection methods and analysis?** Partly. **Methods appropriate for the data?** Yes. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** No. **All appropriate outcomes considered?** Unclear. **Ethical approval obtained?** N/A.	**size estimates performed?** Yes. 229 providers of home care were contacted. 206 were eligible to take part (rest not registered or not delivering home care), and 154 took part in survey. 75% of eligible sample responded. **All subjects accounted for?** Partly, 25% non-respondents not chased up. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Partly. Survey is self- reported, and providers tick options - no necessary proof. No measures were used.	Yes. **Statistics correctly performed and interpreted?** N/A. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on subject and study objectives?** Partly.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Measurements valid? N/A. **Measurements reliable?** N/A. **Measurements reproducible?** No. **Response rate:** 75% responded. **Methods for handling missing data described?** No.			

Devlin M and McIlfatrick S (2010) Providing palliative care and end-of-life care in the community: the role of the home-care worker. International Journal of Palliative Care Nursing 16: 195-203

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• "*To examine the role and experiences of home-care workers in palliative and end-of-life care.*" • "*To explore the perceptions of community nurses on the role of home-care workers in palliative and end-of-life care.*" • "*To identify the training, support and supervision needs of home-care workers in palliative and end-of-life care.*" (p 196)	**Methodology:** Mixed methods. Phase 1 = Cross-sectional survey approach using a self-completion, postal questionnaire to home care workers (236). Phase 2 = Focus group with six community nurses. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives),**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Are participants (organisations) recruited in a way that minimises selection bias?** Partly.	**Is the process for analysing qualitative data relevant to address the research question?** Yes. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?**	The authors acknowledge that asking community nurses for their views on the performance of home care workers is questionable; that response rates were low, and that interviews would may have provided richer details than a survey, especially in regards to the feelings of home care workers towards	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Unclear, but the study does focus on end of life care. **Is the intervention clearly home care?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: United Kingdom.	**or the qualitative and quantitative aspects of the mixed-methods question?** Partly. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes.	Survey appears to have gone to all home care workers employed in two parts of a large Health and Social Care Trust in Northern Ireland. It is not clear if they are representative of all home care workers in the trust, or if respondents were 'different' in any way. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Partly, if all 236 home care workers were surveyed – but there is a lack of clarity about survey content. **Is the sample representative of the population under study?** Unclear, as response rate was	Yes. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Unclear in the focus group, and also in the wording of the survey, which may have been leading. **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** N/A. Just percentages in relation to questions. **In the groups being compared (exposed versus non-**	their role. No details are provided on the survey questions used.	**Are the outcomes relevant?** Yes. **Overall assessment of external validity:** + The findings are highly consistent with other sources.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		low – 69 (29%), and difference between respondents and non-respondents is unknown.	**exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** N/A. **Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?** N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** No, we don't see the survey document. **Is there an acceptable response**		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			rate (60% or above)? No - rather low at 29% (n=69). The focus group was very small (n=6).		

Duff P and Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions.*" (p 61). **Country:** United Kingdom.	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study. **Is a qualitative approach appropriate?** Not sure. **Is the study clear in what it seeks to do?** Mixed. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**How well was the data collection carried out?** Unclear - inadequately reported. **Was the sampling carried out in an appropriate way?** Unclear. **Is the context clearly described?** Unclear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Unclear.	**Are the data 'rich'?** Not sure. **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Somewhat convincing. Despite some shortcomings, the study highlights what appear to be generalisable issues. **Are the conclusions adequate?** Somewhat adequate.	Although the researchers refer to the study as a case study/pilot study it seems observational/based on an audit exercise. There is no real evidence of analysis or data collection methods or how the audit tool was applied, but the issues which are highlighted are important (e.g. inter-agency collaboration and case management issues). Some of the findings, however, may be useful for the GDG to consider.	**Relevance to the home care guideline:** Somewhat relevant - despite limitations the paper does highlight some interesting points regarding inter-agency working. **How well was the study conducted?** – There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the findings were considered relevant for the GDG to consider.

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review. **Is a qualitative approach appropriate?** Somewhat appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The researchers liaised with intermediary organisations to recruit both self-funders and workers and this may not have been representative. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Limited to small sample of self-funders, so a range of contacts and user led organisations were used which may not have been representative.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Fleming G and Taylor B J (2007) Battle on the home care front: Perceptions of home care workers of factors influencing staff retention in Northern Ireland. Health and Social Care in the Community 15: 67-76

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To determine the causes of the increasing problem of retaining home care workers in Northern Ireland based on the perspective of these workers. **Country:** Northern Ireland.	**Methodology:** Mixed methods – cross-sectional survey (questionnaire – mostly five point ordinal scales) and focus groups. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** No. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Unclear.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Partly - they used SPSS statistical package. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** No. A large 'patch' within a single Health and Social Care trust was chosen as a convenience sample which included 37% (n= 147) of all home care workers employed by the trust. These workers were sent a questionnaire with one follow-up reminder letter. **Is the sample representative of the**	**Is the process for analysing qualitative data relevant to address the research question?** Yes - focus groups. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly, but setting and sample concern a minority of eligible workers within a single trust. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** No - relationship unclear.	The rationale for sampling is not described. 37% (147) of home care workers in a single trust are surveyed, and these may not be representative. Sample described as one of 'convenience'. 45 (31%) of those surveyed responded, again limiting representative status of study. The 12 workers taking part in the focus groups participants were 'selected' by invitation to all of the 45 respondents. The selection process is unclear.	**Internal validity:** + **Is there a clear focus on older adults?** No. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** N/A. **Overall assessment of external validity:** -

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		population under study? Unclear. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Unclear.			

Francis J and Netten A (2004) Raising the quality of home care: a study of service users' views. Social Policy and Practice 38: 290-305

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To understand what older people perceive good quality home care to be. • To identify barriers to improvement in home care services. **Country:** United Kingdom.	**Methodology:** Qualitative – interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Not sure. Recruitment of sample is a little unclear for example, it is not clear if the 'randomly' recruited service users are from the same services managed by the providers. **Study approved by ethics com-**	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. Sampling method a bit vague. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable. Thematic analysis is clearly introduced in semi-structured interviews, and followed through from service user to provider interviewing. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.		**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** + Well conducted and structured interview study.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	mittee? Not stated. **Is the reporting of ethics clear and coherent?** Not stated.				

Hall L and Wreford S (2007) National survey of care workers: final report. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Skills for Care commissioned this survey of workers in the social care sector in England to find out more about the workforce. **Country:** England.	**Methodology:** Survey - conducted face to face with respondents who had opted in. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Partly. Sample was collected using the nationally representative Omnibus surveys of the general population to identify care workers in England. Using the Omnibus screener, care work was reported as employment for 3.4% of the working English population. Eligible participants were contacted to ask whether they would be willing to be interviewed face to face using a piloted survey instrument. **References made to original work if existing tool used?** N/A.	**Survey population and sample frame clearly described?** Yes. "*The survey included those working in the private sector, voluntary sector, local authorities, the NHS and including those employed directly by individual clients. The questionnaire covered work carried out by those working in social care, working hours, satisfaction with job and duties, length of service and the future of care work.*" (p 5) **Representativeness of sample is described?** No.	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly, could be improved with more disaggregation/distinction between workers in different settings. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Yes.	**Limitations of the study stated?** No. This was a somewhat simple counting exercise, but not clear if sample is representative: 27% survey response from original survey frame. Not clear if/how these may differ from general workforce. Also, only 39% of sample interviewed were working with clients in own homes.	**Results can be generalised?** Partly, but unclear, as survey material collected 2005/6. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** + Somewhat simple counting exercise, and not clear if representative.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Reliability and validity of new tool reported? No, but the fieldwork was preceded by cognitive testing to check on the screener and questionnaire wording.'	**Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No. **Clear description of data collection methods and analysis?** Yes. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** N/A.	**Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** N/A. Somewhat simple approach. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** No.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Measurements reliable? N/A. **Measurements reproducible?** N/A. **Response rate:** 778 of the 1834 (42%) care workers identified by the Omnibus agreed to be re-contacted, from which 502 interviews were achieved, representing 27% of the original invitees, and 65% of volunteers. **Methods for handling missing data described?** N/A.			

Hek G, Singer L, Taylor P (2004) Cross-boundary working: a generic worker for older people in the community. British Journal of Community Nursing 9: 237-245

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate a joint initiative between NHS and social services which piloted the role of generic care worker to "*… provide comprehensive care for older people living at home.*" (p 237)	**Methodology:** Qualitative - semi-structured interviews with service users, generic workers, existing health care workers and managers. The generic workers also kept a diary to record how their time was spent.	**How well was the data collection carried out?** Appropriately. **Was the sampling carried out in an appropriate way?**	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Somewhat reliable. No detail reported, but some triangulation.	The samples are very small, and it is not clear how they were recruited.	**Relevance to the home care guideline:** Somewhat relevant. There are few examples of the use of generic workers or of home care workers being trained by nurses, but it is an

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: United Kingdom.	**Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	Somewhat appropriate. The sample of service users was very small (n=5), and only 12 generic workers were recruited. It is not clear why the 5 service users were chosen. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Unclear. **Were the methods reliable?** Reliable.	**Are the findings convincing?** Convincing. Although as the authors note it is not clear whether any worker, given the same time allowance, could not have achieved the same level of user satisfaction. **Are the conclusions adequate?** Adequate.		interesting model. **How well was the study conducted?** +

Manthorpe J, Hussein S, Charles N (2010) Social care stakeholders' perceptions of the recruitment of international practitioners in the United Kingdom - a qualitative study. European Journal of Social Work 13: 393-409

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore stakeholder views on the demand and supply factors influencing recruitment of international practitioners to social care services in the United Kingdom. **Country:** United Kingdom.	**Methodology:** Qualitative – semi-structured interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear.	**How well was the data collection carried out?** Appropriately. **Was the sampling carried out in an appropriate way?** Somewhat appropri-	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable. All interviews taped and transcribed. **Are the findings**	It is unclear how the 15 stakeholders were recruited, and this is partly justified by the desire to guarantee anonymity, so people could talk freely about this sometimes sensitive subject.	**Relevance to the home care guideline:** Highly relevant. Should have some impact on training and induction: and is meaningful in relation to downward pressure on wages.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	How defensible/rigorous is the research design/methodology? Defensible.	ate. The sample was very small but did provide a mix of people who represent employers and employees in the sector. No detail given on how sample was convened. Anonymity was guaranteed. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Reliable.	**convincing?** Convincing. **Are the conclusions adequate?** Adequate.		**How well was the study conducted?** +

Manthorpe J and Stevens M (2010b) Increasing care options in the countryside: developing an understanding of the potential impact of personalization for social work with rural older people. British Journal of Social Work 40: 1452-1469

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To understand the impact on older people and those supporting them of the personalisation of social services in rural areas with particular reference to the	**Methodology:** Qualitative – semi-structured interviews. **Is a qualitative approach appropriate?** Appropriate.	**How well was the data collection carried out?** Not sure - inadequately reported.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable.	Only 14 of the sample had direct experience of delivering personal budgets, so some comments are speculative.	**Relevance to the home care guideline:** Somewhat relevant. This study is about personal budgets rather than home care, but the

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
use of personal budgets. **Country:** England.	**Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**Was the sampling carried out in an appropriate way?** Not sure. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Unclear. **Were the methods reliable?** Reliable.	**Are the findings convincing?** Convincing. **Are the conclusions adequate?** Somewhat adequate.	There is little detail on sample selection, content of interview schedules, etc., so it is not clear what the range of views was and how well they are captured.	implication is that home care is the most likely social care need/purchase. It is included as there is little information on rural issues available, and the workforce issues are pertinent. **How well was the study conducted?** +

Moran N, Glendinning C, Wilberforce M et al. (2013) Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects UK. Ageing and Society 33: 826-851

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore older people's experiences of individual budgets as part of the English Individual Budget pilot projects (2005-2007). **Country:** United Kingdom.	**Methodology:** Mixed methods - randomised comparison evaluation, with before and after structured measures, and qualitative interviews with a sub-sample. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes.	**Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** Yes.	**Is the process for analysing qualitative data relevant to address the research question?** Partly. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?**	The IBSEN project (of which this is a component), reported a number of problems including recruitment, randomisation and the failure of some budget holders to receive and implement them before the follow-up measures were taken at six months. Interviews reported within this study (to discuss care plan-	**Internal validity** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Partly. **Are the outcomes relevant?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Is the integration of qualitative and quantitative data (or results) relevant to address the research question? Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Partly. The qualitative data does appear to clarify some of the quantitative findings. **Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is there a clear description of the randomisation or an appropriate sequence generation?** Partly. **Is there a clear description of the allocation concealment (or blinding when applicable)?** No. **Are participants (organisations) recruited in a way that minimises selection bias?** Partly. **Is the sampling strategy relevant**	**Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** Yes.	Partly. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** No. **Are there complete outcome data (80% or above)?** Yes **Is there low withdrawal/drop-out (below 20%)?** Unclear. **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (con-**	ning) were undertaken two months after randomisation, so are unlikely to reflect the outcomes of the intervention. Data was collected between 2005 and 2007, when the intervention was being piloted, so the findings may not be applicable to the present.	**Overall assessment of external validity:** –

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	to address the quantitative research question (quantitative aspect of the mixed-methods question)? Yes. **Is the sample representative of the population under study?** Yes.		**trol for) the difference between these groups?** N/A - none were identified. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** Yes.		

Patmore C (2004) Quality in home care for older people: factors to pay heed to. Quality in Ageing 5: 32-40

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To determine what factors help home care providers to deliver services which older people value. **Country:** England.	**Methodology:** Qualitative - interviews with home care providers. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Mixed. It is not very clear what questions were asked, except that they concerned flexibilities in tasks and care plans. **How defensible/rigorous is the**	**How well was the data collection carried out?** Not sure - inadequately reported. **Was the sampling carried out in an appropriate way?** Somewhat appropriate. Details are given, but the methods are unlikely to have	**Are the data 'rich'?** Poor. Only a small number of verbatim quotes are provided. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Somewhat convinc-	It is unclear how selection of sample and recruitment was carried out and the reporting of the methodology and the data is not clear. The main limitation is that the fieldwork was undertaken between 2001 and 2005, since when commissioning and providing arrange-	**Relevance to the home care guideline:** Somewhat relevant, but there are limitations which minimise relevance. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	research design/methodology? Defensible.	reduced bias. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable.	ing. **Are the conclusions adequate?** Somewhat adequate.	ments have substantially changed, with local authorities taking a more detached role. Cuts in budgets to local authorities are also likely to have changed the picture.	

Roberts J (UKHCA) (2011) Improving domiciliary care for people with dementia: a provider perspective. Bristol: South West Dementia Partnership

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The aim of the project was to identify: • The challenges facing home care providers. • What do providers think works well in all care sectors? • Innovative practices which can be introduced more widely in the future. • How can dementia services be improved. **Country:** England.	**Methodology:** Qualitative - e-mail survey, focus groups and telephone interviews. Although a small e-mail survey was conducted, this is really a very small qualitative study in which the survey cannot be rated for representativeness. Seven completed email survey responses were received, 18 people attended focus groups and 10 people contributed via telephone interviews. **Is a qualitative approach appropriate?** Appropriate.	**How well was the data collection carried out?** Somewhat appropriately, but very small scale. **Was the sampling carried out in an appropriate way?** Not reported. **Is the context clearly described?** Unclear. **Is the role of the researcher clearly**	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	Survey responses (seven) cannot be assessed for quality purposes. It is unclear who the respondents (to the survey) are, or how they and the focus group attendees and telephone interviewees were identified. Although the reporting of methods is very limited the findings are congruent with other sources.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Funding: South West Dementia Partnership.	**Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**described?** Not described. **Were the methods reliable?** Somewhat reliable.			

Rubery J, Hebson G, Grimshaw D et al. (2011) The recruitment and retention of a care workforce for older people. Manchester: Manchester Business School

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To investigate the recruitment and retention of the social care workforce for older adults within the independent private and voluntary sectors. **Country:** England.	**Methodology:** Survey - three stage project. The first stage consisted of a postal survey of 92 (of 149) local authority directors of social services. The second stage involved a follow up study of 14 local authorities and a telephone interview with 115 provider establishments and ten national providers. The third stage was a series of case studies where 4 local authorities, 20 providers, and 98 care staff were interviewed. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Yes. Range of providers in range of local authorities; different levels of staff interviewed. **Study large enough to achieve its objectives, sample**	**Basic data adequately described?** Partly. Results of first stage reported separately. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and anal-**	**Limitations of the study stated?** No. The report is about the social care workforce and it is sometimes unclear whether the workforce being described is from the home care or care home context. Sample is led by selection and availability of staff. The majority of findings reported are from phase three interviews with 98 managers and staff from 20 provider services in four local authorities. Interview respondents depended on availability of	**Results can be generalised?** Yes. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes. **Overall assessment of quality** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	References made to original work if existing tool used? N/A. **Reliability and validity of new tool reported?** N/A. **All appropriate outcomes considered?** Yes.	**size estimates performed?** Yes. **All subjects accounted for?** Yes. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes. **Measurements reliable?** Yes. **Measurements reproducible?** Partly. Paper notes that interviews with particular staff were difficult to arrange; sometimes different staff had to be interviewed when others were not available, making it difficult to replicate case study interviews exactly.	**ysis?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** N/A. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.	staff. Precise data will by nature be out of date.	

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Clear description of data collection methods and analysis? Yes. **Methods appropriate for the data?** Yes. **Response rate:** 1st stage: 62%- 92/149 of local authorities contacted: 90 returned completed questionnaires. **Methods for handling missing data described?** No.			

Seddon D and Harper G (2009) What works well in community care: supporting older people in their own homes and community networks. Quality in Ageing and Older Adults 10: 8-17

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore what works well in supporting older people to live in their own homes and participate in their local communities.	**Methodology:** Qualitative - focus groups. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the**	**How well was the data collection carried out?** Appropriately. Data elicited through facilitators asking open questions. **Was the sampling carried out in an appropriate way?**	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable. Constant comparative method was used to identify, explore, refine and connect themes	Sampling methods to recruit focus groups may mean that the sample is not representative of certain types of older people (e.g. those isolated at home and not in contact with organisations).	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	research design/methodology? Defensible.	Appropriate. Organisations and places where representatives of different stakeholders met were approached: opportunistic sampling then recruited individuals willing to participate. **Is the context clearly described?** Unclear. Not reported where focus groups took place, likely to be in sheltered housing complex. **Is the role of the researcher clearly described?** Clearly described. **Were the methods reliable?** Somewhat reliable.	identified. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.		

UNISON (2012) Time to care: A UNISON report into homecare. London: Unison

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To discover the views of home care workers as to	**Methodology:** Survey - on-line.	**Survey population and sample frame**	**Basic data adequately described?**	**Limitations of the study stated?** No.	**Results can be generalised?** Partly. They are

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
why there are so many problems in the home care provider sector. **Country:** United Kingdom.	**Objectives of the study clearly stated?** Partly. **Research design clearly specified and appropriate?** Partly. The report does not include an example questionnaire, although the chapters appear to be organised around the questions asked in the survey. **Clear description of context?** No. **References made to original work if existing tool used?** N/A. **All appropriate outcomes considered?** Unclear. **Clear description of data collection methods and analysis?** Partly. Unclear how survey accessed. **Methods appropriate for the data?** Partly.	**clearly described?** Unclear. It is not clear how many people were asked to complete the survey, how it was advertised or how representative the 431 respondents were. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Partly. 431 appears to be large enough, but the representativeness of the 431 respondents is unclear. **All subjects accounted for?** No. **Measures for contacting non-**	Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Methods appropriate for the data?** Yes. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Yes. Very basic 'statistics'. **Difference between non-respondents and respondents described?** No. **Results discussed**	The sampling frame and manner in which the survey was advertised is unclear. Although the conclusions are internally consistent and consistent with other research, this survey approach (anonymous) and reporting gives no indication of how representative of UK home care providers the respondents were.	consistent with other sources. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** + This is poor methodologically, but is highly relevant and appears to confirm other commentaries. However, the survey recruitment, publicity, response rate, representativeness, etc. are not reported.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		responders? No. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** Partly. **Measurements reliable?** Unclear. **Measurements reproducible?** Unclear. **Response rate:** Not specified. **Methods for handling missing data described?** No.	**in relation to existing knowledge on subject and study objectives?** Partly. There are some useful references to existing knowledge in sections entitled 'sector analysis'.		

Walsh K and Shutes I (2013) Care relationships, quality of care and migrant workers caring for older people. Ageing and Society 33: 393-420

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To 'explore the relationship' between migrant care workers and older people in Ireland and the UK; the barriers to and facilitators of the relationship; and the implications for relational	**Methodology:** Qualitative – focus groups, interviews and a survey. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it**	**How well was the data collection carried out?** Somewhat appropriately. **Was the sampling carried out in an**	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Somewhat reliable. Not much detail provided re-	Of the older people involved in focus groups to inform the study, only two focus groups held in UK included older people living in their own homes and receiv-	**Relevance to the home care guideline?** Somewhat relevant. Despite the shortcomings of data collection and analysis, the focus on the relational aspect

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
aspects of quality of care in institutional and home care settings. **Country:** United Kingdom and Ireland.	**seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**appropriate way?** Somewhat appropriate. **Is the context clearly described?** Partially, as it covered a wide terrain (UK, Ireland, care homes and homes in the community. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable.	garding the analysis of the raw data is provided. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	ing home care. Only data from these 9 older people receiving home care is relevant to our topic. The findings from different UK and Irish and care contexts are not clearly disaggregated. Despite shortcomings in data collection and analysis, the focus on the relational aspect of caring may be relevant according to other sources. Authors suggest that interviews might have been better, and also to have focused on specific care dyads (i.e. worker and older client). Also, there is no mention of family caring or other relationships, so the paper may not present a comprehensive picture.	of caring is relevant according to other sources. **How well was the study conducted?** +

Wibberley G (2013) The problems of a 'dirty workplace' in domiciliary care. Health and Place 21: 156-162

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To examine the environment in which home care takes place as a potentially hazardous workplace and demonstrate the implications of this on the health and safety of staff and clients. **Country:** England.	**Methodology:** Qualitative – observational, through shadowing workers and interviewing providers. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Mixed – the study does not have a clear aim or research question. **How defensible/rigorous is the research design/methodology?** Defensible, although it is unclear how the shadowing complemented the findings from the interviews, which were not well reported. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Not sure. Uncertain how the sample was recruited. **How well was the data collection carried out?** Not sure - inadequately reported. As the interview data was not well described, it was not clear how it was used. **Is the context clearly described?** Clear. Clients' homes are described, but not interview contexts. **Is the role of the researcher clearly described?** Clearly described. **Were the methods reliable?** Somewhat reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Somewhat reliable. Not clear how the data was analysed. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Data collection and analyses were not well reported and it is unclear how the shadowing complemented the findings from the interviews.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Findings tables

Home Care Research questions 2.1 and 2.2

What are the views and experiences of home care practitioners, service managers and commissioners procuring or delivering services?

What do they think works well and what needs to change?

Angel C (2012) Care is not a commodity. Sutton: United Kingdom Homecare Association

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To investigate the impact of local authority commissioning of home care services. **Country:** United Kingdom.	**Methodology:** Survey (online) - responses gathered over four-week period.	**Population:** Administrators, commissioners, managers. • Owner, partner, chief executive, director, or similar = 50%. • Registered Manager, or other senior manager = 47%. • Another employee or consultant = 3%. **Sample size and characteristics:** 739 completed responses were received from home care providers who supplied to 189 (90%) of the 211 local authorities in England, Wales and Scotland, or the Health and Social Care Trusts in Northern Ireland. **Intervention:** Several interventions compared including outcomes focussed model of home care and a time and task focussed model of home care.	**Extensive use of 15 and 30 minute home care visits:** 73% of visits in England are of 30 minutes or less. In Northern Ireland the total is 87%, although in Wales and Scotland the total is 42%. The researchers suggest that there is also evidence that visits of 15 minute (or less) are in use in all regions, and that 28% of visits in Northern Ireland are of this length. The survey found that 34% of providers had concerns that the requirement by councils for such short visits put the dignity of service users at risk, and that 6% were concerned that these also impacted upon the safety of service users. 87% of providers in Northern Ireland stated that they felt these visits put the dignity of service users at risk. **What councils pay for home care:** Almost three-quarters of providers (74%) reported that the council with which they traded had prioritised low prices over service quality during the previous twelve months. The report estimates that the weighted average charge which UK councils pay for one hour of week-day, daytime home care is £12.87. In Wales, the West Midlands, the North West and Northern Ireland some providers reported rates as low as £9.55 and £10.04. Over half (53%) of providers stated that the council with which they worked had set a maximum cost which they were willing to pay for home care services. The researchers found that nearly 90% of providers had been required to maintain (or reduce) prices throughout the duration of a contract and that in some cases the	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			council maintained *"… a unilateral right to grant or refuse price increases."* (p 29) Only 7% of providers reported automatic procedures to review or adjust prices in line with inflation. The research suggests that 9 in every 10 providers sustained a real-terms decrease in fees for during 2011-12. The research also shows that 77% of providers received no cash price increase during this period and that 15% reported actual price decreases. **Home care purchased 'by the minute':** The report highlights the growing use of payment according to visit length (sometimes to the nearest minute). This practice was reported by 40% of English providers and 27% of those in Scotland (as opposed to payment for planned or commissioned home care visits). 72% of providers across the UK said that their council offered no supplement to payment by the minute to account for 'changeover' and travel time between visits, and no increment for anti-social hours working. The consequent effect on wage levels posed threats to recruitment and retention of staff, compliance with National Minimum Wage and the financial viability of the sector. **Inclusion of travel time and costs:** The research suggests that the vast majority of councils expect the travel time and costs of workers to be taken from the hourly rate paid for time spent in the individual's home. This effectively reduces workers' hourly pay, and threatens providers' ability to comply with national minimum wage requirements. **Late payments and disputed invoices:** 25% of providers	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			reported that they received payments for "most" of their invoices after the contractual due date (this appeared to be particularly common in Northern Ireland) and 24% of providers reported that the council which they traded with "regularly" disputed invoices. **Guaranteed purchases:** The majority of contracts do not include any volume purchase guarantees. This is likely to discourage providers from making long-term investments in services. The researchers found that only 24% of UK providers held contracts with any purchasing guarantee. **Council allocation of packages of care:** Over a third (34%) of providers felt that there was a lack of clarity from the council with which they traded on how packages of care were allocated to local providers. 42% of providers reported these processes to be *"… opaque and unfair"*. (p 46) **Incomplete tendering processes:** 38% of UK providers stated that the council with which they traded had significantly delayed and in some cases discontinued altogether a tendering exercise which led to unnecessary expenditure for all parties. **Increasingly poor relationships between councils and providers:** 41% of providers reported that their relationship with their commissioners had *"… deteriorated or significantly deteriorated."* (p 49), compared to just 22% who stated that the relationship had improved.	

Cangiano A, Shutes I, Spencer S et al. (2009) Migrant care workers in ageing societies: research findings in the United Kingdom. Oxford: ESRC Centre on Migration Policy and Society

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The research addressed four questions: • "*The factors influencing demand, in an ageing society, for care workers – and in particular migrant care workers – in the provision of care for older people.*" • "*The experiences of migrant workers, of their employers and older people in institutional … and home-based care.*" • "*The implications of the employment of migrant workers in the care of older people for the working conditions and career prospects of the migrants and for*	**Mixed methods** - analysis of existing data; postal and online survey; interviews; and focus groups. The research consisted of the following five main pieces of data collection and analysis: 1. Analysis of Labour Force Survey and similar sources. 2. A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires, between January and June 2008. 3. In-depth, face-to-face interviews, carried out between June and December 2007, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other	**Population:** Home care workers employed by an agency. The focus is entirely on migrant workers (i.e. those born outside the United Kingdom) delivering social care to older people. **Sample size:** • A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires. • In-depth, face-to-face interviews, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other agencies supplying care workers, or directly by older people or their families. • Five focus group discussions, with 30 older	**Proportion of migrant care workers in social care:** The study reported that, across the United Kingdom, 19 %of those employed as care workers (as well as 35 % of those employed as nurses) in older adult care were migrants. The researchers found that more than 60 per cent of care workers in London are migrants; and that there are disproportionate numbers of migrants working in the private sector, where wages are generally lower than those paid in the voluntary or statutory sectors (p86). **Reasons for recruitment:** The study suggests that the main reason why employers recruit migrants is the shortage of applicants born in the United Kingdom, although they are often highly valued for commitment and flexibility (see below). Most employers identify low wages and poor working conditions as factors contributing to recruitment difficulties. **Treatment/discrimination in the workplace:** The authors report that migrant workers are sometimes discriminated against in comparison to workers born in the United Kingdom. They list "*…longer hours of work and less favourable shifts, lack of guarantee of minimum hours (and hence pay), unpaid overtime, distribution of less popular tasks, wages, employers' payment of tax and national insurance (and hence social protection), access to training opportunities and promotion, and complaints and disciplinary and dismissal procedures*…" as difficulties which migrant workers experience. (p 185) The study also highlights the challenges which 'live-in' migrants can experience, noting that this group may have	**Internal validity:** ++ Although the methods are not fully described, findings are triangulated using different methods, and highly consistent. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
the quality of care for older people." • "*The implications of these findings for the future social care of older people and for migration policy and practice.*" (p 3-4) **Country:** United Kingdom.	agencies supplying care workers, or directly by older people or their families. 4. Five focus group discussions, with 30 older people.	people, including current users of care provision and prospective care users (members of community groups for older people). • The researchers also used data from existing national sources such as the Labour Force Survey. **Sample characteristics:** Migrant workers of minority ethnic background. **Intervention:** All social care, including that directed by service users, (also includes people working in residential care). No particular model of home care specified.	fewer rights and poor understanding of employee protection, such as the 'working time directive' and minimum wage regulations. Some migrants reported that they had experienced overt discrimination on the basis of their nationality, race, or immigration status. The research suggests that workers directly employed by older people, and those with irregular immigration status, were especially susceptible to unfair wages and long or antisocial working hours. **Access and awareness of information on rights:** Migrant workers reported poor access to information or advice regarding employment rights, with difficulties exacerbated by the complexity of some migrants' employment status. While some workers are aware of a general right to freedom from discrimination, there is much less awareness of how to protect that right or seek a remedy, except among trade union members (who are a minority within the population.) **Language and cultural barriers** Although non-migrant care workers also face difficulties in finding out about their employment rights the researchers note that inexperience with the system, language issues and anxiety regarding immigration requirements represent an extra level of complexity in the barrier which migrants face. As well as support in learning English, the study also found that migrants could need extra induction to learn about aspects of UK cultural practice (e.g. preparation of meals and drinks) in order to meet the expectations of older people. **Views of managers/employers:** Migrant workers were often highly by employers. Of those who perceived the quality of care provided by their organization to have	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			changed as a result of employing migrants, over 80 per cent believed that the quality of their services had improved. The perceived benefits of employing migrants included their "*… willingness to work all shifts, a 'good work ethic', a more respectful attitude to older people and motivation to learn new skills, with strong social skills and care ethos (perceived as stronger than UK- born employees).*" (p 183) **Challenges in employing migrants:** The biggest problem identified by employers in working with migrants was poor English, and shift work made it difficult for workers to attend classes. Other challenges reported include a need for extra training and delays and uncertainty arising as a result of immigration processes and regulations. **Racism:** The study highlights a range of responses from older people with regards to the race, colour and/or nationality of migrant care workers. This included overt verbal abuse as well as less clear instances of negative views which may result from legitimate concerns about migrant workers language skills and knowledge of customs. Some employers reported that they did not feel confident when managing these situations and found it challenging to reconcile the wishes of older people with their duty as an employer to ensure that job applicants or employees are not discriminated against. The authors found that although some managers tried to negotiate with older people who did not want care from a migrant care worker, it was more common for the worker to be replaced by another worker. However, some migrants were still expected to care for the older person who had previously verbally abused them. The researchers note that few	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			managers had received training and guidance on these issues.	

Clark H, Gough H, Macfarlane A (2004) 'It pays dividends'. Direct payments and older people. Bristol: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To examine how older people use direct payments and how this can be facilitated by local authority care management teams and direct payments support workers. • To determine how older people are introduced to direct payments and why they choose them. • To understand care managers views on direct payments for older people and the role which this group plays in 'making direct payments work for older people'.	**Methodology:** Qualitative - interviews and focus groups.	**Population:** Older people receiving direct payments, local authority managers, care managers and direct payment support workers. **Sample size:** • 41 older people from three local authority areas who were in receipt of direct payments participated in the research – paper does not specify whether all were in receipt of home care. • 5 senior managers. • 32 care managers. • 11 team managers. • 10 direct payments support scheme workers. **Sample characteristics:** • Age = older people in	**Choice and control:** Most care managers believed that direct payments provided service users with greater control, flexibility and independence in comparison to 'direct services'. For some the issue of control was central to enhancing quality of life. **Independence:** Care managers also emphasised the role of direct payments in enhancing the independence of older people (e.g. from care managers and the 'routines of care agencies'). Being enabled to live a more independent life was felt likely to delay or prevent the need for residential care. **Time:** Many care managers reported that direct payments had made a positive impact on their work as they no longer had to deal with daily issues which were 'time consuming', such as care workers not arriving when scheduled. Respondents noted however that setting up direct payments could be a lengthy process and that 'less stable' clients needed ongoing support with their package. "*When it works well, yes I'd say it's much less*." (p 39) **Problem solving:** Some care managers reported using direct payments as a means of solving problems, for example, where it had proved difficult to match clients to	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Country: England.		their mid-60s to early 90s years old. • Ethnicity = 35 white older people and/or their informal carers, who were receiving direct payments, together with six Black Somali older people. **Intervention:** Direct payments to pay for home care. Care managers provided introduction and support, and there were some dedicated direct payments support schemes to facilitate.	providers. The researchers note that direct payments might prove equally useful in rural areas where there are limited numbers of providers. **Barriers to direct payment:** Care managers often suggested that people with dementia might be unable to use direct payments unless they had an informal carer who could manage the payment for them.	

Cooper J and Urquhart C (2005) The information needs and information-seeking behaviours of home-care workers and clients receiving home care. Health Information and Libraries Journal 22: 107-116

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore the information needs of home care workers and their clients in one urban locality. **Country:** Wales.	**Methodology:** Qualitative – participant observation and in-depth interviewing techniques.	**Population:** • Older people receiving home care and their carers. • Home care workers employed by an agency or by the local authority.	**Role of home care worker in responding to clients' needs:** Home care workers did not necessarily distinguish clients' need for information or support from their caring role. If a need was identified, they would try to address it. This could involve needs for practical interventions and equipment which no-one else had addressed. **The information needs of care practitioners:** Care	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		• Directly employed carers. • Other practitioners involved in delivering home care services, including social workers and community health practitioners. **Sample size:** n=54. • Older people receiving home care (who were observed only and not interviewed) n=7. • Family carers n=2. • Home care workers employed by agencies n=31, including 5 from 'private' agencies and 4 from local authority. • 4 employees of social services (including 3 social workers). • 6 managers of various backgrounds (3 are managers of home care agencies) • 4 community health practitioners (dentist, community nurse, health-care worker, day services officer). **Sample characteristics:**	managers and the community health practitioners said they often relied on home care workers for information. Workers felt that this gave them an increasing level of responsibility which was not recognised in their role or status. Care home workers themselves often consulted other care home workers for information relevant to the people they cared for. Sometimes they might resort to resources such as local service directories, sometimes a care manager, and one third said they used more formal sources, such as voluntary sector advice workers, local authority leaflets or leaflets found in GP surgeries or in the agency office. **Requests for help which escalate:** Workers reported that requests for help with apparently simple tasks can often uncover more serious health problems which require involvement from clinical staff. "*… some clients ask, "I have got a sore toe, will you have a look at it, will you cut my toenails", and then you cut them, and or you get to cut them and one of them's you know oozing pus … and you think, hello what have we got here then...*" (Home care worker, p 110.) **General help to support wellbeing:** Workers also reported helping clients to pay bills or to undertake other tasks that helped the client to maintain their life at home. "*Um, I've got one lady whose … one son lives in the (place name). And he's supposed to have set up direct debits for her … and these bills are just piling through … and she can't cope with it and I've had to ring these people, gas board, electric board, you know and explain to them what's happening. I mean … that's just one example*	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		• Age of clients - not stated. • Level of need – varying levels of dependency. **Intervention:** No particular model of home care specified.	*she, she can't cope with um the paperwork.*" (Home care Worker, p 110.) Several workers commented on the absence of family members and their apparent willingness to rely on home care workers to help their elderly relative. "*They, they're too busy in the things they want out of life, so now and a lot of em say 'Oh we've got the home carer now every day, we, you don't need us, we're working all day. Where before it should be additional care, whereas now we're taking the place of them I think*." (Home care worker, p 112).	

Department of Health, Social Services and Public Safety (2009) Survey of Domiciliary Care Providers Northern Ireland 2008. Northern Ireland: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To explore the practices and procedures of domiciliary care providers in Northern Ireland with particular reference to regulations and minimum standards introduced by the government. • To explore whether provid-	**Methodology:** Survey - postal survey of all domiciliary care providers in Northern Ireland.	**Population:** Domiciliary care providers in Northern Ireland who had registered with the Regulation and Quality Improvement Authority (RQIA) by the 6th June 2008. **Sample size:** 229 providers of home care were contacted: 206 were eligible to take part (rest not registered or not delivering home care), and	**Building relationships:** Nearly half (48%) of the providers who responded reported that a representative had visited 'all' new service users in their own homes in advance of service provision. Another 31% stated that this had happened for 'some' new service users. However, just over a fifth (21%) said this had not happened. 70% of providers said they provided service users with the names of their new care workers in advance in all cases; and only 8% stated that they did not do this. **Care plans:** 78% of providers said that 'all' of their service users had a care plans, 18% said that 'most' of their service users had care plans, 4% said that 'some' had them and 1% said that 'none' had them. The majority (89%) of	**Overall assessment of quality:** + The report relies on self-reported data and is essentially an audit.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
er's decision making was informed by the views of their users. • *"The survey sought to assess domiciliary care services provided in Northern Ireland in the context of regulations and minimum standards the Department has introduced. It also collected baseline data for future evaluation of these regulations and minimum standards."* (p 1) **Country:** Northern Ireland.		154 took part in survey. 75% of eligible sample responded. **Sample characteristics:** Providers of speciality care. These were not necessarily providers of home care to older people but 4 in 5 (79%) service users were over 65. **Intervention:** No particular model of home care specified. Not necessarily providers of home care to older people: but 4 in 5 (79%) of service users were over 65.	providers who used care plans reported that these specified the services which would be provided; and 72% of providers said they specified when these would be reviewed. **Service user involvement:** 95% of providers stated that they had, in the previous 12 months, asked for the views of service users on the care they receive. 72% of these providers reported that they had made changes in response to this feedback, however 28% stated that they had not done so. **Complaints:** 31% of providers who had a formal complaints procedure reported that this included details on the role of the RQIA in this process. 33% of providers also stated that their complaints procedure was accessible to a person who is blind has impaired vision. **Staff training and induction:** 76% of providers stated that they did not supply service users with new care workers who had not completed induction training unless they were accompanied by an experienced worker,. The majority of providers reported that 'most (67% to 99%)' or 'all (100%)' of their workers had been trained in six key areas identified by the survey; reporting abuse, treating service users with dignity and respect, manual handling, accident prevention, infection control, and the use of specialist equipment. 36% of providers reported that their workers were trained in all six areas; however 20% reported that they did not provide training in the safe operation of specialist equipment	

Devlin M and McIlfatrick S (2010) Providing palliative care and end-of-life care in the community: the role of the home-care worker. International Journal of Palliative Nursing 16: 195-203

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• "*To examine the role and experiences of home-care workers in palliative and end-of-life care.*" • "*To explore the perceptions of community nurses on the role of home-care workers in palliative and end-of-life care.*" • "*To identify the training, support and supervision needs of home-care workers in palliative and end-of-life care.*" (p 196) **Country:** United Kingdom.	**Methodology:** Mixed methods – cross-sectional survey (self-completion, postal questionnaire) and focus groups.	**Population:** Questionnaire respondents (home care workers) and the community nurses were employed in a single large Health and Social Care Trust in Northern Ireland. **Sample size:** 69 home care workers (29%) responded to survey, and six community nurses participated in the focus group. **Sample characteristics:** Socioeconomic status of home care workers = 81% said earnings contributed substantially to household income. **Intervention:** Palliative and end of life care provided by home care workers.	**Role of home care workers (HCWs) in EOLC:** The tasks which home care workers provide in palliative care situations were said to be: Personal care (21%); talking to and listening to clients and families (19%); catheter care (15%), pressure area care (13%), medication administration (14%), meal preparation and feeding (16%); and domestic support 2%. (Fig 3, p198). Workers felt the range of tasks they took on sometimes exceeded their remit, and the shortage of available time to spend with older people was a major frustration, which limited what they could do. They felt that their support was highly valued by the older people and their carers. **Training:** Workers reported training gaps in supporting or providing physical care: pain management, managing psychological problems, breathing difficulties, and physical deterioration. Although two-thirds had no training in palliative care, half wanted training in this area: "*I feel this is a different caring role and feel yes, it would be a great help to do an extra course on this*." (Survey respondent, p199). **Community nurses:** Nurses viewed home care workers role as primarily providing physical care, plus "… *providing reassurance to families by making regular checks and referrals if required. For example, the nurses thought they should be able to identify deterioration in skin condition and mobility, identifying constipation and liaising with community nurses* …" (Authors' summary, p199).	**Internal validity:** + **Overall assessment of external validity:** + The findings are highly consistent with other sources.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Nurses thought their own role sometimes duplicated that of home care services (e.g. bathing), and that home care workers – despite their importance to people at end of life – were not trained to support people, especially through the final stages. Nurses thought they needed more supervision and support, and that this should be improved through bringing together nurses with senior home care workers, who would cascade instruction (e.g. in recognising approach of death) down to frontline home care workers. Nurses also recognised the time limitations, and sometimes poor continuity of carers, as problematic features of home care services in end of life care.	

Duff P and Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions."* (p 61). **Country:** United Kingdom.	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study.	**Population:** • Older people receiving home care. • Family carers of older people. • Home care workers employed by agency. **Sample characteristics:** Not reported. **Intervention:** Person centred home care, integrated with other care	The audit tool highlighted the following issues – **Continuity of staff:** The researchers suggest that the agency found the use of social services duty officers (in place of care managers) to be problematic, particularly with regards to monitoring the condition of the older person and ensuring effective onward referrals. **Working with health**: Staff described difficulties in liaising with primary and secondary healthcare, due to confidentiality procedures enforced by receptionists, unwillingness among healthcare professionals to take referrals from care assistants, and an inability to contact district nurses or coordinate visits with these professionals. Agency managers sometimes spent a lot of time or staffing resources attempting to solve these types of issues and the research-	**How well was the study conducted?** - There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the findings were considered relevant for the GDG to consider.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		providers and coordinated by case managers.	ers suggest that the development of protocols between home care agencies and primary care staff might help to alleviate these types of tension. Home care agency workers also criticised hospital reablement teams, who, they reported, withdraw without any forward planning or communication. **Training:** Staff and managers reported concerns about being unprepared to work with people with dementia and the researchers highlight the importance of training in communication with this client group and in responding to challenging behaviour. They suggested that 'on-the-job' training from health care professionals would be beneficial, which could also provide a mechanism for monitoring the quality of care staff. **Time to care:** Staff expressed anxiety and frustration that problems liaising with other professionals further reduced an already short visit time and felt that this impeded their ability to provide good quality care.	

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and	**Population:** Older people receiving home care which they wholly or partly funded. **Sample size:** • 108 people who fund	**Job descriptions:** Although the majority of care and support workers were satisfied with their job description (average satisfaction rating across the sample was 4 out of 5), the researchers report there were a small number of instances where clients had asked for help with a task which they felt uncomfortable with or considered to be outside of the scope of their employment terms.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	focus groups in addition to a literature review.	50% or more of their home care. • 30 directly employed carers. **Sample characteristics:** • 75% of the self-funders were older than 65; 50% were older than 80; and 75% were female. 27 directly employed a paid carer and the remainder used an agency or a combination of the two approaches. • 69% of the care workers were aged between 35 and 54 years of age. Two were male and the majority (53%) had at least five years' experience in the sector. **Intervention:** Consumer directed home care.	**Holiday/sick pay:** The study found that although two thirds of workers received holiday pay, only half received sick pay, usually at the minimum statutory rate. In one area, personal assistants had established an informal 'buddy' network where members agreed to cover for each other when other members are sick or on holiday, so that employers' care was covered at these times by people to whom they had been introduced. **Training:** The majority of workers involved in the study had received training on-the-job whilst in the employment of a self-funder, and four had also attended a course. These workers acknowledge that opportunities for them to develop their skills are limited and did highlight particular areas in which they would like training, such as the care of people with dementia or Alzheimer's disease, and communication with them e.g. through Makaton.	

Fleming G and Taylor B J (2007) Battle on the home care front: Perceptions of home care workers of factors influencing staff retention in Northern Ireland. Health and Social Care in the Community 15: 67-76

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To determine the causes of the increasing problem of retaining home care workers in Northern Ireland based on the perspective of these workers. **Country:** Northern Ireland.	**Methodology:** Mixed methods – cross-sectional survey (questionnaire – mostly five point ordinal scales) and focus groups.	**Population:** Home care workers employed by an agency. **Sample size and characteristics:** Questionnaires were completed by 45 home care workers (response rate = 45 of 147, 31%). Twelve home care workers participated in focus groups. **Intervention:** No particular model of home care specified.	The main reasons given by home care workers for job dissatisfaction and the possibility that they may leave their post were irregular and antisocial hours; a lack of support from managers; and 'workload pressures'. The researchers suggest that low pay did not feature highly on this list because home care workers prioritised their 'commitment to caring'. The researchers also note the increasingly complex health and social care needs which clients have. In "*… an environment increasingly regulated in terms of quality and risk ...*" (p67) the authors conclude that the training provided to home care workers and the terms of their employment have not kept pace with these changes.	**Internal validity:** + **Overall assessment of external validity:** -

Francis J and Netten A (2004) Raising the quality of home care: a study of service users' views. Social Policy and Practice 38: 290-305

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To understand what older people perceive good quality home care to be. • To identify barriers to improvement in home care services. **Country:** United	**Methodology:** Qualitative – interviews.	**Population:** • Older people receiving home care. • Managers of home care agencies. **Sample Size:** • 13 providers. • 32 service users. . **Sample characteristics:**	Managers were asked to respond to issues reflecting the quality of home care services raised by service users. They made comments on the following: – **Reliability and timekeeping:** Managers suggested that some factors affecting reliability were outside of their control *"…there's not a lot we can do if a client is ill or has a fall and the carer needs to stay with them longer …*" or "*… traffic—there's not a lot we can do about that.*"(p 296) Some managers suggested that social services commissioning arrangements which did allow for the cost of travel	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Kingdom.		• Service users – All older people: 13 were over the age of 75, and 10 over the age of 85. • Providers – 7 were private, for-profit organizations and 6 were voluntary and/or charity organizations. The size of the provider organizations varied in terms of numbers of care staff (between 50 and over 100) and number of care hours provided in an average week (between less than 100 and over 1,000). **Intervention**: No particular model of home care specified. All except one agency provided domestic help, meal preparation, laundry and personal care.	time, made it difficult to deliver a reliable service. Some managers suggested an on-call all-hours service which could cover emergency call outs or late and missed calls, but this would be very costly. Other managers suggested that general training should seek to instil the importance time-keeping and adhering to care plans in care workers. Some managers reported that they asked senior care workers to monitor punctuality through spot-checks and feedback from service users. **Flexibility:** Time pressures, inflexible care plans, and unrealistic commissioning of short time slots reduced capacity for flexibility. (A new assessment was required if changes were to be made. These requirements impeded flexibility. The manager of a service for ethnic minority clients noted that agencies were no longer involved at the initial needs assessment, making it particularly difficult to properly identify the religious or cultural needs of the person so as to incorporate into care plans. The researchers note that some workers took the initiative to adjust the way they worked: "*… the carer and the client usually end up sorting it out between themselves—though that's not really what social services want*." (p 297) There was disagreement on the cost implications of providing a flexible service with some managers viewing the outlay as negligible, while others said that inadequate resourcing of administration, travel, and unrealistic care plans all acted as insurmountable barriers to improvement.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Continuity: Managers acknowledged that continuity of carers was an important issue for some service users "*It's very important to service users, if you need intimate personal care you're not going to want a different person every day*." (p 297) In order to achieve continuity some managers reported their attempts to create regular teams of workers to support particular older people, while other organizations had arranged their rotas so that continuity issues could be identified early to ensure that the older person and their family carers could be informed. Some managers reported that they arranged for workers to visit and introduce themselves before they began to work with clients. Managers reported that unplanned absences were the main obstacle in ensuring continuity of care with sick leave and personal emergencies proving particularly problematic. Recruitment and retention problems also interrupted the care of individual clients by particular carers. **Communication:** When short-notice cover for workers had to be arranged management tended to focus on arranging cover rather than informing clients. More than half of the managers involved in the study were concerned about the resource costs of communicating with service users about changes in service and of freeing up staff to conduct spot-checks to ensure satisfaction. One manager suggested that costs increased in direct relation to increased communication and that the level of communication expected by older people and their informal carers was unrealistic in terms of the resources required. **Staff attitudes:** Managers sought to ensure that their staff	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			hold appropriate attitudes through induction programmes that emphasized respect and dignity;, regular supervision; and standard monitoring (e.g. via service user questionnaires, which can be costly in both direct expenditure and managers' time. A number of managers reported that recruiting staff with the 'right' attitude was becoming increasingly difficult. Managers felt that increasing workers' pay would help to improve the quality of staff but reported that low fees paid by local authorities made this difficult to do. **Skills, knowledge and training:** Although some managers thought that caring skills can be "instinctive", the majority also felt that these could be "*… instilled, maintained and assessed through induction and training.*" (p 298) All managers reported concerns about meeting regarding the new National Minimum Standards (50% of carer to be delivered by staff with NVQ2 Managers reported reluctance from care staff and the financial and resource costs of freeing up staff and paying them to attend, even when the training was in-house. Local authority funding levels made no provision for NVQ training.	

Hall L and Wreford S (2007) National survey of care workers: final report. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Skills for Care commissioned this survey of workers in the social care sector in England to find out more about	**Methodology:** Survey conducted face to face with respondents who had opted in.	**Population**: Home care workers employed by agencies, and other social care workers. It is important to note	**Employment:** Two thirds of paid care workers in the interview sample were looking after the elderly (68%), 39% of staff interviewed were looking after clients in their own homes. Nearly half of respondents (not separately stated for home care and residential care) were working for a private firm (47%), a quarter for local authorities (24%) and	**Overall assessment of quality:** + Somewhat simple counting exercise, and not clear if representative.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
the workforce. **Country:** England.		that some care workers worked in residential care. Only 39% of the workers surveyed worked in home care (but responses are not disaggregated). **Sample size:** n=502 (39% of workers were part of the home care workforce). **Sample characteristics:** • Speciality care. • Age = 24% were under 35, 51% aged between 35 and 54, and 25% aged 55 or over. • Employment status = 63% worked full time, 65% had been doing care work for less than 10 years, and 49% had been in their current job for under 3 years. • Ethnicity = 94% were "*… of a white background*." (p 5) • Gender = 71% female. • Socioeconomic status = 60% were in the lower social grades of	10% for a voluntary organisation or charity. **Job conditions:** Half of workers did shift work sometimes, and 43% did night work, but only one third paid any additional allowance for this. £6.87 was the average hourly rate. High levels of job satisfaction were reported (88% of the sample saying the job 'made them happy'), and meeting and chatting with clients were valued. However, cleaning up mess, challenging behaviour and the death of clients were described as the least favourite aspects of the job. 30% of respondents said they were unpaid carer for a friend or relative, and that home care work due to physical or mental ill health, in most cases for less than 16 hours a week. 84% said that their care work fitted in with their other caring responsibilities, including childcare. (The qualifications and training of the workforce are described in the table on workforce training.) **Retention:** Most care workers who said they planned to leave the sector within the next 5 years were approaching retirement (48%). Over 60% had no pension arrangement other than the state pension. A minority thought the public understood the work, and the value of the work, they did.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		C2DE. **Intervention:** No particular model of home care specified. Results were not disaggregated by where care workers worked (39% in home care settings).		

Hek G, Singer L, Taylor P (2004) Cross-boundary working: a generic worker for older people in the community. British Journal of Community Nursing 9: 237-245

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate a joint initiative between NHS and social services which piloted the role of generic care worker to "*… provide comprehensive care for older people living at home.*" (p 237) **Country:** United Kingdom.	**Methodology:** Qualitative - semi-structured interviews with service users, generic workers, existing health care workers and managers. The generic workers also kept a diary to record how their time was spent.	**Population:** • Older people receiving home care. • Generic care workers. **Sample size and characteristics:** • 5 service users (interviewed before and after service). • 12 trained generic workers. • Project and home care manager interviewed. • Nine district nursing staff, and nine 'existing community support workers' (focus	Interviews with generic workers who took part in the pilot said that training in their new role had fostered cooperative relationships with district nurses, and increased their confidence in dealing with problems such as catheter care, even if they still needed to contact district nurses in some cases. They found contacting district nurses to be much easier than had previously been the case and felt that they were valued more by nursing staff and were "*… not just the cleaners anymore.*" (p 242) The new role enabled workers to provide emotional support and to 'listen' to their clients which both groups felt was important. Other tasks which the workers carried out included the more common aspects of personal care as well as more complex tasks such as assessment of foot and skin health, and the application of ointments and medication. At the end of the project some interesting issues around the boundaries of roles arose when workers ap-	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		groups). NB: Generic posts filled by ex-community support workers, as they had training and small financial increment (which did not apply to nursing auxiliaries). Only older people with complex care needs, who did not pay for their social care, were over 65, and at risk of residential care were recruited to receive care:- 26 clients over the year (so generic workers had to do other community support work as well).	plied their new knowledge and carried out nursing tasks in their usual roles. Some reported that they were reluctant to return to these roles and that they had begun to consider training for a career in nursing.	

Manthorpe J, Hussein S, Charles N (2010) Social care stakeholders' perceptions of the recruitment of international practitioners in the United Kingdom - a qualitative study. European Journal of Social Work 13: 393-409

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore stakeholder views on the demand and supply factors influencing recruitment of international practition-	**Methodology:** Qualitative – semi-structured interviews	**Population:** Administrators, commissioners, managers. **Sample size:** Fifteen 'representatives of social	**Increase in migrant workers:** Almost all representatives agreed that the numbers of migrant workers in the social care sector had risen over the past 3-5 years, and that these workers increasingly came from countries with no commonwealth background and or where English was not widely spoken.	**Relevance to the home care guideline:** Highly relevant. Should have some impact on training and induction: and is meaningful in relation to downward

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
ers to social care services in the United Kingdom. **Country:** United Kingdom.		care organisations'. **Sample characteristics:** All participants represented English organisations. Five were employed by organisations representing social care workers; two by social care regulators; one by a regional government office; two by an organisation representing social care employers in the private sector; two by VSOs providing social care services; one by an organisation supporting refugees; two consultants. **Intervention:** No particular model of home care specified. Note: Social care workers (unqualified) are the subject of the interviews - could be in home care or residential settings.	**Reasons for recruitment:** Interviewees attributed the shortage of 'UK-born' workers applying for social care jobs to the low wages and low status associated with the work, as well as anti-social hours and physically intense labour. A small number of respondents suggested that some employers recruited workers directly from overseas rather than from immigrant groups within England. All participants believed that migrant workers were often "*… harder working, more productive, reliable and likely to stay in post for longer than local workers.*" (p 399) One respondent also suggested that that migrant workers were 'more committed' because they were less likely to have family responsibilities. **Experience and skills:** Some stakeholders suggested that although some migrant workers may have qualifications which are not recognised in the United Kingdom, they may have expertise which is useful. It was also suggested that the social care sector was more attractive to migrants because it emphasises personal qualities and skills in contrast to formal qualifications. **Concerns relating to the employment of migrants:** • A number of participants referred indirectly to the issue of racism with some suggesting that employers found it difficult to manage. • Poor English was a disadvantage, with one participant suggesting that this was especially problematic when caring for hearing impaired clients. • When discussing the issue of employee support and adjustment and the impact these had on service users, participants reported that workers recruited from outside the United Kingdom were more likely to get help from	pressure on wages. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			employers in finding accommodation. However, some suggested that assistance with accommodation may in effect be a form of 'tied employment'. • 3 respondents felt it was unethical to take skilled people from developing countries.	

Manthorpe J and Stevens M (2010b) Increasing care options in the countryside: developing an understanding of the potential impact of personalization for social work with rural older people. British Journal of Social Work 40: 1452-1469

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To understand the impact on older people and those supporting them of the personalisation of social services in rural areas with particular reference to the use of personal budgets. **Country:** England.	**Methodology:** Qualitative – semi-structured interviews.	**Population:** Practitioners from a range of agencies working with older people receiving adult social care. **Sample:** 33 practitioners working in rural areas. **Sample characteristics:** Fourteen worked in areas where personal budgets were being trialled, and 19 in areas where there was no experience of personal budgets. The organisation types represented were n=11 community groups for older people 11; n=8 large charitable/voluntary sector organisations; n=8	**Support for individual budgets to enable personalisation of care:** The researchers note that participants were on the whole supportive of the concept of personalised care and felt that direct payments and individual budgets could help to deliver this. A practitioner based in a pilot area felt that personalised budgets could "*… make a real difference, workers can be more creative, users of care services and carers can be more creative—it can be about the individual.*" (p 1458) **Tailored services:** One community worker suggested that support which took into account the diverse backgrounds of older people was especially important for those from minority groups; for example by arranging later visits for an older person who had worked in the rural restaurant trade, and preferred to go to bed later. (p 1459) **Social inclusion:** Some participants felt that personalized care and its potential for more contact with others could enhance the social inclusion of older people "*They (older people) want time, especially if they live in isolated areas.*" (p 1459)	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		not-for-profit providers of social care; n=3 for-profit providers of social care; and n=3 local authority officers. **Intervention:** Cash for care - direct payment, individual budget or personal budget, which the paper implies were largely spent on personal assistance which would qualify as home care.	One participant suggested that personal budgets would allow older people to employ care workers who were based in or had an understanding of rural communities.	

Moran N, Glendinning C, Wilberforce M et al. (2013) Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects UK. Ageing and Society 33: 826-851

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore older people's experiences of individual budgets as part of the English Individual Budget pilot projects (2005-2007). **Country:** United Kingdom.	**Methodology:** Mixed methods - randomised comparison evaluation, with before and after structured measures, and qualitative interviews with a subsample.	**Population:** • Older people receiving social care. • Administrators, commissioners, and managers. **Sample (for this review question):** 13 senior social work staff with lead responsibility for individual budgets across all 13 local authority sites were	**Perceived barriers to older people using individual budgets (IBs)** Practitioners thought that older people were likely to enter social care system at time of crisis, with less time to set up services and plan care using individual budgets, and to have a range of complex health problems. They thought older people would lack the confidence to work out their own support arrangements, employ personal assistants, and manage their own budgets, and would defer to the 'expert' social workers. For example, the individual budget lead in one site commented: *". . . people start – especially older people – they don't*	**Internal validity** + **Overall assessment of external validity:** –

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		interviewed. **In addition (findings reported in care planning approaches question):** Sample of 263 older people from a larger sample of 959 individual budget users (others were not older people) were included in the IBSEN study. Mean age of total sample of 263 was 81: 66% (174) female, 5% (13) BME. Level of need: all eligible for social care. N=142 older people (Intervention individual budget group) interviewed for quantitative data, 31% of these interviews conducted with a proxy. From this group, 40 were interviewed 2-3 months later for the qualitative study. N=121 older people (comparison group), had data collected, 26% of these interviews were conducted with a proxy.	*want to change what they've got; they don't want to – they feel that the Social Worker is the expert and if self-assessment is mentioned to them or doing their own Support Planning, then, you know, they start getting really anxious."* (p842). Practitioners also suggested that there is less potential for flexible use of individual budgets for older people as they receive a relatively small budget, making the additional 'burden' (for them or their carers) of managing an individual budget less than any benefit. Care management teams had also struggled with the concept of individual budgets and with devolving more choice and control to the users and carers. **Future benefits:** Individual budget leads did think that older people would become more confident, especially as the potential benefits were realised. Being able to employ a small number of familiar people to work flexibly with people with dementia would be an advantage, and older people might well prefer to choose carers known to them, using the direct payment option, which could be largely managed by the local authority, without the service user having to assume full responsibility as an employer. Although the early interviews were about how individual budget leads thought older people would respond to the option of managing an individual budget, and the interviews 12 months later were to reflect on experience, practitioners' views at the different points are not reported to have changed.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		For the qualitative strand, 40 older people receiving individual budgets were interviewed two months after randomisation about their experience of care planning: 9 with older people only; 19 with older people plus proxy; 12 with proxy only. **Intervention:** Individual budgets.		

Patmore C (2004) Quality in home care for older people: factors to pay heed to. Quality in Ageing 5: 32-40

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To determine what factors help home care providers to deliver services which older people value. **Country:** England.	**Methodology:** Qualitative - interviews with home care providers.	**Population:** Home care workers employed by an agency. Managers - approx. 50% employed by agencies. Managers - home care providers in local authority services (50%). **Sample size and characteristics:** In-depth telephone survey with managers of 23 home	**Roles and tasks of the care worker:** Responses to requests from older people to help with non-personal care tasks differed; some authorities stipulated that support could only be provided to help with essential tasks such as personal care, meal preparation and cleaning of the kitchen and bathroom. In contrast, other authorities allowed more wide-ranging help to be provided; for example by taking care of pets or accompanying service users on shopping trips. Two of the care management services sometimes specified that home care workers should ensure that they spent time chatting with a client if they were relatively isolated.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		care providers. Twelve localities (in 11 Authorities) were selected to provide a range of contrasting communities, using the Office for National Statistics classification of local authorities (Office for National Statistics 1999). **Intervention:** Time and task models of home care allowing managers greater or lesser flexibility. At one extreme, two social services providers managed their work entirely themselves, working with in-house providers, assigning set tasks but allowing flexibility in time taken, taking into account client needs on the day. At the other extreme, six providers, both independent sector and Social Services in-house providers, had services which were prescribed in	Managers perceived that the services provided to older people from social services funding were often more restricted than those provided to younger customers. **Flexibility of care plans and managers influence on these:** The researchers suggest that both the care manager's and the provider's responses to requests for more wide-ranging support varied. Some providers only allowing workers to take customers shopping or to a park if the care manager had commissioned this. Others refused this help even when the care management had specifically tried to commission it (this included social services providers who refused requests from within their own organization). In contrast, some providers provided this type of help even when it had not been commissioned by care managers. One agency manager reported overcoming local authority expenditure restrictions by discreetly adding 'tea and conversation' to home care tasks assigned to workers.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		detail by Social Services purchasers. The latter would prescribe number, length and timing of visits and tasks: The length of time spent tended to be used in calculating amount paid. The other 15 providers interviewed fell between these parameters of control and flexibility.		

Roberts J (UKHCA) (2011) Improving domiciliary care for people with dementia: a provider perspective. Bristol: South West Dementia Partnership

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The aim of the project was to identify: • The challenges facing home care providers. • What do providers think works well in all care sectors? • Innovative practices which can be introduced more widely in the future.	**Methodology:** Qualitative - e-mail survey, focus groups and telephone interviews.	**Population:** Providers of home care services to people with dementia. **Sample size and characteristics:** Seven completed email surveys were received, 18 people attended focus groups and 10 contributed via telephone interviews. **Intervention:** No particular model of home care specified, though some	**Early introduction of home care**: The research suggests that home care services should be provided early, before cognitive decline inhibits the development of relationships between clients and workers and that this will prevent inappropriate admissions to care homes or hospitals. They note that people who pay for their own care generally purchase home care at an earlier stage than those funded by local authorities and that this has been exacerbated by increasingly restrictive eligibility criteria. **Timely, responsive reviews:** The authors report that providers find local authority assessments to be *'frequently inadequate'* and *'light on real detail'* (authors, p12), which does not take into account fluctuations in the person's needs. Providers also reported that their requests	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• How can dementia services be improved. **Country:** England.		services reported a specific focus on the care of people living with dementia.	for urgent review can sometimes take weeks to be carried out by the local authority care manager. Providers stated that they wanted greater "*… autonomy, responsibility and accountability …*" (authors, p14) which they felt would foster more responsive and cost effective services. **Palliative and end of life care:** Providers should be trained and assisted to promote death at home, as far too many people with dementia are denied this. **Commissioning:** Time and task commissioning is not necessarily appropriate for people with dementia, unless it is very flexible. *"Phasing out of block contracts was seen as a vital change in commissioning to enable a more person-centred approach to be adopted"* (authors, p21). **Other issues:** • The whole person's needs are important. • Affording training for all home care staff on dementia is an issue. • Consistency of care staff (more retention) is important. • Mechanisms for collaboration with healthcare staff important for this group of clients. • Home care providers have a role to play in helping the individual and family to understand the condition, listening, not having all the answers but knowing where to get them or pointing them in the right direction i.e. Alzheimer's society. *'We see the provision of care for dementia service users as being very much an exchange of ideas to create a scheme that works for the service user and their family'* (provider, p21).	

Rubery J (2011) The recruitment and retention of a care workforce for older people. Manchester: Manchester Business School

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To investigate the recruitment and retention of the social care workforce for older adults within the independent private and voluntary sectors. **Country:** England.	**Methodology:** Survey - three stage project. The first stage consisted of a postal survey of 92 (of 149) local authority directors of social services. The second stage involved a follow up study of 14 local authorities and a telephone interview with 115 provider establishments and ten national providers. The third stage was a series of case studies where 4 local authorities, 20 providers, and 98 care staff were interviewed.	**Population:** • Local authorities commissioning home care services. • Independent, private and voluntary sector providers of home care (managers and care staff). **Sample size and characteristics:** Stage 1 – postal survey of local authorities with 90/92 responses. Stage 2 – detailed study of commissioning practices of 14 local authorities; a telephone survey of 52 domiciliary agencies and 53 homes in the independent sector and 10 national domiciliary care providers, all located in these 14 authorities; Stage 3 – case studies of 20 providers (16 independent sector, four public sector, all drawn from four of the 14 local authorities) involving 98	**High levels of job satisfaction:** Just over half of the care workers interviewed planned to still be working for their current employer in five years' time and 85% intended to remain in the sector. Workers reported that they found their job rewarding because they felt they were helping others. In addition, many staff said that the location of the work or the timing of the work enabled them to work around other family commitments, and that managers did try to accommodate these when allocating work. **Low satisfaction with human resource practices, and pay levels:** In addition to the widespread view that pay levels were unreasonable, workers were especially dissatisfied with a lack of pay for travel and for working during unsocial hours. Some respondents were concerned that the increase in electronic monitoring might further limit wages to the time they actually spent in service user's houses rather than the total time they were at work. **Workforce response to opportunity of becoming a directly employed personal assistant:** The majority of care workers reported that they were not interested in becoming personal assistants because of the 'one-on-one' nature of the role. Many suggested that caring for one person could be would be emotionally draining as they might "*… become too involved and be unable to cope*" (p 342). They also felt that this role was likely to minimise their ability to meet a range of people, move around freely or access the support of colleagues and managers - all characteristics of their current role which they valued. Some anticipated that the role would offer them less job security	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		interviews with care staff. **Intervention:** No particular model of home care specified.	if they were reliant on one service user for their employment. Care workers were also concerned that there might be ambiguity in the relationship a client who was also their employer. Provider managers were concerned that their workforce might be 'poached' from them to be personal assistants, and that this could result in difficulty in both recruiting more staff but having an uncertain but smaller number of clients. **Provider and commissioner relationships:** Employment practices of providers, especially domiciliary care providers, tended to be better in areas where the local authority pursued a partnership approach and/or paid higher fees. However, even those following a partnership approach usually failed to provide extra fees for more complex care or for care in unsocial hours. Providers could not rely on stable commissioning practice, and it is very variable across the country. Commissioners can distance themselves from employment practices and costs, which results in poorer working conditions.	

Seddon D and Harper G (2009) What works well in community care: supporting older people in their own homes and community networks. Quality in Ageing and Older Adults 10: 8-17

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore what works well in supporting older people to live in their own homes and participate in their local communities.	**Methodology:** Qualitative - focus groups.	**Population:** • Older people receiving home care. • Carers unrelated to the particular older people in the sample. • Home care workers	**Person-centred care:** Care managers felt that recognition of individual feelings; a commitment to promoting independence and enabling individuals to shape the nature of their support; and personable helpers who are able to establish long-term relationships with service users were important characteristics of care for older people.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		employed by agency. • Care managers (informants for this question). **Sample size:** n=68. • 35 older people. • 18 carers (not related to older people). • 13 direct service providers, (6 of whom were based at a local charity). • 9 care managers. **Sample characteristics:** • Age = varied between 68-94 years. Gender = 2 males.	**The importance of community connections**: Care managers recognise the importance of community links for older people. They also thought it helpful to 'map' members of the local community who might help with tasks as an important means of ensuring older people can remain in their own homes. Some of these tasks, including help around the house, might be vital to maintaining people at home. Care managers also recognised that sustaining networks might necessitate a more proactive approach through the creation of accessible environments and provision of transport. **Flexible support:** Care managers felt that allowing home care workers to have greater responsibility, enabling them to respond to service users changing needs rather than having to wait for formal assessments, might improve the effectiveness of home care services. They suggested that this might in turn enhance job satisfaction. The direct service providers felt that direct payments and individual budgets may help to bridge the gap between health and social care as workers develop skills in both disciplines. **Too much work:** One direct service provider suggested that private providers had a tendency to take on more clients than they can provide for in order to increase profits and that this can result in high staff turnover, and unreliable, or even unsafe care. The researchers report that all participants felt that the quantity of home care services were insufficient: there were not enough workers to support these very important services for older people.	

UNISON (2012) Time to care: A UNISON report into homecare. London: Unison

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To discover the views of home care workers as to why there are so many problems in the home care provider sector. **Country:** United Kingdom.	**Methodology:** Survey - on-line.	**Population:** Home care workers employed by home care provider agencies. **Sample size and characteristics:** 431 valid responses received. No further detail provided on the characteristics of this sample or on the response rate. **Intervention:** No particular model of home care specified.	**Insufficiency of time to provide good care:** 79.1% of respondents reported they either need to rush their work or leave early to get to their next appointment on time. This practice of 'call cramming', means clients routinely do not receive *'the service they are entitled to'* (p4). Workers who decide to stay with clients for longer than scheduled in order to provide the amount of care they feel appropriate can in effect end up working for free during their own time. Some workers suggested that these short visits were a 'false economy' as they were likely to result in deterioration of the client, for example through increased numbers of falls or medication errors and greater levels of loneliness. This is linked to the commissioning of home care by 15" and 30" slots. "*The clients are not getting the time they have been given as you have to leave early to get to next client*." (p 6) "*I tend to rush and the all-important 'meet and greet' and a chat to establish if there are any problems falls by the wayside. We are moving to the get em up, get em toileted, get em fed and put em to bed evident in some care homes. Depersonalised not person centred. Resources mean time and we ain't allowed enough*. " (p 8) **Pay:** 56% of respondents were paid an hourly rate which was somewhere in the range of £6.08 (the national minimum wage at the time of the survey) and £8. The majority of respondents did not receive set wages. The authors suggest this will make budgeting difficult for workers, and encourage a high turnover of staff seeking higher wages.	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			"*When I reflect on my pay it can often work that I earn £3.50 sometimes less per hour*." (p 12) "Homecare *workers are being exploited by private people and the LA, the pay is very very low often below NMW, treated unfairly and often wages not paid at all. The conditions to work in are very bad.* " (p 12) The survey demonstrated that there is a significant difference in pay levels of home care workers employed by private and voluntary sector employers and those employed directly by councils. *"75.3% of respondents from the private and voluntary sector were paid between the national minimum wage and £8 an hour, whilst for homecare workers employed by councils only 22.1% were paid this rate with the vast majority (70.2%) enjoying the higher rate of between £8.01 and £10"* (p14) Almost 60% of workers in private and voluntary sector do not receive sick pay. **Zero hours contracts:** Just under half of all respondents (41.7%) were employed on 'zero hour' contracts, which do not guarantee hours of employment. The number of hours given can vary between nothing to 35 hours+ a week. "*My contract is zero hours therefore I am not guaranteed any work. Therefore I am less likely to have a regular flow of work on regular days with regular clients. This affects the continuity of care a client cannot be guaranteed regular carers. Because of these conditions there is a high turnover of staff. Low morale is common amongst carers and clients.* " (p 16) The 'take home pay' of 60.8% of all respondents varied each month. The study notes that some 'zero hour' work-	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			ers have in the past not been allowed to access the Local Government Pension Scheme, and have experienced difficulties in claiming benefits when their hours fluctuated. **Non-payment of travel time:** The survey confirmed that 57.8% of respondents were not paid for their travelling time between visits. The study notes that in addition to possibly breaching minimum wage law, this practice further reduces home care workers' wages. *"The job would be a lot better if we didn't have to rush, we should get paid travelling time as we are still working and we are losing out on money all the time, we can spend more time travelling than caring."* (p 20) The study also notes that 89.4% of council workers reported that they received pay for their travel time in contrast to only 18.9% of those working in the private and voluntary sectors. **The effects of commissioning on pay:** More than half of the respondents reported that the terms and conditions of their employment had deteriorated in the last year; with 56.1% stating that their pay had been 'made worse'; 59.7% reported that their hours had 'adversely changed'; and 52.1% that they had been 'given more duties'. "*Cutbacks in funding by council means that fewer people get care and, if they do get it, it's often less than they need, so we try to get as much done as possible – sometimes doing things like collecting shopping and prescriptions, posting letters before we get to the client. The Company won't pay for this because the Council won't pay- but the client can't afford to pay a private organisation to do*	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			this for them so we do it for free. Our mileage – 20p per mile – has not increased in 5 years – unlike petrol. " (pp 22-23) **Lack of continuity of care:** 36.7% of respondents reported that they were often allocated to different clients which the researchers report can affect continuity of care and the ability to develop relationships with clients which can be very important for some people such as those dementia. "*I am still ashamed by the memory of having to essentially bundle a frail dementia sufferer, who I had never met before, down the stairs and quickly get some tea on for her, so that I can race off to my next visit. She may have been unhappy or frightened by this new person in her home but I simply did not have time to chat and interact with her and help her take her time to get downstairs and eat her meal. It was dreadful.* " (p 24) **Safe services:** Although the majority of respondents reported that there was 'a clearly defined' means of reporting concerns regarding clients' wellbeing, 52.3% stated that their concerns were 'only sometimes acted on', which the researchers suggest represents a significant safeguarding issue. **Isolated working conditions:** Only 43.7% of respondents reported that they are in contact with other home care workers on a daily basis. The researchers suggest that this can impact on morale, hinder workers' learning and development, and the sharing of concerns for the client's welfare. "*Out of hours help is almost non-existent and that is very*	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			wrong. During office hours we can repeatedly ask for help on an issue and it can take days even weeks to resolve... i.e. we have an issue with a hoist being unsafe if we are not very careful with it, our manager has been told many times of this, our manager will get in touch with the appropriate people... then nothing happens... "(p 26) **Training:** Although a significant number of workers reported that their training was comprehensive, the majority were critical of the both the quality and the amount of training provided. 41.1% stated that they had not received specialist training to help them respond to their clients specific medical needs, such as those associated with dementia and strokes.	

Walsh K and Shutes I (2013) Care relationships, quality of care and migrant workers caring for older people. Ageing and Society 33: 393-420

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To 'explore the relationship' between migrant care workers and older people in Ireland and the UK; the barriers to and facilitators of the relationship; and the implications for relational aspects of quality of care in institutional and home care settings.	**Methodology:** Qualitative – focus groups, interviews and a survey.	**Population:** • Older people receiving home care. • Migrant home care workers employed by agency. • Directly employed migrant care workers. • Provider managers. **Sample size:** • n=90 care workers. • n=41 older people. • Some information from	**Time and personal relationships:** Workers felt that the nature of their work and the time constraints which they face can prevent them from forming important personal relationships with the people they care for. "*If I don't have time, I can't develop a good relationship with them... Sometimes I forget their names ... I' m working in 20 or 30 different homes and I meet hundreds of people. I'm trying to remember their names and to remember them, their needs, what they like, what they don't like ...*" (Polish home care worker, p 410). **Language and cultural challenges:** 66% of employers/ providers in the United Kingdom stated that poor English	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Country: United Kingdom and Ireland.		survey and telephone interviews with provider service managers - not much reported. **Sample characteristics (care workers):** • Ethnicity = migrant workers of mixed ethnicity from countries such as India, Philippines, Nigeria, Zimbabwe, Poland, and other eastern European countries. • Employment status = 34 nurses and care assistants working in Irish nursing homes (not relevant); 56 of same working in UK nursing homes and home care. Of the sample of 90, the workers relevant to this guideline are: 8 care assistants working for Irish home care organisations (3 of whom lived with employer); 27 care assistants working for home care organisations in the United Kingdom	posed a significant challenge in assigning migrant workers to older people as this could negatively impact upon the social and conversational aspects of care which older people value. Jokes, idioms and customs can be misunderstood. They also suggested that a common religious or history of migration could help to foster good relationships between older people and migrant workers. Migrant workers emphasised that continuity of care is threatened by high staff turnover, rotation of care workers and the rationing of resources. **Positive outcomes of employing migrant workers:** Despite the differences in background, the research identified many examples of good relationships that had developed between migrant workers and their clients. *"The labels of sons, daughters, parents and grandparents were frequently used by both migrant workers and older people to illustrate the strength of the relations between caregivers and care users"* p404. *"We are like granddaughter and granny, the relationship is like that. We always have a good laugh, we always talk about everything"* (Filipino care assistant, UK live-in carer, p404). The researchers note that although employers and providers were concerned about the state of care services they did not associate problems with the employment of migrants, with 60% of employers in the United Kingdom stating that the use of migrant workers had not reduced quality of care. 30% of employers stated that their employment had improved care quality.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		(16 of whom lived with employer). Latter recruited through random sample survey of UKHCA (12% response rate). • Gender = 78 of the workers were female. **Sample characteristics (older people):** • Age = not reported. • Two focus groups took place in Ireland, 4 in the United Kingdom (two of which were with home care users - the latter involving nine older people). Data relevant to home care assistance in the United Kingdom extracted. **Intervention:** No particular model of home care (but delivered by migrant workers of different ethnicity to clients).		

Wibberley G (2013) The problems of a 'dirty workplace' in domiciliary care. Health and Place 21: 156-162

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To examine the environment in which home care takes place as a potentially hazardous workplace and demonstrate the implications of this on the health and safety of staff and clients. **Country:** England.	**Methodology:** Qualitative – observational, through shadowing workers and interviewing providers.	**Population:** • Home care workers employed by agency. • Home care managers and other sector stakeholders. • Clients not specified as older people. **Sample size: n=47.** • 19 home care workers. • 14 home care managers. • 14 other sector stakeholders. **Sample characteristics:** • The professionals did not all work with older people, although they were all involved in home care. • The home care workers were all female, 'of various ages'. Ten were employed by local authorities, eight in the private sector and one directly by a client. • Four of the home care managers were male, two worked for local authority organisations	**Relevant context:** *"Currently, the place of care is underrecognised in the provision of domiciliary care, and funding is rarely allocated to its cleaning" p156.* **Findings –** **'Dirty' is a subjective term:** There can be a difference of opinion between carers and the people they are caring for, as well other household members over the concepts of dirt and cleanliness. Workers may feel they cannot look into spaces which most people may consider private – e.g. a fridge or bedroom. If activities such as providing clean bedding or cleaning out the fridge are not in the care plan there can be disagreements over responsibility. **Time:** Even if the worker is willing, time constraints can prevent them from fulfilling requests from people and their family carers/ household members to carry out cleaning activities. These activities may take longer than expected, if for example there is complex hospital equipment to deal with, or the home lacks basic facilities such as hot water or a flushing toilet. **Personal hygiene and wellbeing concerns:** Workers reported their work being made unpleasant by smells and overheated, smoky conditions, Workers reported that they sometimes had to work in very challenging conditions such as houses in which there are fleas or bodily fluids. **Financial constraints:** Workers noted that cleaning is increasingly excluded from the procurement of home care. If people are unable or unwilling to afford private cleaners, home care workers were placed in a difficult situation as	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		and 12 for private companies. • The stakeholders included social care consultants on social care, individuals working for care employer's organisations, etc. **Intervention:** No particular model of home care specified. The work environment (the client's home) is the focus, not the intervention itself.	they were reluctant to leave clients in 'squalor' which might be hazardous to the client as well as the worker.	

Critical appraisal tables

Home care research questions 3.1, 3.2, 3.3, 3.4

What approaches to home care planning and delivery are effective in improving outcomes for people who use services?

What are the significant features of an effective model of home care?

Are there any undesired/harmful effects from certain types of home care approaches?

What are the barriers to, and facilitators of, effective implementation of approaches shown to deliver good outcomes?

Angel C (2012) Care is not a commodity. Sutton: United Kingdom Homecare Association

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To investigate the impact of local authority commissioning of home care services. **Country:** United Kingdom.	**Methodology:** Survey (online) - responses gathered over four-week period. **Objectives of the study clearly stated?** Partly. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** N/A.	**Survey population and sample frame clearly described?** Yes. • 739 respondents (UK home care providers). • Respondents were 'senior post holders' in each organisation. 50% were an 'owner, partner, chief executive, director, or similar'. 47% were a 'registered manager, or other senior manager'. 3% were 'another employee or consultant'.(p 15) **Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Partly. 98% of responses came from organisations that currently trade with the council they were describing in the survey. Of these, 92% of responses were from organisations that had traded with the	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Partly. Online survey - but no details of how participants were directed to it. **Response rate calculation provided?** Partly. There is no indication of how many people were invited to complete the survey to put the 739 responses in	**Limitations of the study stated?** No. There is no description of how respondents were directed to the online survey. It is possible that non-responding home care providers might have had a more positive experience of contracting with local authorities, although there was feedback from services contracting with 90% of local authorities and Health and Social Care Trusts.	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		specified council for at least one year, and 78% had been doing so for three years or longer. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Partly. **Measures for contacting non-responders?** No – issue of non-respondents not mentioned. **Clear description of data collection methods and analysis?** Partly. The data were collected through an online survey - but there are no details provided on how participants were directed to it. **Response rate:** • 90% UK Councils represented by responses from one or more provider • England 96% councils (655 responses re-	context but data is provided on response rate in terms of how many councils they represent and the regions in which they are based. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** Partly. High response rates were considered by the authors to be most likely to represent councils where there are a significant number of local providers, or where local providers have active networks. The authors also suggested that the high response rates correlate with "*… strong feelings about the council's commissioning practice.*" (p 14)		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		ceived, representing 146/152 councils) • Wales - 91% councils (43 responses from 20/22 councils) • Scotland 56% councils (26 responses from 18/32 responses) • Northern Ireland - 100% (15 responses from 5/5 councils). • Responses were further broken down by government region and type of provider (95% independent, 5% voluntary). **Methods for handling missing data described?** Partly. Incomplete responses excluded from calculation of results.	A low response rate from providers in Scotland was suggested to be the combined result of relatively low numbers of providers based in rural counties and the relatively limited impact which public spending cuts have so far had on providers in Scotland compared with those in other regions of the United Kingdom. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes. For example when referring to home care being increasingly paid for 'by the minute' rather than by visit (traditionally home care has been paid for by the length of commissioned visit).		

Baxter K, Glendinning C, Clarke S et al. (2008) Domiciliary Care Agency Responses to Increased User Choice: Perceived Threats, Barriers and Opportunities from a Changing Market. Social Policy Research Unit (SPRU), University of York.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "… *examine the perceived threats and opportunities among existing independent home care providers for responding to increases in user choice through personalised budgets and similar mechanisms.*" (p ix) **Country:** England.	**Methodology:** Qualitative – semi-structured interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**How well was the data collection carried out?** Somewhat appropriately. **Was the sampling carried out in an appropriate way?** Somewhat appropriately. **Is the context clearly described?** Yes. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable.	**Are the data 'rich'?** Yes. **Is the analysis reliable?** Somewhat reliable. **Are the findings convincing?** Somewhat convincing.	The study was undertaken in 2007, when personalised budgets were more common, although the capacity for people to have direct cash payments has been in place since 1997. Agencies appeared to be providing services to all client groups, not just older people (i.e. potential limitation for applicability to this guideline).	**Relevance to the home care guideline:** A lack of focus on older people means that the relevance of this study to the guideline is limited. **How well was the study conducted?** +

Bowers H, Macadam A, Patel M (2006) Making a difference through volunteering: the impact of volunteers who support and care for people at home. London: Community Service Volunteers

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• "*To identify what is distinctive about the care and support provided by volunteers in home and intermediate care.*" • "*To highlight examples of best practice from six case study sites identified*	**Methodology:** Mixed methods – literature review (to inform design of fieldwork), in-depth interviews, and postal surveys.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Partly.	**Is the process for analysing qualitative data relevant to address the research question?** Partly. **Is appropriate con-**	**Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	**Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
by the participating organisations." • "*To improve the available data, knowledge and management information for planning future provision by volunteers in home and intermediate care.*" • To "*… inform plans to develop and extend involvement of volunteers in service provision or engagement (either separately or in partnership with health and social care partners).*" • "*To identify key success factors common to the effective involvement of volunteers.*" • "*To outline, for service commissioners, tools for successful delivery and commissioning activities.*" (p 14) **Country:** England and Wales.		**Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Partly.	**sideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Is appropriate consideration given to how findings relate to researchers' influence, for example, though their interactions with participants?** Unclear. **Is there an acceptable response rate (60% or above) to surveys?** No. Only 122 responses out of 266 (46% response rate) were received from volunteers; and only 128 responses out of 360 (36% response rate) were received from people supported by volunteers.	Overall, the paper is lacking in solid quantitative data that can be reliably mapped onto the scope of the home care guideline.	**the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Unclear. **Internal validity:** - **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Unclear. **Are the outcomes relevant?** Yes. **Overall assessment of external validity: +**

Clark H, Gough H, Macfarlane A (2004) 'It pays dividends'. Direct payments and older people. Bristol: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To examine how older people use direct payments and how this can be facilitated by local authority care management teams and direct payments support workers. • To determine how older people are introduced to direct payments and why they choose them. • To understand care managers views on direct payments for older people and the role which this group plays in 'making direct payments work for older people'. **Country:** England.	**Methodology:** Qualitative - interviews and focus groups. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Appropriate. **How well was the data collection carried out?** Appropriately. Lack of detail on sampling although the three local authorities included do cover different geographical areas and authority types, and "*different mechanisms of making and supporting direct payments.*" **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Somewhat reliable but is not well described. The authors simply note that the analysis process was ongoing and that "*… a constant comparative analysis approach was adopted"* (p 62) **Are the findings convincing?** Convincing. Despite some shortcomings, the study highlights some issues which appear to be generalisable. **Are the conclusions adequate?** Adequate. The conclusions are drawn from 2002-3 data and summarise both the benefits, but also the conditions and support needs that	The analysis is not comprehensively described. The sample is limited to 41 older people across three areas. The authors note that not including older people with mental health or learning difficulties was 'a major omission' (p 8)	**Relevance to the home care guideline:** Relevant, but the study is over ten years old. It is therefore only likely to illustrate early experiences of direct payments. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			both service users and local authority care managers and staff have.		

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data. **Addresses a clearly focused issue?** Yes. **Good case made for chosen approach?** Yes. **Direct comparison provided for additional frame of reference?** No.	**Were those involved in data collection also providing a service to the user group?** No. **Appropriate methods used to select users and clearly described?** Unclear. **Reliable data collection instrument/method?** Unclear. **Response rate and sample representativeness?** Unclear.	**Results complete and analysis easy to interpret?** Unclear. **Conclusions based on objective interpretation?** Yes.	**Limitations in methodology identified and discussed?** No. The data is pre-2006 and is not therefore a reliable reflection of the current state of home care services.	**Results can be applied to other service users?** +

Davey B, Levin E, Iliffe S et al. (2005) Integrating health and social care: implications for joint working and community care outcomes for older people. Journal of Interprofessional Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To compare two different approaches to collaboration between health and social care and to explore what service characteristics could help older people to remain in their own homes. **Country:** England.	**Methodology:** Comparison evaluation in two areas where one area had co-located services and the other had the usual arrangement of social work teams.	**Outcome measures:** Included the Mini-Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS-15). "*The primary outcome measure for the older people was whether they were at home, in long term care or had died, six months after initial interviews.*" (p 24) **Is the source population or source area well described?** Partly. **Do the selected participants or areas represent the eligible population or area?** Not reported. **Method of allocation to intervention (or comparison):** Not allocated as this was a cohort study of existing groups. **Were all participants accounted for at study conclusion?** Yes.	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** Yes. **Was the study sufficiently powered to detect an intervention effect (if one exists)?** No **Were the estimates of effect size given or calculable?** Yes. **Were the analytical methods appropriate?** Not reported. **Was the precision of intervention effects given or calculable? Were they meaningful?** No (feasibility study).	There was no randomisation - existing groups in different areas of practice were compared. The sample number is very small (n =79) and the study is not powered to detect results. The study explores the feasibility of comparing two different approaches to collaboration and their outcomes for older people. As an exploratory study comparing complex interventions, some effects were hard to measure, e.g. the effect that the arrangements for collaboration between social workers and primary care have on outcomes for older people older than 75. Primary outcomes for the two groups are not reported separately, and no firm conclusions can be made.	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older people?** Yes. **Is the intervention clearly described home care?** Yes. **Are the outcomes relevant?** Unclear. **Does the study have a UK perspective?** Yes. **Overall assessment of external validity:** Not relevant as this is a feasibility study, which is underpowered to demonstrate differences in outcomes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Did the setting reflect usual UK practice? Uncertain **Did the intervention or control comparison reflect usual UK practice?** Yes. **Were all outcome measurements complete?** Yes. **Were all important outcomes assessed?** Not reported. **Were outcomes relevant?** Partly. **Were there similar follow-up times in exposure and comparison groups?** Yes. 6 months for both groups.			

Duff P and Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions.*" (p 61).	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study. **Is a qualitative approach appropriate?** Not sure. **Is the study clear in what it seeks to do?** Mixed. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**How well was the data collection carried out?** Unclear - inadequately reported. **Was the sampling carried out in an appropriate way?** Unclear. **Is the context clearly described?** Unclear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Unclear.	**Are the data 'rich'?** Not sure. **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Somewhat convincing. Despite some shortcomings, the study highlights what appear to be generalisable issues. **Are the conclusions adequate?** Somewhat adequate.	Although the researchers refer to the study as a case study/pilot study it seems observational/based on an audit exercise. There is no real evidence of analysis or data collection methods or how the audit tool was applied, but the issues which are highlighted are important (e.g. inter-agency collaboration and case management issues). Some of the findings, however, may be useful for the GDG to consider.	**Relevance to the home care guideline:** Somewhat relevant - despite limitations the paper does highlight some interesting points regarding inter-agency working. **How well was the study conducted? –** There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the findings were considered relevant for the GDG to consider.

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The researchers	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not	Limited to small sample of self-funders, so a range of contacts and user led organisations were used which may	**Relevance to the home care guideline:** Highly relevant. **How well was the**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	groups in addition to a literature review. **Is a qualitative approach appropriate?** Somewhat appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Not stated.	liaised with intermediary organisations to recruit both self-funders and workers and this may not have been representative. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Unclear.	reported. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	not have been representative.	**study conducted?** +

Gethin-Jones S (2012) Outcomes and well-being part 1: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. Working with Older people, Vol. 16 No. 1, pp. 22-30.
Outcomes and well-being part 2: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. A qualitative follow up study paper. Working with Older People 12: 52-61

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
This is a follow-up study to a previous quantitative research project which found an association between outcomes-focused care and subjective well-being. The	**Methodology:** Mixed methods - longitudinal comparative cohort study (self-reported questionnaires and follow-up qualitative interviews.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the**	**Is the process for analysing qualitative data relevant to address the research question?** Yes.	**Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative**	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
aim of this study is to understand this relationship, specifically to: • Establish if outcomes-focussed home care delivers better subjective outcomes to service users than traditional time and task focussed care. • A longitudinal study concerned with change over time focused on the individual participants' self-identified concerns at the start and at the end of the research. **Country:** United Kingdom.	**Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes.	**research question?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Partly. **Is the sample representative of the population under study?** Yes.	**Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Yes. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** Partly. **Are there complete outcome data (80% or above), and,**	**and quantitative data (or results)?** Yes. The study sample is somewhat small and it is not clear how participants were recruited.	**on older adults?** Yes. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)? Yes.		

Glendinning C, Challis D, Fernandez J-L et al. (2008a) Evaluation of the Individual Budgets Pilot Programme: final report. Social Policy Research Unit, University of York, York

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… identify whether individual budgets offer a better way of supporting older people and other adults with social care needs, compared to conventional methods of funding, commissioning, and service delivery; and to assess the relative merits of the different models of individual budgets.*" (p 27) **Country:** England.	**Methodology:** Mixed methods - combining randomised controlled trials and qualitative interviews, informed by a realist evaluation perspective. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is there a clear description of the randomisation or an appropriate sequence generation?** Partly. **Is there a clear description of the allocation concealment (or blinding**	**Is the process for analysing qualitative data relevant to address the research question?** Partly. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Is appropriate consideration given to how findings relate to researchers' in-**	It is difficult to attribute the findings in this study to different client groups, i.e. the older people we are interested in. The effect on older people does not appear to be associated with positive social care outcomes, and it is noticeable that this group did not appear to experience the higher level of control with individual budgets reported by younger age groups. The sample size is very	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** No. **Is the intervention clearly home care?** Partly. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)? Yes.	**when applicable)?** No. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Partly.	**fluence; for example, though their interactions with participants?** Partly. **Are there complete outcome data (80% or above)?** Partly. **Is there low withdrawal/drop-out (below 20%)?** Unclear. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** No.	small, and the methods of recruitment and randomisation are unclear.	

Glendinning C, Clark S, Hare P et al. (2008b) Progress and problems in developing outcomes-focused social care services for older people in England. Health and Social Care in the Community 16: 54-63

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To assess "*… progress in developing outcomes-focused social care services for older people and*	**Methodology:** Mixed methods - postal questionnaire (of 70 outcomes-focused social care initiatives) using both closed and open-	**Are the sources of qualitative data (archives, documents, informants,**	**Is the process for analysing qualitative data relevant to address the re-**	The study does not specifically focus on home care, and the services which more	**Internal validity:** - **Is the setting similar to the UK?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
the factors that help and hinder this." (p 54) **Country:** England and Wales.	ended questions as well as the development of six case studies using a semi-structured topic guide, interviews and focus groups. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes.	**observations) relevant to address the research question?** Partly. **Is there a clear description of the randomisation or an appropriate sequence generation?** Partly. **Is there a clear description of the allocation concealment (or blinding when applicable)?** No. **Is the sample representative of the population under study?** Partly – not all are receiving home care.	**search question?** Yes. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Yes **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Unclear. **Are there complete outcome data (80% or above)?** Partly. **Is there low withdrawal/drop-out (below 20%)?** Unclear. **Are measurements appropriate (clear origin, or validity known, or standard**	readily adopted the approach were reablement and intermediate services.	**Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** No - outcomes-focussed social care services. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			instrument)? Yes. **Is there an acceptable response rate (60% or above)?** No.		

Henderson C (2006) Time and other inputs for high quality social care: Wanless social care review. London: King's Fund

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To consider the role of "… *time and other service inputs required to provide 'high quality' or 'best practice' social care to frail older people, with and without cognitive impairment.*" (p 3) **Country:** United Kingdom, Canada and the United States.	**Methodology:** Secondary data analysis (from relatively recent systematic review). **Addresses a clearly focused issue?** Yes. **Good case made for chosen approach?** Partly. **Direct comparison provided for additional frame of reference?** No.	**Were those involved in data collection also providing a service to the user group?** No. **Appropriate methods used to select users and clearly described?** Yes. **Reliable data collection instrument/method?** Partly. Did not report methods of review in depth (but this was only a summary paper). **Response rate and sample representativeness:** Unclear.	**Results complete and analysis easy to interpret?** Partly. **Conclusions based on honest & objective interpretation?** Yes.	**Limitations in methodology identified and discussed?** Unclear. There is a lack of methodological transparency.	**Results can be applied to other service users?** Partly. General conclusions applicable, though less so in terms of detail of time needed for specific tasks.

Lakey L and Saunders T (2011) Getting personal? Making personal budgets work for people with dementia. London: Alzheimer's Society (Linked to Quince 2011)

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To present the views and experiences of people with dementia and their carers on their use of direct payments and personal budgets. **Country:** United Kingdom.	**Methodology:** Mixed methods – survey, interviews and focus groups. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Unclear **Is the sample representative of the population under study?** Unclear.	**Is the process for analysing qualitative data relevant to address the research question?** Yes. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** No. **Is there an acceptable response rate (60% or above)?** No.	It is unclear how participants were identified and what the survey response rate was.	**Internal validity: -** **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Manthorpe J and Stevens M (2010) Increasing care options in the countryside: developing an understanding of the potential impact of personalization for social work with rural older people. British Journal of Social Work 40: 1452-1469

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To understand the impact on older people and those supporting them of the personalisation of social services in rural areas with particular reference to the use of personal budgets. **Country:** England.	**Methodology:** Qualitative – semi-structured interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**How well was the data collection carried out?** Not sure - inadequately reported. **Was the sampling carried out in an appropriate way?** Not sure. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Unclear. **Were the methods reliable?** Reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Somewhat adequate.	Only 14 of the sample had direct experience of delivering personal budgets, so some comments are speculative. There is little detail on sample selection, content of interview schedules, etc., so it is not clear what the range of views was and how well they are captured.	**Relevance to the home care guideline:** Somewhat relevant. This study is about personal budgets rather than home care, but the implication is that home care is the most likely social care need/purchase. It is included as there is little information on rural issues available, and the workforce issues are pertinent. **How well was the study conducted?** +

McNulty A and Patmore C (2005) Caring for the whole person: home care for older people which promotes well-being and choice. York: Wellbeing and Choice

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore what enables some home care services to provide a *"… flexible, person-centred style of service …"* (p 3)	**Methodology:** Qualitative – telephone interviews. **Is a qualitative approach appropriate?** Appropriate.	**How well was the data collection carried out?** Somewhat appropriately. **Was the sampling**	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable.	It is unclear how selection of sample and recruitment was carried out and the reporting of the methodology and the data is not clear.	**Relevance to the home care guideline:** Somewhat relevant, but there are limitations which minimise relevance.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: England.	**How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**carried out in an appropriate way?** Somewhat appropriate. Recruitment not entirely clear. **Is the context clearly described?** Clear. **Is the role of the researcher clearly described?** Not described.	**Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	The main limitation is that the fieldwork was undertaken between 2001 and 2005, since when commissioning and providing arrangements have substantially changed, with local authorities taking a more detached role. Cuts in budgets to local authorities are also likely to have changed the picture.	**How well was the study conducted?** +

Moran N, Glendinning C, Wilberforce M (2013) Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects. Ageing and Society 33: 826-851 Linked to the IBSEN study by Glendinning 2008a

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore older people's experiences of individual budgets as part of the English Individual Budget pilot projects (2005-2007). **Country:** United Kingdom.	**Methodology:** Mixed methods - randomised comparison evaluation, with before and after structured measures, and qualitative interviews with a sub-sample. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is there a clear description of the randomisation or an appropriate sequence genera-**	**Is the process for analysing qualitative data relevant to address the research question?** Partly. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly.	The IBSEN project (of which this is a component), reported a number of problems including recruitment, randomisation and the failure of some budget holders to receive and implement them before the follow-up measures were taken at six months. Interviews reported within this study (to discuss care plan-	**Internal validity** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Partly. **Are the outcomes relevant?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Is the integration of qualitative and quantitative data (or results) relevant to address the research question? Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Partly. The qualitative data does appear to clarify some of the quantitative findings.	**tion?** Partly. **Is there a clear description of the allocation concealment (or blinding when applicable)?** No. **Are participants (organisations) recruited in a way that minimises selection bias?** Partly. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes.	**Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** No. **Are there complete outcome data (80% or above)?** Yes **Is there low withdrawal/drop-out (below 20%)?** Unclear. **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** Yes. **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are**	ning) were undertaken two months after randomisation, so are unlikely to reflect the outcomes of the intervention. Data was collected between 2005 and 2007, when the intervention was being piloted, so the findings may not be applicable to the present.	**Overall assessment of external validity:** –

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			the participants comparable, or do researchers take into account (control for) the difference between these groups? N/A - none were identified. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** Yes.		

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging and Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… investigate provider level influence on service user perceptions of home care service quality.*" (p 84) **Country:** England.	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with providers. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes.	**Survey population and sample frame clearly described?** Partly. n=9254 service users from 121 home care providers provided data and service quality data was obtained from 7935 of these service users.	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly.	**Limitations of the study stated?** No. One obvious limitation is the age of the study and the data.	**Results can be generalised?** Partly, but study is based on data from 2003. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Clear description of context? Yes. **References made to original work if existing tool used?** Yes, Netten et al, 2004. **Reliability and validity of new tool reported?** Yes. **All appropriate outcomes considered?** Unclear.	**Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** Not reported. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes.	**Results internally consistent?** Partly. **Data suitable for analysis?** Yes. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Measurements reliable? Yes. **Measurements reproducible?** Unclear. **Clear description of data collection methods and analysis?** Yes. Univariate analyses to explore relationships among service user, provider characteristics, and service quality using statistical analysis software STATA. **Methods appropriate for the data?** Yes. Factor analyses generated a four-factor solution including a service quality indicator which reflected service users' views on the standard of home care delivered on a day-to-day basis. Reliability for service indicator was high.			

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Response rate: Not clear. n=9254 service users from 121 home care providers were interviewed, and service quality data was obtained from 7935 of these service users. **Methods for handling missing data described?** No.			

Onder G, Liperoti R, Soldato M (2007) Case Management and Risk of Nursing Home Admission for Older Adults in Home Care: Results of the Aged in Home Care Study. Journal of the American Geriatrics Society 55: 439-444

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
"*To explore the relationship between a case management approach in delivering home care and the risk of institutionalization in a large European population of frail, old people in home care.*" (p 439) Aims to demonstrate whether older people with case managers (and integrated health/social care) are at lower risk of nursing home admission than those	**Methodology:** Comparison evaluation, using retrospective cohort study, comparing outcomes for older home care recipients with/without case management. Trained staff collected data on a sample obtained from a randomized list of all subjects aged 65 and older already receiving home care services in each site. Data on nursing home admission were collected at 6 months and 1 year. **Is the evaluation design appropriate?** Appropriate.	**Is the source population or source area well described?** Yes. Age, gender, living arrangements, behavioural symptoms, and comorbidities of subjects in each group are provided. **Is the eligible population or area representative of the source popula-**	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** Yes. **Was intention to treat (ITT) analysis conducted?** Not relevant. **Was the study sufficiently powered to detect an intervention effect (if**	There is a lack of clarity about the interventions and what 'case management' entailed in different settings. If the initial assessment was, as implied, multidisciplinary, it may be the quality of that assessment, rather than ongoing case management that made a positive difference. Data was collected from	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older people?** Yes. **Is the intervention clearly home care?** Partly. **Are the outcomes relevant?** Yes. **Are the outcomes rel-**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
receiving traditional home care. **Country:** Data from 5 of 11 European countries, including the United Kingdom, as 6 did not deliver home care using case management. **Funding:** Grant from the Fifth Framework Programme on ‘‘Quality of Life and Management of Living Resources’’ of the European Union.	**Is the study clear in what it seeks to do?** Clear. **Description of theoretical approach?** Partly.	**tion or area?** Unclear. Random sample of older people who use home care in each of the 11 participant countries included **Do the selected participants or areas represent the eligible population or area?** Unclear. Sample was obtained from ‘a randomized list of all subjects aged 65 and older already receiving home care services’ in each country. **Were outcome measures reliable?** Yes. **Were all outcome measurements complete?** Yes. **Were all important outcomes assessed?** Partly. **Were outcomes relevant?** Yes.	**one exists)?** Partly. (95% confidence interval) Adjusted Odds ratio 0.56 (0.43–0.63) Unadjusted Odds ratio 0.49 (0.38–0.64). **Were the estimates of effect size given or calculable?** Yes. **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or calculable? Were they meaningful?** Yes. Confidence Interval 95% range is precise 0.49 (0.38 - 0.64) Unadjusted 0.56 (0.43- 0.63) Adjusted.	people using home care between 2001 and 2003, suggesting that the data may not reflect current practice. The content of home care, and eligibility criteria (e.g. frailty level), has changed in United Kingdom since that time.	**evant?** Yes. **Does the review have a UK perspective?** Partly – the study used data from a range of European countries which included the United Kingdom. **Overall assessment of external validity:** + It is possible that these services were managed quite differently between countries which may affect the generalizability of the findings.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Were there similar follow-up times in exposure and comparison groups? Yes. **Was follow-up time meaningful?** Yes.			

Ottmann G and Mohebbi M (2014): Self-directed community services for older Australians: a stepped capacity-building approach. Health & Social Care in the Community, 22: 598–611.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To investigate the impact of *"… a self-directed care approach for older Australians with complex care needs…"* (p 598) and to add to the evidence base on the 'programmatic and contextual factors' which influence the outcomes of consumer/self-directed care interventions. **Country:** Australia.	**Methodology:** Comparison evaluation - before and after cohort study using surveys and semi-structured interviews. Measures were taken at baseline and at follow-up 11 months. **Is the evaluation design appropriate?** Yes. **Is the study clear in what it seeks to do?** Yes.	**Is the source population or source area well described?** Partly. The pool of controls intervention recipients were matched for age, country of birth and socio-economic background (p601) and the characteristics at baseline, end-point and in the 'attrition' group were reported (table 1, p 604). **Is the eligible population or area representative of the source population**	**Were all outcome measurements complete?** Yes, for those older people (fully reported) who completed the follow-up. **Were all important outcomes assessed?** Yes. **Was follow-up time meaningful?** Partly. Might have been better to give intervention group more time. **Were exposure and comparison**	Follow up time (at least 10 months) may not have been sufficient for older people on CDC/SDC to reach their maximum potential. Not randomised - but also no contamination between arms was possible. Attrition rate quite high - but this is a common problem with people who are older and may have dementia.	**Did the setting reflect usual UK practice?** Partly. Unsure as we do not know what Australian case management is like. **Did the intervention or control comparison reflect usual UK practice?** Partly. Unsure (as above). **Internal validity:** + **Is the setting similar to the UK?** Unclear **Is there a clear focus older people?** Yes.

		or area? Yes. **Allocation to intervention (or comparison). How was selection bias minimised?** This was done using different and geographically distant care providers as the recruiting organisation, thereby minimising the potential for contamination. **Were interventions (and comparisons) well described and appropriate?** Partly. There was less information about the usual management of the control group. **Was the exposure to the intervention and comparison adequate?** Yes. At least 10 months, although it could have taken longer for an older person to move up the levels). **Were outcome measures reliable?**	**groups similar at baseline? If not, were these adjusted?** Yes. **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Not reported. **Were the estimates of effect size given or calculable?** Yes. **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or calculable? Were they meaningful?** Yes.		**Is the intervention clearly home care?** Yes, the study focuses on the arrangement and funding of home care. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

		Yes - modified AS-COT outcomes. **Were all outcome measurements complete?** No. 57% of controls, and 60% of intervention sample completed follow-up data. **Were all important outcomes assessed?** As planned. **Were outcomes relevant?** Yes. **Were all important outcomes assessed?** Yes – AS-COT outcomes used. **Was follow-up time meaningful?** Partly.			

Patient and Client Council (2012) Care at Home. Older people's experiences of domiciliary care. Belfast: Patient Client Council

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To "*… explore the experiences of older people and their carers receiving a domiciliary service throughout Northern Ireland in the*	**Methodology:** Mixed methods - survey (questionnaire), interviews and discussion groups. **Is the mixed-methods research**	**Are the sources of qualitative data (archives, documents, informants, observations) rele-**	**Is the process for analysing qualitative data relevant to address the research question?**	Although there is insufficient methodological detail, and the structured questionnaire approach may have lim-	**Internal validity:** + **Is the setting similar to the UK?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
context of pressure on services and the potential changing policy context for domiciliary care." (p 6) **Country:** Northern Ireland**.**	**design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Partly. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	**vant to address the research question?** Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Unclear. **Is the sample representative of the population under study?** Unclear.	Unclear. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Partly. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Unclear. **Is there an acceptable response rate (60% or above)?** Unclear.	ited the scope of the views expressed by respondents, the surveys were supplemented by more exploratory qualitative methods, and the findings are very consistent with other studies on home care.	**Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes – experience of older people. **Overall assessment of external validity:** +

Quince C (2011) Support. Stay. Save: care and support of people with dementia in their own homes. London: Alzheimer's Society (Linked to Lakey 2011)

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To provide feedback from people with dementia, their carers, and home care workers on their aspirations and experiences with respect to dementia care provided in the community in	**Methodology:** Mixed methods - questionnaires (quantitative and qualitative), small group discussions and interviews. **Is the mixed-methods research design relevant to address the**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?**	**Is the process for analysing qualitative data relevant to address the research question?** Yes.	There is a lack of methodological detail, and the sample of service users and carers is taken from existing membership of the Alzheimer's Society, so	**Internal validity:** - **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
England, Wales and Northern Ireland. **Country:** United Kingdom.	**qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.	Yes. **Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Unclear.	**Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Unclear. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Unclear. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** No.	may not be fully representative of people with dementia or their carers. The structured questionnaire may have inhibit the range of views expressed by respondents. The response rate from home care users and carers (6.8%) is very low and the response rate from providers is uncertain. Those findings framed as recommendations are not transparently linked to responses, and may represent Alzheimer's Society policy, rather than the views of participants. However, the findings relate to important issues in an under-researched area.	**Is the intervention clearly home care?** Partly **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Roberts J (UKHCA) (2011) Improving domiciliary care for people with dementia: a provider perspective. Bristol: South West Dementia Partnership

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The aim of the project was to identify: • The challenges facing home care providers. • What do providers think works well in all care sectors? • Innovative practices which can be introduced more widely in the future. • How can dementia services be improved. **Country:** England. **Funding:** South West Dementia Partnership.	**Methodology:** Qualitative - e-mail survey, focus groups and telephone interviews. Although a small e-mail survey was conducted, this is really a very small qualitative study in which the survey cannot be rated for representativeness. Seven completed email survey responses were received, 18 people attended focus groups and 10 people contributed via telephone interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible.	**How well was the data collection carried out?** Somewhat appropriately, but very small scale. **Was the sampling carried out in an appropriate way?** Not reported. **Is the context clearly described?** Unclear. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	Survey responses (seven) cannot be assessed for quality purposes. It is unclear who the respondents (to the survey) are, or how they and the focus group attendees and telephone interviewees were identified. Although the reporting of methods is very limited the findings are congruent with other sources.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

UNISON (2012) Time to care: A UNISON report into homecare. London: Unison

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To discover the views of home care workers as to why there are so many problems in the home care provider sector.	**Methodology:** Survey - on-line. **Objectives of the study clearly stated?** Partly. **Research design clearly speci-**	**Survey population and sample frame clearly described?** Unclear. It is not clear how many people were asked	**Basic data adequately described?** Yes. **Results presented clearly, objectively**	**Limitations of the study stated?** No. The sampling frame and manner in which the survey was adver-	**Results can be generalised?** Partly. They are consistent with other sources. **Appropriate attempts**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: United Kingdom.	**fied and appropriate?** Partly. The report does not include an example questionnaire, although the chapters appear to be organised around the questions asked in the survey. **Clear description of context?** No. **References made to original work if existing tool used?** N/A. **All appropriate outcomes considered?** Unclear. **Clear description of data collection methods and analysis?** Partly. Unclear how survey accessed. **Methods appropriate for the data?** Partly.	to complete the survey, how it was advertised or how representative the 431 respondents were. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Partly. 431 appears to be large enough, but the representativeness of the 431 respondents is unclear. **All subjects accounted for?** No. **Measures for contacting non-responders?** No. **Describes what**	**& in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Partly. Unclear how survey was accessed. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Yes. Very basic 'statistics'. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on**	tised is unclear. Although the conclusions are internally consistent and consistent with other research, this survey approach and reporting gives no indication of how representative of UK home care providers the respondents were.	**made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** + This is poor methodologically, but is highly relevant and appears to confirm other commentaries. However, the survey recruitment, publicity, response rate, representativeness, etc. are not reported.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		was measured, how it was measured and the outcomes? Partly. **Measurements valid?** Partly. **Measurements reliable?** Unclear. **Measurements reproducible?** Unclear. **Response rate: Methods for handling missing data described?** No.	**subject and study objectives?** Partly. There are some useful references to existing knowledge in sections entitled 'sector analysis'.		

Venables D, Reilly S, Challis D (2006) Standards of care in home care services. A comparison of generic and specialist services for older people with dementia. Aging and Mental Health 10: 187-194

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To describe and investigate "*… the standards of home care services for people with dementia in the North West of England, and … the differences in quality standards between specialist and generic home care services.*" (p 187)	**Methodology:** Cross sectional postal survey carried out between 2002 and 2003. **Objectives of the study clearly stated?** Partly. The study was not clear on the differences between generic and specialist services and how these were to be identified.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Unclear. **Subject of study**	**Basic data adequately described?** Yes. **Results presented clearly, objectively and in enough detail for readers to make personal judgements?** Partly.	**Limitations of the study stated?** Yes. The response rate was low (46%), although providers in all 22 local authorities were represented. Self-reported data from	**Results can be generalised?** Partly. The date of the survey suggests that they probably do not reflect current practice. **Appropriate attempts made to establish 'reliability' and 'validity'**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: England.	**Research design clearly specified and appropriate?** Yes. **Clear description of context?** Partly. **References made to original work if existing tool used?** Yes. **Reliability and validity of new tool reported?** Unclear. **All appropriate outcomes considered?** Yes, within the framework described (National Minimum Standards).	**represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** No. There were difficulties with sub-group analysis. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Unclear. Self-reported data does not seem to be a reliable method of collecting data on compliance with standards. **Measurements reliable?** Unclear. **Measurements reproducible?** Unclear.	**Results internally consistent?** Yes. **Data suitable for analysis?** Unclear. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** Unclear. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.	providers against mandated standards may be unreliable. Providers made judgments about the likely diagnosis of dementia in their clients, as many had not been assessed by clinicians. The data collected are out of date, especially as the configuration of home care services (between local authorities, the NHS and independent providers) has radically altered since data collection.	**of analysis?** Unclear. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Methods appropriate for the data? Partly. **Response rate:** 46% **Methods for handling missing data described?** Partly.			

Findings tables

Home care research questions 3.1, 3.2, 3.3, 3.4

What approaches to home care planning and delivery are effective in improving outcomes for people who use services?

What are the significant features of an effective model of home care?

Are there any undesired/harmful effects from certain types of home care approaches?

What are the barriers to, and facilitators of, effective implementation of approaches shown to deliver good outcomes?

Angel C (2012) Care is not a commodity. Sutton: United Kingdom Homecare Association

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To investigate the impact of local authority commissioning of home care services. **Country:** United Kingdom.	**Methodology:** Survey (online) - responses gathered over four-week period.	Administrators, commissioners, managers. • Owner, partner, chief executive, director, or similar = 50%. • Registered Manager, or other senior manager = 47%. • Another employee or consultant = 3%. **Sample size and characteristics:** 739 completed responses were received from home care providers who supplied to 189 (90%) of the 211 local authorities in England, Wales and Scotland, or the Health and Social Care Trusts in Northern Ireland. **Intervention:** Several interventions compared including outcomes focussed model of home care and a time and task	**Extensive use of 15 and 30 minute home care visits:** 73% of home care visits in England are of 30 minutes or less. In Northern Ireland the total is 87%, although in 42% in Wales and Scotland the total is 42%. The researchers suggest that there is also evidence 15 minute visits (or less) are in use in all regions, and that 28% of visits in Northern Ireland are of this length. The survey found that 34% of providers had concerns that the requirement by councils for such short visits put the dignity of service users at risk, and that 6% were concerned that these also impacted upon the safety of service users. 87% of providers in Northern Ireland stated that they felt these visits put the dignity of service users at risk. **Home care:** Almost three-quarters (74%) of providers reported that the council with which they traded had prioritised low prices over service quality during the previous twelve months. The report estimates that the weighted average charge which UK councils pay for one hour of week-day, daytime home care is £12.87. In Wales, the West Midlands, the North West and Northern Ireland some providers reported rates as low as £9.55 and £10.04. Over half (53%) of providers stated that the council with which they worked had set a maximum cost which they were willing to pay for home care services. The researchers found that nearly 90% of providers had been required to maintain (or reduce) prices throughout the life of a contract and that in some cases the council maintained *"… a unilateral right to grant or refuse price increases.*" (p 29) Only 7% of providers reported automatic procedures to adjust prices in line with inflation. The researchers suggest that factors such as these amount to a	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		focussed model of home care.	real-terms decrease in fees for 9 out of every 10 during the 2011-12. They also note that over three-quarters (77%) of providers received no price increase during this period and that 15% reported actual price decreases. **Home care purchased 'by the minute':** The report highlights the growing use of payment according to actual visit length (sometimes to the nearest minute). This practice was reported by 40% of English providers and 27% of those in Scotland (as opposed to payment for planned or commissioned home care visits). A majority (72%) of UK providers stated that they are offered neither "enhanced payments to cover visits shorter than one hour" nor for out-of-hours provision. **Inclusion of travel time and costs:** The researchers highlight that the *"… overwhelming majority …*" (p 39) of councils require that the travel time and costs of workers is taken from the hourly rate paid for time spent in the individuals home. They emphasise that hourly rates must as a result become more sustainable in order to comply with national minimum wage requirements. **Late payments and disputed invoices:** 25% of providers reported that they received payments for "most" of their invoices after the contractual due date (this appeared to be particularly common in Northern Ireland) and 24% of providers reported that the council which they traded with "regularly" disputed invoices. **Guaranteed purchases:** The majority of contracts do not include any volume purchase guarantees which the researchers note is likely to discourage providers from making long-term investments in services. The researchers found that only 24% of UK providers held contracts with any purchasing guarantee.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Council allocation of packages of care: Over a third (34%) of providers felt that there was a lack of clarity from the council with which they traded on how packages of care were allocated to local providers. 42% of providers reported these processes to be "… opaque and unfair". (p 46) **Incomplete tendering processes:** 38% of UK providers stated that the council with which they traded had significantly delayed and in some cases discontinued altogether a tendering exercise which led to unnecessary expenditure for all parties. **Increasingly poor relationships between councils and providers:** 41% of providers reported that their relationship with their commissioners *had "… deteriorated or significantly deteriorated…* " (p 49), compared to just 22% who stated that the relationship had improved.	

Baxter K, Glendinning C, Clarke S et al. (2008) Domiciliary Care Agency Responses to Increased User Choice: Perceived Threats, Barriers and Opportunities from a Changing Market. Social Policy Research Unit (SPRU), University of York.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… examine the perceived threats and opportunities among existing independent home care providers for responding to increases in user choice through personalised budgets and similar mechanisms.*"	**Methodology:** Qualitative – semi-structured interviews.	**Population:** Managers of care agencies delivering home care (all client groups). **Sample size and characteristics:** 32 home care agencies in 4 local authorities. "*Ninety-nine of the respondents were independent, voluntary*	**Difficulties associated with the use of direct payments or personal budgets:** • Local authorities and home care agencies did not have a great deal of experience with direct payments or other personalised budgets. • The prevalence of zone-based contracts restricted the home care agencies available to personalised budget holders as travelling out of a zone to provide services for individual clients was not cost-effective. • Staffing constraints impeded the provision of flexible support for both local authority funded clients and those paying for their care privately.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
(p ix) **Country:** England.		*and other non-LA organisations; the remainder were LA in-house providers*." (p 11) **Intervention:** Direct payments to older people to pay for home care.	• Respondents perceived a number of problems which could arise with an increase in people using personalised budgets such as late or non-payments, difficulties in taking payments after a client's death. Intermittent service use by clients was also felt to be a financial risk for an agency. Respondents also noted that local authority direct payments were sometimes insufficient to allow agency care to be purchased by individuals. • Agencies often lose their return on investment in staff training when care workers leave the agency to work privately for personalised budget holders, which pays more per hour. • Although providers felt that the use of personalised budgets offered new business opportunities there was uncertainty about how to identify and target personalised budget holders, advertise services, or promote the flexibility of personalised budgets. • Agencies stated that they had attempted to retain staff by a variety of methods. These included provision of mentoring and supervision programmes, guaranteed working hours, and by promoting more varied work by offering placements with different clients. Respondents felt greater training requirements hindered the recruitment of new staff, particularly part-time workers. • There were concerns from some managers that personalised budgets could negatively impact upon the quality of home care services. The employment of unqualified carers was seen as especially problematic in a sector in which safeguarding and legal issues were becoming increasingly prominent.	

Bowers H, Macadam A, Patel M (2006) Making a difference through volunteering: The impact of volunteers who support and care for people at home. London: Community Service Volunteers

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• "*To identify what is distinctive about the care and support provided by volunteers in home and intermediate care.*" • "*To highlight examples of best practice from six case study sites identified by the participating organisations.*" • "*To improve the available data, knowledge and management information for planning future provision by volunteers in home and intermediate care.*" • To "*… inform plans to develop and extend involvement of volunteers in service provision or engagement (either*	**Methodology:** Mixed methods – literature review (to inform design of fieldwork), in-depth interviews, and postal surveys.	**Population:** Older people receiving services at home organised by voluntary organisations. **Sample and characteristics:** 128 service users responded to the postal survey - not exclusively for services which may coincide with statutory home care services. Mean age: 90% over 60yrs, gender: 76% female). Volunteers under a formal agreement. (n=122 took part in postal survey, mean age: 76% over 60yrs, gender: 78% female). Also included 14 volunteer coordinators; 9 managers; 40 volunteers, external stakeholders, knitting group took part in discussion, email /telephone interviews.	**The value of volunteers to service users:** Over 95% of respondents to the survey stated that they were 'happy' with the support they received from volunteers, rating their experience as 'satisfied' or 'very satisfied'. The researchers note that volunteers, "*… in contrast to most paid staff, start with what needs to be done, and then convert this into the time required to achieve it, rather than the other way around.*" (p 32). The authors elaborate on this issue by highlighting responses which refer "*… to the feeling of not being rushed; that 'the clock isn't ticking' on the support and contact people receive; and that volunteers do not constantly refer to how much (or how little) time they have on each occasion they meet.*" (p 32) The flexibility of support which volunteers can provide was valued by participants, particularly the ability for the two parties to manage care directly. The ability to use time to chat, offer friendship, have a cup of tea, etc. are also a very highly valued feature of volunteer support. The researchers highlight that volunteers often represent someone with whom service users can share their problems and can help them to make informed decisions about their care and treatment. They note that some schemes had trained volunteers in independent advocacy, recognising that this could be an important feature of volunteer support. The authors also identify 'matching' as a feature of best practice which can help to meet the need for a diverse range of support, for example, by matching volunteers and care recipients by language	**Internal validity:** - **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
separately or in partnership with health and social care partners)." • "*To identify key success factors common to the effective involvement of volunteers.*" • "*To outline, for service commissioners, tools for successful delivery and commissioning activities.*" (p 14) **Country:** England and Wales.		**Intervention:** The volunteering schemes included a hospital from home scheme, a befriending service, and a home safety check and falls prevention service, etc.	and/or culture. **Barriers and facilitators to effective services:** Volunteer services which have developed as a result of "*… local people spotting a gap or an unmet need, and coming up with a creative solution ...*" (p 40) are identified as a best practice feature of service provision. Similarly, the authors highlight co-ordination and management as essential and note that in some services these processes have strengthened by investment in posts dedicated to these, which ultimately make the service both more successful and more cost efficient. The study also highlights the importance of strong relationships and joint working arrangements between services as central to the provision of effective services. The importance of referral pathways and links between statutory and voluntary services are also noted. The development of services in collaboration with health professionals was also viewed positively.	

Clark H, Gough H, Macfarlane A (2004) 'It pays dividends'. Direct payments and older people. Bristol: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To examine how older people use direct payments and how this can be facilitated by local authority care management teams and	**Methodology:** Qualitative - interviews and focus groups.	**Population:** Older people receiving direct payments, local authority managers, care managers and direct payment support workers.	**The value of direct payments:** The researchers state that direct payments align well with policies which aim to promote independent living, and enhance quality of life and social inclusion. They also suggest that direct payments *"… should empower people to determine and meet their personal and practical support needs on a daily basis, to enable them … to live a normal life.*"	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
direct payments support workers. • To determine how older people are introduced to direct payments and why they choose them. • To understand care managers views on direct payments for older people and the role which this group plays in 'making direct payments work for older people'. **Country:** England.		**Sample size:** • 41 older people from three local authority areas who were in receipt of direct payments participated in the research – paper does not specify whether all were in receipt of home care. • 5 senior managers. • 32 care managers. • 11 team managers. • 10 direct payments support scheme workers. **Sample characteristics:** • Age = older people in their mid-60s to early 90s years old. • Ethnicity = 35 white older people and/or their informal carers, who were receiving direct payments, together with six Black Somali older people. **Intervention:** Direct	The study found that the majority of older participants hoped that direct payments could enable them to achieve more choice and control over their support than that offered by services provided directly. The researchers note that direct payments were the only way in which Somali participants could employ workers who spoke the same language. Somali service users also commented that their relationships with children and family members had improved as they were no longer so reliant on them. The authors suggest that this issue may improve as some younger Somalian women working as personal assistants were interested in working for home care agencies. The authors emphasise the value which participants attached to direct payments. **Barriers to the use of direct payments:** The authors note that the 'audit and administrative demands' associated with the management of direct payments were a major difficulty which participants faced. Some participants who purchased agency services rather than employing a personal assistants stated that their main reason for doing so was a concern regarding managing their care when their personal assistant was sick or on holiday. Most of those who chose to purchase agency services hoped that this would enable them to get help as soon as possible as they were 'facing a crisis'. The authors suggest that these types of issues could be addressed by ongoing assistance from direct payments support services.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		payments to pay for home care. Care managers provided introduction and support, and there were some dedicated direct payments support schemes to facilitate.		

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data.	**Population:** • Older people receiving home care. • Home care agencies. • Local authority services and home care managers. **Sample:** Listening event: 1839 older people took part in public 'listening events' and meetings. Interviews: 120 older people were interviewed. Inspection reports:	**Compliance with national standards:** The report looked at data on how agencies complied with national minimum standards, finding that on average, 74% of agencies complied with each of the national minimum standards in 2005-06. The report highlights 'good performance' against some standards which relate to 'personal care'. Drawing on, CSCI inspection reports the authors note that privacy and dignity is respected, and that people are able to express their individual wishes. It is suggested that these standards appear related to the attitudes of staff who are perceived to be 'sensitive and caring'. Compliance with standards relating to the 'managers and staff' domain was relatively poor. Many organisations failed to meet standards on supervision, support and training of staff and nearly 39% are not conforming to basic requirements on the selection and recruitment of staff. The authors highlight 'significant concerns' in relation to medica-	**Results can be applied to other service users?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		CSCI collected data from users, carers and staff from inspections in 118 agencies conducted June 2004 and February 2005. Data from 1037 service users and 493 relatives and carers responses were analysed. Complaints: Content of 684 complaints received in 2005-06 analysed. Seminars with 15 representatives of 9 local user-led organisations held. Site visits to 9 councils involving interviews with 24 older people were held. **Sample characteristics and settings:** Not reported.	tion practice and suggest that both procedures and training need to improve in this area. The authors report 'particularly high levels of compliance' with a number of standards: • Standard 23 – *"There are sound financial procedures and records"* – met by 94% of agencies. • Standard 8 – *"Users feel they are treated with respect and valued, and their privacy is upheld."* (93%). • Standard 9 – *"Users are helped to make their own decisions, control their own lives and are supported in maintaining independence"* (89%). • Standard 5 – *"Confidentiality is maintained"* (88%). • Standard 22 – *"The business operates from permanent premises and there is a management structure in place to support effective service delivery"* (83%). The standards where compliance is lowest are: • Standard 7 – *"The needs, wishes, preferences and personal goals for each user are recorded in a personal service user plan"* (52%) • Standard 21 – *"Staff are supervised and appraised"* (57%). • Standard 10 – *"There are safe procedures for medication, with users keeping control where possible"* (58%). • Standard 17 – *"There are rigorous recruitment and selection procedures"* (61%). • Standard 12 – *"The risk of accidents for users and staff is minimised"* (63%). (p 55)	

Davey B, Levin E, Iliffe S et al. (2005) Integrating health and social care: Implications for joint working and community care outcomes for older people. Journal of Interprofessional Care 19: 22-34

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To compare two different approaches to collaboration between health and social care and to explore what service characteristics could help older people to remain in their own homes. **Country:** England.	**Methodology:** Comparison evaluation in two areas where one area had co-located services and the other had the usual arrangement of social work teams.	**Population:** • Older people receiving home care. **Sample size:** Comparison numbers = 40 older adults lived in area 1 (social worker in primary care); 39 older adults lived in area 2 (social work service not in primary care). **Sample characteristics:** • Age and gender - The mean age of the older people was 85 (SD ± 6) and the age range was 76–101 years. • Ethnicity and socio-economic status - Areas selected for diverse ethnicity and high levels of deprivation in local populations: five of the older people were black, Asian or from another mi-	**Effect sizes: "***Of the 78 people for whom an outcome could be established six months after interview, 69% (n =56) were still at home, 18% (n=14) were in long term care and 13% (n=10) had died, similar proportions in each area.*" (p 29) [Note: figures are extracted from the report but do not total 78.] The authors analysed three areas – age and status of older people, carers if any, and baseline use of services; that could have influenced outcomes. **Summary of findings on types of integration:** Having social work services sited in primary health care settings did not lead to any significant differences in the number of older people remaining at home or being admitted into residential settings within this small sample. Siting social workers in the primary care health centre did not lead to closer working between health and social care professionals or more interaction. There was a correlation between older people receiving more intensive help from home care services and being able to remain at home. The authors note that residential care is not necessarily an undesirable outcome for older people, and may always be required for some older people, especially for those with marked cognitive impairment who live alone.	**Internal validity:** + **Overall assessment of external validity:** Not relevant as this is a feasibility study, underpowered to demonstrate differences in outcomes.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		nority ethnic group. • Health status - complex needs & disability: 66% of total sample had either mild or severe cognitive impairment. • Service use - 53% received regular visits from a district nurse; 78% received home care. **Intervention:** Integrated/inter-professional home care delivered through two methods. Area 1 used co-location, which included the move of five social work teams for older people into health centres "*… with some of the primary care professionals.*" (p 23). Area 2 relied on 'traditional' structures where the five social work teams were based in community care centres and were not co-		

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		located with community nurses or GPs. **Outcome measures:** Included the Mini-Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS-15). "*The primary outcome measure for the older people was whether they were at home, in long term care or had died, six months after initial interviews.*" (p 24)		

Duff P, Hurtley R (2012) Challenges facing domiciliary care agencies delivering person centred care. Working with Older People 16: 61-68

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To *"… highlight the benefits of the 360 SF diagnostic audit for assessing person centeredness of a domiciliary agency and to highlight the challenges they face with some suggested actions.*"	**Methodology:** Qualitative - described as a case study and a pilot audit but is more of an observational study.	**Population:** • Older people receiving home care. • Family carers of older people. • Home care workers employed by agency. **Sample characteris-**	**Person centred approach to care:** The 360 audit tool showed that the agencies 'workforce philosophy' emphasised person centred care and the importance of positive relationships between clients, family carers and staff. Managers at the agency aimed to understand the perspectives of their clients and those of their family carers. Clients felt that the care which the agency provided was of a 'very acceptable' standard and that continuity of staff enabled workers skills to develop in as their own needs changed over time. The authors also	**How well was the study conducted? –** There is very limited methodological detail provided and it is difficult to determine how the audit tool was applied, and how data were collected and analysed. However, the find-

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
(p 61). **Country:** United Kingdom.		**tics:** Not reported. **Intervention:** Person centred home care, integrated with other care providers and coordinated by case managers.	note that the agencies clients were 'very appreciative' of staff who had time to converse with them. **Barriers and facilitators to effective home care:** • The use of allocated case managers by social services was viewed positively by clients and their families; whereas the duty officer approach was viewed negatively as these staff were often not aware of the most recent developments in an individual's care and support history and impeded care and support concerns being followed up 'properly'. • Some staff reported that they had experienced difficulties when liaising with their client's primary care professionals who did not understand the value of their in-depth knowledge of their client or were unable to be reached when assistance was needed. This sometimes led to the 'preventable distress' of clients and where delays occurred could impact upon the visiting times of other clients. Participants also reported that despite managers efforts to promote inter-agency working this group had been unable to *"… influence local social services and primary health ways of working."* (p 63) • In cases where a client had been in receipt of reablement care after a period in hospital there was often no clear advice from the reablement team on how agency staff could help to sustain improvements once the reablement period had officially ended. • Both managers and staff at the agency welcomed the idea that community based healthcare staff might provide interactive training or support to allow care workers to learn from them and promote better care. • The authors highlight dementia care as an area in which there is a clear need for more and improved training for care worers. • Staff reported anxiety and frustration when short visits or delays in getting to clients compromised their ability to provide good care.	ings were considered relevant for the GDG to consider.

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review.	**Population:** Older people receiving home care which they wholly or partly funded. **Sample size:** • 108 people who fund 50% or more of their home care. • 30 directly employed carers. **Sample characteristics:** • 75% of the self-funders were older than 65; 50% were older than 80; and 75% were female. 27 directly employed a paid carer and the remainder used an agency or a combination of the two approaches. • 69% of the care workers were aged between 35 and 54 years of age. Two were male and the majority (53%) had at least five years' experience in the sec-	**Satisfaction of self-funders and those they employ:** The researchers found that the 108 self-funders were "… generally very pleased with the care and support they receive." (p 4) and that the average satisfaction rating was over 4 (of 5). The majority stated that they 'felt in control', were able to access support when needed, and that those who support them do so with dignity and respect. Workers employed by self-funders expressed an average of 4.2 out of 5 for job satisfaction. **Significant features of effective home care (from pre-existing literature quoted by authors):** Evidence identified by the preliminary review of literature suggests that self-funders focus on issues such as knowledge and skill levels, trustworthiness, discretion and 'personal chemistry' when recruiting care workers. Although the majority of self-funders made specific arrangements regarding leave, pay slips and decisions on sick pay very few have performance management, pensions or maternity/paternity processes in place. Over 90% of self-funders who participated in the study stated that they did not have any learning or development processes in place for their care worker. 'On-the-job' learning does take place but this is usually limited to the employer stating their preferences for how their care should be carried out rather than formal appraisal or review. The researchers note that many workers within the self-	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		tor. **Intervention:** Consumer directed home care.	funding model do not have adequate formal employment arrangements and benefits (such as sick leave). They also note that where teams of workers are employed by one person they often arrange holiday cover themselves rather than their client doing so. An example of an informal personal assistant 'buddy' network is highlighted where members agree to cover for each other when other members are sick or on holiday which has reportedly improved feelings of unease regular workers are unavailable. **Undesired/harmful effects:** The study shows that although there is only limited evidence on recruitment and employment issues for self-funders this often shows that this aspect of self-funding care can be problematic and stressful. Although the majority of care and support workers were satisfied with their job the researchers report a small number of instances where clients have asked for help with a task which they felt uncomfortable with or considered to be outside of the scope of their employment terms. The study found that although two thirds of workers received holiday pay, only half received sick pay.	

Gethin-Jones S (2012) Outcomes and well-being part 1: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. Working with Older people, Vol. 16 No. 1, pp. 22-30.
Outcomes and well-being part 2: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. A qualitative follow up study paper. Working with Older People 12: 52-61

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
This is a follow-up study to a previous quantitative research project which found an association between outcomes-focused care and subjective well-being. The aim of this study is to understand this relationship, specifically to: • Establish if outcomes-focussed home care delivers better subjective outcomes to service users than traditional time and task focussed care. • A longitudinal study concerned with change over time focused on the individual participants' self-identified con-	**Methodology:** Mixed methods - longitudinal comparative cohort study (self-reported questionnaires with follow-up qualitative interviews.	**Population:** Older people receiving home care. **Sample size and characteristics:** Part 1 (quantitative) n=40, mean age = 76 years, sex; 23 female, 17 male, health status: critical and substantial (Baseline characteristics similar in the two groups). Part 2 (qualitative) n=20 (10 in outcomes-focused group, 10 in time-tasked group), mean age: 76 years, sex: 13 female, 7 male. **Intervention:** Outcomes focussed model (N=20) vs time and task home care (N=20). **Intervention details:** Outcomes focussed model – This model of home care is planned to deliver the goals and pri-	**Effects of approaches -** At 18 months follow-up: • Concerns scores improved in the outcome-focused group more than in the time/task group (p>0.00). • Those receiving outcome-focused care showed the most significant improvement in their self-rated subjective wellbeing. • There was no association between physical health and the individual's self-reported subjective wellbeing (p<0.11). • Outcomes-focused care participants received considerably more human contact time with home care staff than the time/task group. **Main concerns of old people in both groups:** • Not having family support. • Constantly different staff. • Being unable to care for spouse. • Loneliness; not being able to meet friends. • Not being able to look after themselves. • Being totally housebound. • Not being able to read or watch TV. • Being asked the same questions many times; • Being dependent on others or being a 'burden' to their family. • Inability to have help to do unremarkable but 'ordinary' things, such as to go into the garden; to hold my grandchild. • Not being able to care for pets or being able to cook.	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
cerns at the start and at the end of the research. **Country:** United Kingdom.		orities of the person receiving care, rather than being determined by the standard tasks written into the care plan. Outcomes-focussed care is by nature individualised and responsive if the person's priorities change. Time and task home care is the division of assessed care needs into time allocated components, and is measured by the completion of tasks rather than assessed outcomes.	**Views on outcomes-focussed care:** The researchers conclude that outcomes-focussed care provides "*… flexibility, consistency and … a focal relationship for those experiencing extreme social isolation … even though the actual interaction time between the individual and the paid carer still represents a small proportion of the older person's week."* (Part 2, p 59) They suggest that these characteristics of outcomes-focussed care enhance service users' subjective well-being: "*I feel I have my life back. John [home care worker] has arranged that when I bank up enough hours he comes round and watches some games with me [football matches] it is only once a month, but every time he visit we chat about the forthcoming match. You have got to be able to focus on something or else you might as well give up*." (Participant in outcomes-focused group, part 2, p 57) **Views on time-task care:** Service users in the time-task group, especially those who were not visited by family and friends, felt they were 'disengaged' from their care, and reported feeling as though they were 'going through the motions' and had no connection to society. ''*They rush in rush out it's like they are changing the hamster's cage. They never ask me how I am or even give me eye contact*''. (Participant in time-task group, part 2 p 57) **Significant features of effective home care:** Outcome-focused services which give people more choice and control over activities, and improve subjective wellbeing, and appear to permit more time spent by worker with person receiving home care.	

Glendinning C, Challis D, Fernandez J-L et al. (2008a) Evaluation of the Individual Budgets Pilot Programme: Final report. York: Social Policy Research Unit, University of York

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… identify whether individual budgets offer a better way of supporting older people and other adults with social care needs, compared to conventional methods of funding, commissioning, and service delivery; and to assess the relative merits of the different models of individual budgets.*" (p 27) **Country:** England.	**Methodology:** Mixed methods - combining randomised controlled trials and qualitative interviews, informed by a realist evaluation perspective.	**Population:** Current users of personal assistance services in the United Kingdom, including older people (not clear how many are home care service users). (Study also included, people with mental health problems, learning disabilities, and those with physical disabilities and/or sensory impairments.) **Sample size:** For quantitative comparative analyses: N=263 older people (28% of whole sample of 959: (Individual budget group n=510; no individual budget n=449) For qualitative interviews: Older people (n=40). **Sample characteristics:** Age/gender (older people) - mean age: 81 years, 66% female, 5%	**Effects of individual budgets quantitative analysis - older people only):** ASCOT outcomes, comparing people with and without individual budgets: • Personal care/comfort – no significant difference. • Social participation and involvement – no significant difference • Control over daily life – no significant difference. • Meals and nutrition – no significant difference. • Safety – no significant difference. • Accommodation cleanliness and comfort – no significant difference. • Occupation and employment – no significant difference. **Effects of approaches (qualitative analysis):** • Older people reported less interest than other client groups in planning and managing their own support, and directly employing support workers. • Those who participated in the individual budgets evaluation reported feeling a greater sense of control over service provision and thought their care was improved. • Most people who took part in the evaluation of individual budgets reported that they were not given a choice regarding who assisted them to develop a support plan and that instead this usually fell to their care co-ordinator or social worker. However, the majority were comfortable with this arrangement as they felt that these professionals had detailed knowledge of their situation and would be a good advocate if disagreements on 'the level' of individual budgets occurred.	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		BME, 36% intensive home care users. **Intervention**: Cash for care (Individual budget vs agency-directed care). Individual budget is not necessarily entirely spent on home care.	• Some participants using individual budgets developed their support plan on their own or with family the help of family and friends, however this group stated that they had problems on issues such as finding information on service costs or employing personal assistants. Authors conclude that individual budgets might be of greater benefit to older people if better support to organise and arrange it was provided.	

Glendinning C, Clark S, Hare P et al. (2008b) Progress and problems in developing outcomes-focused social care services for older people in England. Health and Social Care in the Community 16: 54-63

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To assess "*… progress in developing outcomes-focused social care services for older people and the factors that help and hinder this.*" (p 54) **Country:** England and Wales.	**Methodology:** Mixed methods - postal questionnaire (of 70 outcomes-focused social care initiatives) using both closed and open-ended questions as well as the development of six case studies using a semi-structured topic guide, interviews and focus groups.	**Population:** • Older people receiving home care - home care services in a rural county council and an outer London borough. • Older people receiving social care - included "*… day care, home care, reablement and rehabilitation services, residential care and low level preventive services*." (p 58) • Administrators, commissioners and managers of adult social care in England and	**Factors facilitating an outcomes approach:** • Managers felt that national policies were increasingly fostering an outcomes-focused approach; in particular the National Service Framework for Older people, the dedication of resources towards reductions in hospital and residential care admissions; and the promotion of choice and control through direct payments. • Some respondents also stated that inspection procedures were increasingly aligning with an outcomes approach and identified performance indicators as particularly important in this respect. • Respondents suggested that the staffing and 'philosophy' of intermediate care and reablement services made them better able to cultivate an outcomes -focussed approach. • Participants felt that change should be facilitated by senior managers who were in the best position, and had the necessary time, to do so.	**Internal validity:** - **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Yes **Is the intervention clearly home care?** No: outcomes-focussed social care services **Are the outcomes relevant?** Yes **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Wales "*… known to be interested in developing outcomes-focused services.*" (p 56) **Sample:** N= 54 administrators, commissioners, managers adult social care managers and practitioners responded to the postal survey (24% response rate). Six case study sites chosen - 82 staff and 71 service users took part in interviews and discussion.	• A ' whole systems ' approach to change was seen as vital and it was suggested that promoting a customer focus at the corporate level and across the whole authority, as well as investing in staff training and communication would *'take the staff with you* '. • Respondents also emphasised the importance of "… formal joint working, trusting relationships and shared values." (p 60) Partnership working was thought to allow access to a range of skills and resources that enhanced outcomes-focused approaches which supported the priorities of individual older people. **Factors which hindered an outcomes-focussed approach:** The development of integrated and person-centred services can be impeded by the way in which different professionals understood these terms. "*Outcomes' can have different meanings for medical and social care professionals and debates about 'medical' vs. 'social' models had impeded the development of integrated outcomes-focused day services in one site … 'Outcome' is a vague term, susceptible to different interpretations that reflect different situations and disciplinary perspectives. Indeed, the study found numerous other terms used by managers and practitioners, including 'person-centred' or 'integrated' services, 'goals' and 'independence'."* (pp 60-61).	

Henderson C (2006) Time and other inputs for high quality social care: Wanless social care review. London: King's Fund

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To consider the role of "… *time and other service inputs required to provide 'high quality' or 'best practice' social care to frail older people, with and without cognitive impairment.*" (p 3) **Country:** United Kingdom, Canada and the United States.	**Methodology:** Secondary data analysis (from relatively recent systematic review).	**Population:** • Older people receiving home care. • Family carers of older people. **Sample:** N/A - literature/document review. **Intervention:** No particular model of home care specified.	The literature review found a paucity of evidence on *"community-based care, quality and time-inputs"* (p5) and identified that, with the exception of one study (citing LaPlante *et al*., 2004 undertaking secondary analysis of data from 1994-1995) none of the papers reviewed identify the time input required to meet specific needs. The authors note that the literature on UK home care users' experiences is helpful for understanding what good quality care comprises, citing specifically consistent findings that indicate *"the attitudes and training of staff; the responsiveness of care to the needs of recipients; and the reliability of the care"* are important to people (p 7). They also cite, in particular detail from one study published in two papers (Patmore, 2001; Patmore, 2004) which describe: • good quality practice as that which gives providers enough time both to perform tasks required and have "*10–15 minutes for quality time to wash up or have a cup of tea or a chat"* ; or allows providers to *"do pet care and extra cleaning"* , although noted that some providers do not permit this (p 7). • poor quality practice as that which involves: visits *"so short that no spare time could arise"*; visit lengths truncated by care staff; care manager purchasing bias meaning that older people do not have access to the same activities as younger people or those with mental health or disabilities; and *"the practice of making 6pm 'put-to-bed' calls"* (pp 7-8). They cite consistent findings from an additional paper relating to the same study (Patmore, 2005) and another home care study (Sinclair, 2000) which identify features of	**Results can be applied to other service users?** Partly. General conclusions applicable, though less so in terms of detail of time needed for specific tasks.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			a quality, person-centred service as: enough time to undertake the tasks required properly, and to allow flexibility in terms of what support is provided; commissioning of support that explicitly promotes quality of life – e.g. *"escorted outings or assisted walks"* (p8, citing Patmore 2005) - or which provides practical help (e.g. *"helping with finances, summoning doctors…"*, p8, citing Sinclair, 2000). The authors categorised people according to six categories of dependency, and four categories of cognitive impairment; they then relate this to 24 'scenarios' and specify indicative times needed to deliver social care support. This paper does not describe how time slots were identified.	

Lakey L, Saunders T (2011) Getting personal? Making personal budgets work for people with dementia. London: Alzheimer's Society (Linked to Quince 2011)

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To present the views and experiences of people with dementia and their carers on their use of direct payments and personal budgets. **Country:** United Kingdom.	**Methodology:** Mixed methods – survey, interviews and focus groups.	**Population:** • Older people living with dementia and receiving home care. • Family carers of older people with dementia. **Sample:** N= 1,432 responses to the survey in total (91% from England, 6% from Wales and 2% from Northern Ireland). In 92% of responses the person	**Survey respondents experiences of direct payments:** People using direct payments were more likely (in comparison to those not using direct payments) to report that they had "*… received enough information; that the person with dementia is getting all the support they need; and that services made life easier.*" They also reported satisfaction with specific services. These included assistance with domestic work such as cleaning and shopping; care workers who helped with personal care. However, this group also reported problems in applying for and using direct payments, both of which were seen as stressful processes on which there was little information:	**Internal validity:** - **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		living with dementia was over 65. 3% of responses were from people with dementia, and 96% were from their carers. 23% (N=204) respondents receive or were offered personal budgets. Alzheimer's Society also held 3 focus groups involving 6 people with dementia, and 19 carers, and 7 telephone interviews with carers managing a direct payment.	*"I would need a lot of information and help, especially with accounting and employment."* (Person with dementia, Wales, p 36) *"There's lots of information on the internet, but so much so that it's hard to know what is most relevant and of good quality. So you'd need support with this."* (Carer, Wales, p 36) *"We need to hear from people who have done it, and what their experience has been. It's very confusing." (*Carer, Wales, p 37). The study also notes that there was no *"… indication that respondents had found services more flexible*." (p 18)	

Manthorpe J, & Stevens M (2010) Increasing care options in the countryside: Developing an understanding of the potential impact of personalization for social work with rural older people. British Journal of Social Work 40: 1452-1469

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To understand the impact on older people and those supporting them of the personalisation of social services in rural areas with particular reference to	**Methodology:** Qualitative – semi-structured interviews.	**Population:** Practitioners from a range of agencies working with older people receiving adult social care. **Sample:** 33 practitioners working in rural areas.	**Views on the use of personal budgets:** There was widespread support for personalization and flexibility in care, which were felt to produce more appropriate services. A practitioner working for a support organization in a pilot area noted the potential for"… *personalized budgets to make a real difference, workers can be more creative, users of care services and carers can be more creative—it*	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
the use of personal budgets. **Country:** England.		**Sample characteristics:** Fourteen worked in areas where personal budgets were being trialled, and 19 in areas where there was no experience of personal budgets. The organisation types represented were n=11 community groups for older people 11; n=8 large charitable/voluntary sector organisations; n=8 not-for-profit providers of social care; n=3 for-profit providers of social care; and n=3 local authority officers. **Intervention:** Cash for care - direct payment, individual budget or personal budget, which the paper implies were largely spent on personal assistance which would qualify as home care.	*can be about the individual*." They suggested that individual budgets would "*… enable much greater choice and flexibility in how people spend their "support" money to meet the outcomes that they desire rather than having services imposed upon them that meet care managers' determinations of their needs.*" (p 1458). Some community workers emphasised the role that personalised home care could play in supporting older people at risk of social isolation: "*They* (older people) *want time, especially if they live in isolated areas.*" p1459 **Financial considerations in the use of personal budgets in rural areas:** Two respondents suggested that budget allocations may need to take into account extra costs charged to individuals living in remote locations whilst one of these also felt that providers should be given financial incentives to provide services in more sparsely populated areas. Other participants suggested that in some of the more affluent rural areas, there were unlikely to be local people willing to work for low wages; however another respondent from the same area suggested that young mothers represented a group who could be encouraged to take these roles on although they would need training: "*If we want staff from the local area, there needs to be an investment in training. Pay must be comparable to cleaning or casual work.*" (p 1461) **Undesired/harmful effects:** A care home manager reported his concerns that personalized care might lead to 'unrealistic expectations'.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			There are fewer services and staff available in rural areas which may result in neighbours being recruited and many participants *"… were concerned that 'older people are open to exploitation' and that arguments over resources could lead to 'neighbours falling out' and 'community in fighting—factions with fallouts' that would be especially difficult in close-knit rural communities. They raised the need for contingency planning for emergencies and breakdowns in caring arrangements."* (p 1461). One group noted that existing care arrangements were advantageous in some respects, particularly with regard to collective commissioning, which enabled guaranteed hours for workers as well as sick pay and holiday pay. They also felt that changes in commissioning could have a detrimental impact on the quality of care: "*Without social services commissioning services, older people will be left to buy in what they need without the spending power and quality control of a large organization. This means they may not get value for money and may end up with unmonitored, expensive and inferior services. The profitability of services may not be the same in rural as in urban areas and this could lead to a withdrawal of loss-making services, especially if they were no longer subsidized out of more apparently profitable urban services."* (p 1460-1) Keeping confidentiality in small rural communities was also a concern.	

McNulty A, Patmore C (2005) Caring for the whole person: home care for older people which promotes well-being and choice. York: Wellbeing and Choice

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore what enables some home care services to provide a *"… flexible, person-centred style of service …"* (p 3) **Country:** England.	**Methodology:** Qualitative – telephone interviews, followed by an 'in-depth' face to face interview study of providers in six local authorities.	**Population:** • Older people receiving home care. • Administrators, commissioners, and managers of home care services. **Sample and approaches:** managers of 23 home care providers in 12 (contrasting) local authority Districts in England. Follow up 'in-depth' study involving four independent agencies and two Social Services providers - in six different local authorities. Across all six sites, total numbers of interviews were as follows. - Home care customers and their family carers: 42 - Home care provider staff: 23 - Social Services purchaser staff: 18. **Intervention:** Person centred care, specifically,	**Effects of personalised approaches:** The authors note that all six providers who participated in the 'in-depth' study had been able to give examples of "… *flexible person-centred care which did not require much extra time.*" (p 8) They suggest that a "… common pre-condition for flexible person-centred help …" were workers who regularly cared for an individual and established a relationship with that person. This could be achieved by providing fewer 'familiar' staff. The 'flexible extra help', which these relationships encouraged, was also dependent on the workers "… *abilities, motivations, knowledge and interests.*" (p 8) The researchers also suggest that the type of help provided also varied according to the policies of providers and purchasers; which explained why some people received 'person-centred care' despite its complexities and time costs. **Significant features of effective home care (delivering flexible, person-centred service)** Commissioners who: • Understand the need for "… *specifically commissioned holistic and social support …*" (p 8) • Pay providers whose workers make use of spare time during visits, or use available time for different activities to those included in the Care Plan, where appropriate. • Understand that additional, privately paid help may be needed to complement a home care package.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		personalised holistic care.	This is in contract to local authorities that do not allow such flexibility, for example, requiring that providers do not deviate from care plans. Staff commented that the increasing use of automated telephone-based systems to register time spent in the home discouraged them from deviating from planned time and task. Attitudes of managers influenced how holistic, varied and responsive services were, as they were responsible for organising flexible schedules and advising staff. When the service was relationship-based, staff might need extra emotional support. Recruitment of staff with positive and caring attitudes and the ability to offer good pay and conditions was thought to support good care. Very large case lists were also thought to be a barrier to 'person-centred care'.	

Moran N, Glendinning C, Wilberforce M (2013) Older people's experiences of cash-for-care schemes: Evidence from the English Individual Budget pilot projects. Ageing and Society 33: 826-851 Linked to the IBSEN study by Glendinning 2008a.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore older people's experiences of individual budgets as part of the English Individual Budget pilot projects (2005-2007). **Country:** United Kingdom.	**Methodology:** Mixed methods - randomised comparison evaluation, with before and after structured measures, and qualitative interviews with a subsample.	**Population:** • Older people receiving social care. • Administrators, commissioners, and managers. **Sample:** Sample of 263 older people from a larger sample of 959 individual budget users (others	**Effects of individual budgets (quantitative):** As the study involved a range of social care recipients of different types, it was confirmed that the mean value of individual budgets allocated to older people was lower than those allocated to working age people with physical disabilities, and much less that those for people with learning disabilities, although slightly higher than those given to people with mental health problems. Just over a third of older people chose to receive their individual budget as cash in a direct payment, with the next most popular options being to have it managed by the lo-	**Internal validity** + **Overall assessment of external validity:** –

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		were not older people) were included in the IBSEN study. Mean age of total sample of 263 was 81: 66% (174) female, 5% (13) BME. Level of need: all eligible for social care. N=142 older people (Intervention individual budget group) interviewed for quantitative data, 31% of these interviews conducted with a proxy. From this group, 40 were interviewed 2-3 months later for the qualitative study. N=121 older people (comparison group), had data collected, 26% of these interviews were conducted with a proxy. For the qualitative strand, 40 older people receiving individual budgets were interviewed two months after randomisation about their experience of care planning: 9 with older	cal authority; paid into a joint account; or lastly, managed by a third party. 53% of the older people used their individual budget to purchase home care (41% paying for a personal assistant), meals, equipment, accommodation, short breaks and transport. The researchers highlight that only 15% of older people spent any of their individual budget on leisure which they note was *"…a very small percentage in comparison to the younger people in the study."* (p 835). This point is linked to the comparatively low mean value of budgets for older people. At six months, data collected showed poorer results for older people, compared to both younger individual budget holders and the comparison group. • 45% of older people in receipt of individual budgets experienced psychological ill-health (GHQ-12) compared to 29% of those in the comparison group, and also scored lower in terms of wellbeing. • There was no evidence that individual budgets improved social care outcomes, as measured by ASCOT scores. There is no evidence from these findings that the individual budget group achieved benefits from the intervention, and there was some evidence of decrease in psychological wellbeing in the individual budget group. There was no cost saving identified. **Qualitative findings on effects of individual budgets on older people:** The low amount of money provided appeared to restrict planning of activities beyond essential personal care and support with housework: few expected to use any of it for leisure, though some did report plans to use it to go	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		people only; 19 with older people plus proxy; 12 with proxy only. 13 senior social work staff with lead responsibility for individual budgets across all 13 local authority sites were interviewed. **Intervention:** Individual budgets.	swimming, enable social contact, etc. Across the 13 local authorities, the amount and source of information and support made available varied significantly: identifying costs, writing a support plan, recruiting and employing a PA (if the person chose to) were all activities older people needed support to do. Some found the planning process engaging - "… *at last somebody seemed to take notice*"; while others found it created anxiety - "*The paperwork, it was beginning to addle me brain (laughs). And it was only a couple of days and then I got over it, and after that it's not bothered me since* ..." (p 837). As most of the older people interviewed for this qualitative study had only just started the planning process, most reported benefits which they anticipated – rather than had experienced. These included the ability to maintain consistent carers with whom they could build a relationship, increased flexibility in how and when tasks were done, better quality of care with dignity, privacy and security maximised, and the ability to go out more, take part in valued activities, compensate friends for services, and arrange respite. "*It's more accommodating, he* [older person] *can do things when he wants to do them now, yeah he can get up when he wants to get up, he can do his dishes when he wants ... and he can even have his food prepared for him the way he wants them, rather than eat microwave food every day, yeah . . . they didn't do his ironing so he used to wear clothes without ironing. So now he's, he's more happy*." (p 839) The researchers note that the ability to choose a carer	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			might be more important for someone of a minority ethnic background to enable them to employ someone who spoke the same language as them or shared a culture. A minority of respondents with an individual budget in place found the challenges of administration reduced over time, especially as payroll services were freely available. However, for some people, their anxieties were not alleviated by anticipated benefits – for example, people worried about overspending, budgets being cut, or relationships with paid carers breaking down. Overall, the researchers concluded that the very low amount of money available seriously impeded the ability of older people to fund the social and leisure activities they might have wanted. **Qualitative findings from individual budget leads in local authorities –** **Barriers and facilitators to the use of individual budgets by older people:** Individual budget leads felt there that were a number of reasons why older people might not benefit or be able to use IBs; they were likely to enter the social care system at time of crisis, and to have multiple disabilities and health problems which might limit the energy, time and confidence they had to set up services and plan their care. It was also thought that older people tended to perceive 'professionals' as best placed to carry out this type of work: ". . . *people start – especially older people – they don't want to change what they've got; they don't want to – they*	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			feel that the Social Worker is the expert and if self-assessment is mentioned to them or doing their own Support Planning, then, you know, they start getting really anxious." (p 842) Individual budget leads felt that the relatively low budget levels did not support flexible use and promote potential benefits for older people (in comparison to other groups). These benefits therefore did not 'outweigh' the uncertainty and administrative 'burden' associated with individual budgets. Individual budget leads also described care management teams as 'paternalistic' and 'risk averse', and were unlikely to encourage individual budget take up. However, leads also thought that the flexibility of individual budgets (managed by a third party) might be especially beneficial to people with dementia (and other cognitive impairments), as they could ensure consistency in care given the potential to employ one care worker who could become familiar with that person and their specific needs. Some individual budget leads thought that more older people than expected had opted for individual budgets delivered through direct payments, and they concluded that better information about options, and having the ability to do so without becoming an employer and while retaining care manager support, had encouraged them to do so. **Barriers and facilitators to the use of individual budgets by practitioners:** • High workloads, poor training and lack of clarity about processes for individual budgets reduced their ability to promote them. • Accountability to individual funders, and restrictions on how budgets could be used were incompatible with individual budget principles of flexibility. The silo-based approach to care inhibited the integration of budgets and	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			support plans. • Front-line staff might feel that – in addition to the burden of yet more change – that their training and expertise to date were being undervalued, although for others, the approach was highly consistent with social work values. • Some practitioners felt that 'paternalistic' attitudes of staff towards older people were likely to limit the extent to which they promoted IBs.	

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging and Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… investigate provider level influence on service user perceptions of home care service quality.*" (p 84) **Country:** England.	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with providers.	**Population:** • Older people receiving home care. • Providers of home care. **Sample size:** Service level and quality data obtained from 7935 older people receiving home care (from potential sample of 9254) service users, and 121 home care providers. **Sample characteristics (service users):** • Ethnicity = 1% BME. • Age = 86% aged 75 or	**Effect sizes and costs:** The perception of service quality was significantly higher among users younger than 85 years ($p< 0.01$), and with older people in receipt of at least 10 hours per week of home care. The quality of care provided by 'in-house' providers was perceived as higher than that provided by independent sector providers ($p< 0.001$). Decreased service quality service was perceived by users as number of hours increased up to 19 hours of care per week; those receiving 20 or more hours a week reported improved service quality. **Association between workforce characteristics, terms and conditions and service quality:** • An older workforce was associated with higher quality care (proportion of care workers over 40 years, $p<0.001$).	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		over. • Gender = 75% female.	• A more highly trained workforce (hours of training) was associated with high service quality (p<0.01). • Training for the NVQ2 qualification was negatively associated with service quality (p<0.001). • A higher proportion of care workers employed with the provider for over 5 years was also associated with higher quality (p< 0.001), possibly reflecting both experience among workers and stability in the workforce. • Level of turnover (staff joining and leaving) in the past year was negatively associated with service quality (p< 0.001). • Higher proportion of workers having guaranteed working hours and higher female wage rate relative to local rates were associated with higher service quality (p<0.001). • Part-time working (less than 10 hours a week) was associated with lower service quality (p<0.01). • 10 or more minutes for travel allowed between visits was associated with higher service quality (P<0.001). • Provider flexibility to vary hours given and the way hours were used within agreed limits was associated with higher service quality (p<0.001).	

Onder G, Liperoti R, Soldato M (2007) Case Management and Risk of Nursing Home Admission for Older Adults in Home Care: Results of the Aged in Home Care Study. Journal of the American Geriatrics Society 55: 439-444

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
"*To explore the relationship between a case management approach in delivering home care and the risk of*	**Methodology:** Comparison evaluation, using retrospective cohort study, comparing outcomes for older home care recipients	**Population:** Older people receiving home care (3,292 older adults receiving home care, mean age 82.3 ± 7.3, gender 73.6% female).	**Effect sizes and costs:** The study found that older people in the case management group were at significantly lower risk of nursing home admission (P<.001) compared to those in the traditional care model group (without case management), at one year follow-up, and after controlling for confounding	**Internal validity:** + **Overall assessment of external validity:** + It is possible that these

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
institutionalization in a large European population of frail, old people in home care" (p 439) **Country:** Data from five of 11 European countries was used.	with/without case management. Trained staff collected data on a sample obtained from a randomized list of all subjects aged 65 and older already receiving home care services in each site. Data on nursing home admission were collected at 6 months and 1 year.	**Sample size:** The study population consisted of a random sample of older people admitted to the home care programs of 11 European home health agencies between 2001 and 2003 and who participated in the AgeD in HOme Care (AdHOC) Project under the sponsorship of the European Union. The population was split between those receiving home care through case management in five countries; and those receiving home care without case management. **Sample characteristics for case management group (n=1184):** Resident in Finland, Iceland, Italy, Sweden, and the United Kingdom. **Sample comparison numbers, no case management:** N=2108 Resident in Czech Republic, Denmark,	variables (adjusted odds ratio=0.56, 95% confidence interval=0.43-0.63). The authors conclude that home care services in which the role of case manager is fully integrated into geriatric multidisciplinary teams can reduce the likelihood of institutionalization, thereby creating significant savings in health costs.	services were managed quite differently between countries which may affect the generalizability of the findings.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		France, Germany, the Netherlands, and Norway. **Intervention:** Home care delivered as part of integrated/inter-professional case management.		

Ottmann G and Mohebbi M (2014): Self-directed community services for older Australians: a stepped capacity-building approach. Health & Social Care in the Community, 22: 598–611.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To investigate the impact of *"… a self-directed care approach for older Australians with complex care needs…"* (p 598) and to add to the evidence base on the 'programmatic and contextual factors' which influence the outcomes of consumer/self-directed care interventions. **Country:** Australia.	**Methodology:** Comparison evaluation - before and after cohort study using surveys and semi-structured interviews. Measures were taken at baseline and at follow-up 11 months.	**Population:** Older people receiving home care. **Sample size and characteristics:** • Intervention numbers - 98 older people received consumer directed home care: at 11 months' follow-up, 59 completed the measures (60%). • Comparison numbers - 87 older people in the control cohort at start: at 11 months follow-up, 50 completed the measures (57%).	**Effect sizes:** The study results favoured the intervention group (i.e. the stepped capacity-building approach). Participants in this group "*were likely to be more satisfied with the way they were treated (P = 0.013), their care options (P = 0.014), the 'say' they had in their care (P < 0.001), the information they received regarding their care (P = 0.012), what they were achieving in life (P = 0.031), that the services changed their view on what could be achieved in life (P = 0.020) and with their standard of living (P = 0.008)."* (p598) The study found that many older people want more control over their care, without *"assuming administrative and financial responsibilities"* (p598) Stepped support for older people was found to work well. At the end of the trial, 59 people were on CDC, 14 at Level 3, 14 at Level 2 and 28 at Level 1.	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Sample characteristics: • Health status - complex needs. • The sample was recruited from people eligible for an aged care package, who were clients of three service provider agencies in south east Melbourne that would follow the intervention; with similar recruitment base from provider agencies in north Melbourne and northwest regions of Sydney for comparison group. **Intervention:** The intervention arm had case management support services (as did comparison) with additional 3 tier approach which allowed them to take on progressively more responsibility, supported by the case managers, as and when they were willing. **Level 1 of self-directed**	**What aspects of the PACS model did participants value?** 23 participants (22 of whom chose a higher level of self-direction), reported that it gave them more autonomy and control. "*So being able to use the care package for non-traditional things like massage three times a week has really made a difference.*" (Level 1 client, p 607) "*Well, it's there are huge benefits. You feel as though you can organise your life instead of having it organised for you*." (Level 3 client, p 607) Participants also commented on the increased flexibility which the PACS model offered, and the benefit of being able to negotiate directly with provider agencies. **Barriers to progression to fully self-directed care (level 3):** Perceived lack of knowledge, authority and expertise prevented older people taking on additional responsibility for planning and implementing care, as well as lack of confidence and time, and pressing health concerns. Some people did not want to handle money, were not fluent in English, or had had negative experience of changing care arrangements. Loss of, or diminishing, support from a care manager was also feared. The authors conclude that *"… a stepped capacity-building approach to consumer directed care (CDC) may improve the acceptability of CDC to older people and generate synergies that improve older people's care outcomes."* (p 598)	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		care (SDC): Self-directed care planning. **Level 2:** self-directed care coordination: participants had access to lists of service providers, rates and scope of services available locally. **Level 3:** full administration and finance: they could choose to manage care services more directly, assuming responsibility for financial, admin and bookkeeping. At this level, they could take up a voucher or credit card option, to be spent on any service, including massage, complementary therapy, etc. Bookkeeping tutoring and peer support was also offered. **Comparison condition:** Full case management was the default/comparison option. **Outcomes:** The ASCOT toolkit used and slightly modified was Netten 2011. For-		

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		mal tools (in addition to ASCOT) were on self-perceived health, Personal Wellbeing Index and the Australian modified version of the User Experience Survey for Older Home Care Service Users.		

Patient and Client Council (2012) Care at Home. Older people's experiences of domiciliary care. Belfast: Patient Client Council

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… explore the experiences of older people and their carers receiving a domiciliary service throughout Northern Ireland in the context of pressure on services and the potential changing policy context for domiciliary care.*" (p 6) **Country:** Northern Ireland**.**	**Methodology:** Mixed methods - survey (questionnaire), interviews and discussion groups.	**Population:** • Older people receiving home care. • Older people receiving social care. **Sample size: "***A total of 1161 people took part in this process: 700 people completed a questionnaire outlining their experiences of receiving domiciliary care, 38 people in receipt of an intensive home care service took part in an interview, 170 people participated in small discussion groups and 253 members of the*	**Poor quality home care:** The authors highlight a number of issues which older people and their carers raised when commenting on poor quality home care services: • Insufficient time allowed for care work. • A lack of continuity in care. • Inconsistencies in the quality of staff. • Poor administrative and managerial organisation. • Services which are inflexible. • Inability to complain when staff are poor (possibly due to inadequate training). • Inability to review and revise care (with social worker or care manager). • Missed visits so that the person is left stranded and with no information about why the carer has not shown up.	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		public filled out a short questionnaire." (p 3) The response rates were not given. 29 of the interviewees were older people currently receiving a domiciliary care service and 9 were carers for a person in receipt of home care. 12 of the older people were interviewed along with their main carer. **Sample characteristics:** 75% of questionnaire responders had less than 10 hours of home care per week (i.e. non-intensive). Interviewees were all intensive users. Most of public respondents to short questionnaire were not users. 29 of the 38 interviewees were older people currently receiving a domiciliary care service; 9 were carers for a person in receipt of home care. **Intervention:** No particular model of home care specified.		

Quince C (2011) Support. Stay. Save: Care and support of people with dementia in their own homes. London: Alzheimer's Society (Linked to Lakey 2011)

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To provide feedback from people with dementia, their carers, and home care workers on their aspirations and experiences with respect to dementia care provided in the community in England, Wales and Northern Ireland. **Country:** United Kingdom.	**Methodology:** Mixed methods - questionnaires (quantitative and qualitative), small group discussions and interviews.	**Population:** • Older people using home care, family carers and home care workers. • Home care providers. **Sample size:** 1436 questionnaire responses (from 21,000 issued, i.e. 6.8% response rate). 1425 reported including from people with dementia (n=48, 3%), carers (n=1377) and home care workers (n=989, 98% of whom reported working with someone with dementia). **Sample characteristics:** 91% of all respondents were from England, 6% from Wales, 2% Northern Ireland. **Sample characteristics (people with dementia):** • 90% lived in flat or house, 6% in sheltered housing, 1% in extra	• 83% of respondents stated that 'the person with dementia' wanted to live in their own home. • 59% of participants considered links to the community to be important for the person with dementia. • Home care workers reported that they needed more training in recognising pain and responding to challenging symptoms which the authors note are closely linked in people with dementia. **Authors report that:** • Home care planning should involve asking people what they want to achieve, not just about their basic care needs. • Support plans should incorporate health care and social services support and be aligned with the aspirations of the person with dementia. These should be regularly updated to match changing needs. • A range of care services should be made available to the person with dementia and their carers. These should, include services focused on prevention, reablement and intermediate care as well as advocacy. • A whole systems approach should be used to determine how dementia resources are being spent and how they could be used more efficiently. • Home care visits should be commissioned and delivered with regards to the needs and wishes of the person with dementia rather than inflexible 'time or task-based schedules'. • Dementia specific training courses should be developed. • Home care workers should be supported, by other	**Internal validity:** - **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		care housing. • 49% aged >80 years; 34% aged 70-79; 8% aged 65-69 years; 8% aged 40-64 years. **Sample characteristics (carers):** 21% > 80; 29% aged 70-79 years; 12% aged 65-69; 33% aged 41-64; 2% aged ≤40. **Intervention:** Home care support for people with dementia.	health and social care professionals, and encouraged to contribute to the support plans of people with dementia.	

Roberts J (UKHCA) (2011) Improving domiciliary care for people with dementia: a provider perspective. Bristol: South West Dementia Partnership

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The aim of the project was to identify: • The challenges facing home care providers. • What do providers think works well in all care sectors? • Innovative practices which can be introduced more widely in	**Methodology:** Qualitative - e-mail survey, focus groups and telephone interviews.	**Population:** Providers of home care services to people with dementia. **Sample size and characteristics:** Seven completed email surveys were received, 18 people attended focus groups and 10 contributed via telephone interviews. **Intervention:** No particular model of home care	**Early introduction of home care**: The researchers suggest that home care services should be provided early, before cognitive decline inhibits the development of relationships between clients and workers and that this will prevent inappropriate admissions to care homes or hospitals. They note that people who pay for their own care generally purchase home care at an earlier stage than those funded by local authorities and that this has been exacerbated by increasingly restrictive eligibility criteria. "*As a person's journey with dementia progresses and verbal communication becomes more difficult, it can become harder to gather this personal information* (e.g. on significant relationships)*, so the earlier we can start or encour-*	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
the future. • How can dementia services be improved. **Country:** England.		specified, though some services reported a specific focus on the care of people living with dementia.	*age others to do this the more likely we are to achieve better outcomes for the person with dementia*." (Authors, p 11). **Holistic and rapid assessment and review**: The author's state that providers find local authority assessments to be *'frequently inadequate'* and *'light on real detail'* which do not take into account fluctuations in the person's needs. Providers also reported that their requests for urgent review can sometimes take weeks to be carried out by the local authority care manager. Providers stated that they wanted greater "*… autonomy, responsibility and accountability …*" which they felt would foster more responsive and cost effective services. **Tailored and flexible care plans:** Time and task commissioning is not necessarily appropriate for people with dementia, unless it is very flexible, given that *"people with dementia, by the very nature of the condition, require more reviews to meet the changing needs and abilities during their progress with dementia"* (p14).. The whole person's needs are important, as is consistency of care staff. **Training needs and liaison with healthcare:** Providers should be involved in palliative and end of life care to promote death at home, *"but many find it difficult to get commissioners to consider them at this stage"* (p13). Mechanisms for collaboration with healthcare staff important for this group of clients. While providers have developed some good models, *"access to experienced external training is paramount"* for ensuring providers are able to offer the specialist support needed (p18).	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Overall, home care providers should work with the individual and their carers, in a way that allows *"an exchange of ideas to create a scheme that works for the service user and their family.'* (Provider quote, cited on p21)	

UNISON (2012) Time to care: A UNISON report into homecare. London: Unison

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To discover the views of home care workers as to why there are so many problems in the home care provider sector. **Country:** United Kingdom.	**Methodology:** Survey - on-line.	**Population:** Home care workers employed by home care provider agencies. **Sample size and characteristics:** 431 valid responses received. No further detail provided on the characteristics of this sample or on the response rate. **Intervention:** No particular model of home care specified.	**Insufficient time to provide good care:** 79.1% of respondents reported that their schedule included too many visits for the amount of time allotted which led to rushed or shortened visits which resulted in clients who were "*… not getting the service they are entitled to.*" (Authors, p 4.) Some respondents suggested that these visits were likely to lead to more falls and medication errors and loneliness. The increasing use of 15 minute and 30 minute visits was felt to exacerbate these issues. "*I tend to rush and the all-important 'meet and greet' and a chat to establish if there are any problems falls by the wayside. We are moving to the get em up, get em toileted, get em fed and put em to bed evident in some care homes. Depersonalised not person centred. Resources mean time and we ain't allowed enough.*" (Worker, p 8) **Lack of continuity of care:** 36.7% of respondents reported that their clients did not always have the same home care worker. This was felt to hinder the client-worker relationship which could be especially important for people with cognitive impairment.	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			"*I am still ashamed by the memory of having to essentially bundle a frail dementia sufferer, who I had never met before, down the stairs and quickly get some tea on for her, so that I can race off to my next visit. She may have been unhappy or frightened by this new person in her home but I simply did not have time to chat and interact with her and help her take her time to get downstairs and eat her meal. It was dreadful.*" (Worker, p24) **Reporting and acting on concerns about clients' welfare:** Most respondents (84.1) stated that there was a clear means of reporting concerns regarding their clients' welfare, however 52.3% reported that these concerns were only "*… acted upon sometimes …*" (p 26), a figure which suggests significant numbers of potential safeguarding issues. **Other terms and conditions:** Consistent with other surveys, the paper also reports on the negative effects of the pay, zero hours contracts, non-payment of travel time, and poor commissioners-provider relationships. The authors suggest that the impact of these on staff turnover has repercussions for the quality of care.	

Venables D, Reilly S, Challis D (2006) Standards of care in home care services. A comparison of generic and specialist services for older people with dementia. Aging and Mental Health 10: 187-194

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To describe and investigate "*… the standards of home care services for people with dementia in the North West of England, and … the differences in quality standards between specialist and generic home care services.*" (p 187) **Country:** England.	**Methodology:** Cross sectional postal survey carried out between 2002 and 2003.	**Population:** Home care agencies delivering care to older people, some self-describing as 'specialist dementia'. **Sample size:** n=113. The response rate was low (46% of 282), although providers in all 22 local authorities were represented. **Sample characteristics:** 65 generic and 10 specialist home care services were identified: the others being excluded from the analysis as they did not provide for this client group. In effect, only 75 relevant services were identified.p190 Approximately one third of clients in each service had dementia, 25% of those being regarded as severe cases. In 17% of the services, ALL the clients had dementia (i.e. a specialist service). Non-	The questionnaire asked the two types of agency about a number of standards and indicators: **Systematic assessment of need:** • 86.2% of generic agencies and 10% of specialist agencies left 'briefing documents' in the service user's home p< 0.0001. • There were no significant differences found in relation to operation of Care Programme Approach (a systematic review and care coordination approach used in mental health services) policies or meeting the standard for regularity of review at two months. **Flexibility:** • 73.8% of generic services and 20% of specialist agencies provided a 24-hour service if necessary p< 0.01. • 33.8% of generic services and 0% of specialist agencies provided a live-in service if necessary p<0.055. • 66.2% of generic services and 20% of specialist agencies provided day and night care, seven days a week p< 0.05. • Service flexibility mean score (SD) (1.7 (1.1%) generic, 0.4 (0.7%) specialist) p< 0.001. **Carer involvement:** 14.5% of generic services and 80% of specialist agencies had formal arrangements to provide support to friends or relatives p< 0.0001. **Individuality:** • 12.3% of generic services and 50% of specialist agencies used memory/life story p< 0.05. • User-centred practice composite variable mean score (SD): (0.18 (0.46) generic, 0.70 (0.67) specialist) p<	**Overall assessment of quality:** + The date of the survey suggests that the results probably do not reflect current practice.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		specialist services also reported similar severity in cases. **Intervention:** Home care services offering specialist support to people with dementia	0.01. **Summary:** The study identified significant differences between the generic and specialist services in relation to flexibility and user-centred practice; although it is not clear what impact on services users these differences made. The authors conclude "*These results did not support the hypothesis that specialist home care services for people with dementia would tend to provide higher standards of care than generic services, based on the indicators utilized by the study.*"	

Critical Appraisal tables

Home Care Research question 4.1

What are the effects of approaches to promote safe care?

Bell B, Oyebode J, Oliver C (2004) The Physical Abuse of Older Adults: The Impact of the Carer's Gender, Level of Abuse Indicators, and Training on Decision Making. Journal of Elder Abuse & Neglect 16: 19-44

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To examine "*… the influence of occupation, training, caregiver's gender, and level of abuse on decision making in relation to physical abuse …*" (p 19) involving an informal carer, from the perspectives of social workers, care managers and home care assistants. **Country:** United Kingdom.	**Methodology:** Survey - participants read vignettes depicting possible physical abuse and completed a questionnaire. Questionnaires and vignettes were varied to reflect different genders of participants, and the level of abuse (e.g. bruise vs bruises and cuts). A final section contained items relating to the participant's experience of elder abuse cases, their training, and their professional qualifications. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Yes. **Methods appropriate for**	**Survey population and sample frame clearly described?** Partly. **Representativeness of sample is described?** Partly. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Yes - 263 social workers and care managers; 432 home care assistants. **All subjects accounted for?** Yes. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Yes.	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Response rate:** 51% **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** Partly. **Results discussed in relation to existing knowledge on**	**Limitations of the study stated?** "*The current study has a number of limitations. This study looked at the influence of training on elder abuse as well as the differences between people in different occupational groups. However, the general level of professional education was not taken into account. This could be taken considered in future research. The extent to which responses to hypothetical case material reflects practitioners' actual behaviour has been suggested as having low external validity as responses may not reflect actual practice*." (p 40)	**Results can be generalised?** Partly - published in 2004 and not completely relevant to our research questions. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Unclear. **Overall assessment of quality:** +

	the data? Yes. **References made to original work if existing tool used?** Yes. **Reliability and validity of new tool reported?** Partly (Questionnaire piloted). **All appropriate outcomes considered?** Yes. **Ethical approval obtained?** Yes.	**Measurements valid?** Yes. **Measurements reliable?** Yes. **Measurements reproducible?** Unclear. **Clear description of data collection methods and analysis?** Yes. **Response rate calculation provided?** Yes. **Methods for handling missing data described?** Partly.	**subject and study objectives?** Yes.		

Ganong L H, Coleman M, Benson J et al. (2013) An intervention to help older adults maintain independence safely. Journal of Family Nursing 19: 146-170

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To "*… evaluate an intervention designed to train family members or friends as to how to help older adults who were living alone make plans to maintain independence safely in their homes and to make behavioural and household changes to enhance safety.*" (p 1)	**Methodology:** Randomised control trial. **Is the evaluation design appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **Description of theoret-**	**Were outcome measures reliable?** Yes. **Were all outcome measurements complete?** Yes. **Were all important outcomes assessed?** Yes. **Were outcomes relevant?** Yes (relevant to home safety).	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** Partly. Older people in the control group had been living on their own for longer than older people in the intervention group). **Was intention to treat (ITT) analysis conduct-**	Older people were volunteers (self-selected) before randomisation, healthy and well-off, with good supporting network. The intervention was very brief; follow-up at 4 months, long-term effectiveness not known.	**Internal validity:** + **Is the setting similar to the UK?** No – United States. **Is there a clear focus on older people?** Unclear – the study focuses on older people living alone at home, but it is not clear if they are receiving home care.

Country: United States.	**ical approach?** No.	**Were there similar follow-up times in exposure and comparison groups?** Yes. **Was follow-up time meaningful?** Partly (at 4 weeks).	**ed?** Yes (no report of drop-outs). **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Partly (40 dyads: small sample). **Were the estimates of effect size given or calculable?** Yes. **Were the analytical methods appropriate?** Partly. Due to small sample size, an alpha level of 0.10 is used in the Chi sq test to give it every possibility to demonstrate potential benefits in the study. **Was the precision of intervention effects given or calculable? Were they meaningful?** Partly (see above).		**Is the intervention clearly relevant to the guideline?** Unclear - but could be used in care planning. **Are the outcomes relevant?** Yes - to maintain independence safely at home. **Does the review have a UK perspective?** No. **Overall assessment of external validity: –** Low, but an innovative practice that could be considered in the UK, especially for older adults living alone in rural areas, and/or included in home care planning.

Gershon R M, Dailey M, Magda L A et al. (2012) Safety in the home healthcare sector: development of a new household safety checklist. Journal of patient safety 8: 51-9

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To develop and test a household safety check-list and accompanying training program for use by experienced home healthcare paraprofessionals (HHCPs). **Country:** United States.	**Methodology:** Quantitative - before-and-after study. Experienced HHCPs were recruited to develop a check-list, training program and resource factsheet aimed at assessing and improving household safety. Pre- and post-test of training programme was undertaken. **Is the evaluation design appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **Description of theoretical approach?** Yes.	**Were outcome measures reliable?** Partly. **Were all outcome measurements complete?** Yes. **Were all important outcomes assessed?** Yes. **Were outcomes relevant?** Yes (for home safety and hazards identification). **Were there similar follow-up times in exposure and comparison groups?** N/A. **Was follow-up time meaningful?** Partly (8 weeks).	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** N/A. **Was intention to treat (ITT) analysis conducted?** N/A. **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Not reported. **Were the estimates of effect size given or calculable?** Partly (pre- and post-test scores). **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or calculable? Were they meaningful?** Partly.	Checklist did not have inter-rater reliability testing; checklist designed mainly for older people's households in urban areas; training and checklist would preferably be developed in other languages for older people and HCCPs whose first language was not English.	**Internal validity:** + **Is the setting similar to the UK?** No – United States. **Is there a clear focus on older people & paid carers?** Yes. **Is the intervention clearly relevant to the guideline?** Yes – identifying household hazards. **Are the outcomes relevant?** Yes. **Does the review have a UK perspective?** No – United States. **Overall assessment of external validity:** - Low but an innovative practice to be considered for use in the United Kingdom.

(2013) Evidence review: adult safeguarding. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To describe "*… current reported practices to support workforce intelligence, planning and development relating to adult safeguarding and the social care workforce.*" (p 4) • To examine "… what works, and what does not work, in current practice to support workforce intelligence, planning and development …" (p 4) relating to adult safeguarding. • To identify the key characteristics of effective practice in adult safeguarding. • To identify the gaps in the evidence base. **Country:** United Kingdom.	**Methodology:** Evidence review (using the Civil Service's Rapid Review methodology.) **Appropriate and clearly focused question?** No. **Adequate description of methodology?** No.	**Inclusion of relevant individual studies?** Somewhat relevant. • Not very transparent about search strategy and inclusion criteria. • Full texts excluded if related to health, psychiatry, law, and safeguarding children. • Search terms do not include those related to client groups (e.g. Older people), just adults. **Rigorous literature search?** Partly rigorous. A wide range of databases, web-sites and grey literature were searched and screened, using search terms related to adult safeguarding, adult protection and workforce, staff and training.	**Study quality assessed and reported?** Unclear. Qualitative studies assessed using these 4 key principles to underpin the framework: • *"Contributory – advancing wider knowledge or understanding.* • *Defensible in design – an appropriate research strategy for the question posed.* • *Rigorous in conduct – systematic and transparent data collection and analysis.* • *Credible in claim – well-founded and plausible arguments about the significance of the evidence generated."* (p 21)	Much of the work reviewed was of little specific relevance to the social care workforce. Most studies were qualitative, concerned with obtaining views and experiences. Control groups were rarely used for comparison.	**Overall assessment of internal validity:** + **Is the setting similar to UK?** Yes, non-UK studies were excluded. **Is there a clear focus on older people?** No. Most of the studies focus on adults with a learning disability or those with dementia. **Is the intervention clearly home care?** No - mostly care home settings. **Are the outcomes relevant?** N/A. **Does the review have a UK perspective?** Yes. **Overall assessment of external validity:** + The study is concerned with the social care workforce which includes home care workers but there is no specific focus on home care or older people.

McGraw C, Drennan V, Humphrey C (2008) Understanding risk and safety in home health care: the limits of generic frameworks. Quality in Primary Care 16: 239-48

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To "… classify the factors that predispose older people to adverse events when medication-related activities are transferred from district nursing to home care services." • To "… develop a taxonomy identifying the domains of risk in domiciliary settings." • To explore "… the extent of consonance between the domains of risk identified in domiciliary settings and those specified in the FFICP, in order to establish whether the FFICP could be adapted for application in home health care." The FFICP is a taxonomic model (Framework of Factors Influencing Clinical Practice) developed to analyse adverse events. (p 239) **Country:** England.	**Methodology:** Qualitative - semi-structured interviews (with district nurses and home carers). **Is a qualitative approach appropriate?** Somewhat appropriate (no qualitative data provided). **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Unclear (not described). **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Somewhat appropriate (purposive sampling). **How well was the data collection carried out?** Somewhat appropriately. **Is the role of the researcher clearly described?** Not described. **Were the methods reliable?** Somewhat reliable (an interview guide; interviewer took a no-blame approach). **Is the role of the researcher clearly described?** Not described.	**Are the data 'rich'?** Poor (No raw data is reported). **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Inadequate (not backed up by any data from the interview).	No raw data reported or available.	**Relevance to the home care guideline:** Somewhat relevant. This study was included as it surfaces issues on medication management in home care which are important. **How well was the study conducted?** – The paper did not present raw data making it difficult to verify findings.

Simic P, Newton S, Wareing D (2012) "Everybody's business": Engaging the independent sector - an action research project in Lancashire. Journal of Adult Protection 14: 22-34

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To "*... evaluate key organisational processes in managing "safeguarding" in the independent sector.*" (p 22) • To "*… explore provider views of the nascent safeguarding procedures and safeguarding culture.*" (p 24) **Country:** England.	**Methodology:** Qualitative - structured and semi-structured telephone interviews and two follow up focus groups - also described as action research. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Appropriate. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Somewhat reliable. **Is the role of the researcher clearly described?** Not described.	**Are the data 'rich'?** Mixed (Not many verbatim quotes). **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	Purpose of structured questions on satisfaction within the telephone interviews is unclear	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** + Despite some lack of clarity in method, the findings seem convincing.

Taylor B J and Donnelly M (2006) Risks to home care workers: Professional perspectives. Health, Risk and Society 8: 239-256

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore the perspectives of a range of health and social services professionals and managers on risk and decision making in the long-term care of older people, with a particular focus on home care. **Country:** Northern Ireland.	**Methodology:** Qualitative - focus groups semi-structured interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Yes, although not entirely clear how sensitive issues were discussed within the focus groups.	**Was the sampling carried out in an appropriate way?** Somewhat appropriately (Purposive sampling). **How well was the data collection carried out?** Somewhat appropriately. **Were the methods reliable?** Somewhat reliable. **Is the role of the researcher clearly described?** Not described.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable grounded theory approach, 2nd researcher involved as supervisor and as second coder; Open coding was undertaken followed by axial coding to focus more on the risks to the health and safety of home care workers; Inter coder reliability; respondent validation). **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	• Selection of staff by managers (largely on basis of time available, according to authors). • No actual home care workers (just managers) were included in the study; nor clients and their carers. • The inclusion of managers of home care services but not workers is not entirely justified by the need to include participants "*who were involved in planning and delivery of the home care service, and who carried a responsibility for the care plan (and who might be blamed if harm ensured).*" (p 250)	**Relevance to the home care guideline:** Somewhat relevant. The study lacked home care workers, despite the inclusion of frontline medical staff. **How well was the study conducted?** +

Wibberley G (2013) The problems of a 'dirty workplace' in domiciliary care. Health and Place 21: 156-162

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To examine the environment in which home care takes place as a potentially hazardous workplace and demonstrate the implications of this on the health and safety of staff and clients. **Country:** England.	**Methodology:** Qualitative – observational, through shadowing workers and interviewing providers. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Mixed – the study does not have a clear aim or research question. **How defensible/rigorous is the research design/methodology?** Defensible, although it is unclear how the shadowing complemented the findings from the interviews, which were not well reported. **Is the context clearly described?** Clear (clients' homes are described, but not interview contexts). **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Not sure. Uncertain how the sample was recruited. **How well was the data collection carried out?** Not sure -inadequately reported. As the interview data was not well described, it was not clear how it was used. **Is the role of the researcher clearly described?** Clearly described. **Were the methods reliable?** Somewhat reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Somewhat reliable. Not clear how the data was analysed. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Data collection and analyses were not well reported and it is unclear how the shadowing complemented the findings from the interviews.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Findings tables

Home Care Research question 4.1

What are the effects of approaches to promote safe care?

Bell B, Oyebode J, Oliver C (2004) The Physical Abuse of Older Adults: The Impact of the Carer's Gender, Level of Abuse Indicators, and Training on Decision Making. Journal of Elder Abuse & Neglect 16: 19-44

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To examine "*… the influence of occupation, training, caregiver's gender, and level of abuse on decision making in relation to physical abuse …*" (p 19) involving an informal carer, from the perspectives of social workers, care managers and home care assistants. **Country:** United kingdom.	**Methodology:** Survey - participants read vignettes depicting possible physical abuse and completed a questionnaire. Questionnaires and vignettes were varied to reflect different genders of participants, and the level of abuse (e.g. bruise vs bruises and cuts). A final section contained items relating to the participant's experience of elder abuse cases, their training, and their professional qualifications.	**Population:** • Social workers and care managers. • Home care assistants. **Sample size:** 263 (38%), social workers and care managers, and 432 (62%) home care assistants. **Sample characteristics:** Social workers - mean age 41 years; 69% females. Care managers - 92% female. Home care assistants - mean age 45 years; 94% female. The number of completed questionnaires was 355, a response rate of 51%.	**Findings: past training and experience -** **Had received specific elder abuse training:** 57 (60%) social workers; 49 (23%) home care assistants **Had experience of at least one case of elder abuse:** (66) 70% of social workers; (61) 30% of home care assistants. **Reported experience with cases of physical abuse:** (54) 57% of social workers; three times the percentage indicated by home care assistants. **Correlations between occupation & likelihood of initiating formal action, or (just) assessment:** Mean ratings for Formal Action were higher for social workers than home care assistants across all four vignettes; Mean ratings significantly predicted by the gender of the carer (male M = 5.18, SD = 1.00; female M= 4.8, SD = 1.79) when the level of indicators of abuse was held constant ($F(1,158) = 5.93$, $p < 0.05$). Mean ratings in respect of vignettes depicting low levels of abuse indicators (M = 4.69, SD = 0.74) significantly lower than means for vignettes in which a high level of abuse indicators was presented (M = 5.29, SD = 1.18), ($F(1,158) = 14.30$, $p < 0.01$). For both high and low levels of abuse indicators, home care assistants' mean ratings (in which the carer was female) (M =5.16, SD = 1.16) significantly lower than ratings	**Overall assessment of quality** +

			in the same conditions for social workers (M = 5.75, SD = 1.21). Home care assistants' mean ratings were higher (M = 5.76, SD = 0.93) for both vignettes depicting male carers than the ratings by social workers (M = 5.12, SD = 1.59). Results indicate that practitioners would endorse formal action if they had received training, the caregiver was male and a higher level of abuse was presented. Home care assistants' were less likely to report abuse, especially if the potential abuser/carer was male. This study highlights the need for awareness training on abuse that surfaces preconceptions based on gender.	

Ganong L H, Coleman M, Benson J et al. (2013) An intervention to help older adults maintain independence safely. Journal of Family Nursing 19: 146-170

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To "*… evaluate an intervention designed to train family members or friends as to how to help older adults who were living alone make plans to maintain independence safely in their homes and to make behavioural and household changes to enhance safety.*" (p 1) **Country:** United States.	**Methodology:** Randomised control trial.	**Population:** Older adults living alone in rural areas; family members as support networker members (friends, daughters, sons, daughters-in-law, sisters, sisters-in-law, niece). **Sample size:** 40 older adult-support network member dyads (Int [MSFV] =19; control 21). **Sample age and gender:** The older adults were aged 75 to 97	**Developing safety plan:** the intervention (MSFV) group performed better in developing Extremely Safe plans (53%) to maintain themselves in their homes than the control group (29%; a small effect of 0.27 [(Cramer's V]). **Behavioural and Household Changes:** MSFV older adults made significantly more behavioural and household changes than did control group older adults (58% vs 19%, effect size 0.51,p < .01). Older adults in MSFV group made more changes* per person (M = 1.32) than did the control group (M = 0.19). *Changes included daily calling plans , getting a PERS (personal emergency response systems), purchasing a fire escape ladder, and removing throw rugs, purchasing a fire extinguisher, showing neighbours where outside keys were hidden, arranging to share a neighbour's basement	**Internal validity:** + **Overall assessment of external validity:** - Low, but an innovative practice that could be considered in the UK, especially for older adults living alone in rural areas, and/or included in home care planning.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		years; majority females (no data); in good health; 95% were white (ethnicity), well educated, economically comfortable. Support network members were aged 35 to 86 years; 78% females; well educated; 48% married. **Intervention:** An intervention designed to train support network members (i.e., family members, close friends) how to help older rural adults maintain independence safely in their homes: a) developing plans to avoid problems and reach help quickly in emergencies, and b) Making household and behavioural changes, using multiple segment factorial vignettes (MSFV) to assist the older adults in creating plans for living safely. Two sessions training	in case of tornadoes, changing trash removal, learning how to use phone speed dialling, and buying a cell phone.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		(1.5 hr duration) given to support network members on the use and techniques of using MSFV before intervention began. MSFVs devised to portraying older adults living alone who experienced various emergencies (falling, facing a natural disaster, suddenly becoming ill, forgetting medications, causing a fire, and encountering an unwanted stranger. **Control:** Older adults in control group (*n* = 21) were asked to engage in an unstructured discussion about home safety with their network members.		

Gershon R M, Dailey M, Magda L A et al. (2012) Safety in the home healthcare sector: development of a new household safety checklist. Journal of patient safety 8: 51-9

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To develop and test a household safety check-list and accompanying training program for use by experienced home healthcare paraprofessionals (HHCPs). **Country:** United States.	**Methodology:** Quantitative - before-and-after study. Experienced HHCPs (home healthcare paraprofessionals) were recruited to develop a checklist, training program and resource factsheet aimed at assessing and improving household safety. Pre- and post-test of training programme was undertaken.	**Population:** HHCPs (home healthcare paraprofessionals). **Sample size:** HHCPs (n=57) final sample data from 116 households of home health care users aged 45 years or older. **Intervention:** The intervention was designed for use by HCCPs, home health aides, personal and home care aides (roughly equivalent in qualification level to UK home care workers). Testing took place in homes of older people aged 46-98 years (mean age 75.7 years) requiring and receiving home health and personal care. Older people's households used to carry out inspection and identification of hazards. HHCPs to develop: - a household safety checklist, a training program for HHCPs and a resource factsheet. The checklist: 50-item, photo-illustrated, multi-hazard checklist	**Quantitative:** Pre- and post-scores (ability of HHCPs to identify household hazards) showed significant improvement after training: mean score 4.2 (SD1.0) vs 5.4 (SD0.9), p<0.001, to identify household hazards. **Qualitative:** HHCPs feel the process of using the checklist made them feel 'valued' and 'professional' and 'important to their patients'. Positive engagement and feedback from older people and family members.	**Internal validity:** + **Overall assessment of external validity:** – Low but an innovative practice to be considered for use in the United Kingdom.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		to enable HHCPs to conduct visual safety inspection in patients' homes. Hazards included: fire hazards (smoke detectors, fire extinguishers),falls hazards (lack of bath mats, grab bars, nonslip rugs), unsanitary conditions (biological hazards), chemical hazards (cleaning products and labelling containers), medication management (use of pillboxes, unused medicines) miscellaneous (lack of emergency contact list, lack of security such as chain locks and peephole for doors, excessive loud noise etc.) A one hour training program designed to familiarise HHCPs with household safety, the hazards presenting special risk to elderly people and the process of conducting a visual household inspection using the checklist. Training in English, in-person using Power point and lecture/discussion.		

Institute of Public Care (2013) Evidence review: adult safeguarding. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To describe "*… current reported practices to support workforce intelligence, planning and development relating to adult safeguarding and the social care workforce.*" (p 4) • To examine "… what works, and what does not work, in current practice to support workforce intelligence, planning and development …" (p 4) relating to adult safeguarding. • To identify the key characteristics of effective practice in adult safeguarding. • To identify the gaps in the evidence base. **Country:** United Kingdom.	**Methodology:** Evidence review (using the Civil Service's Rapid Review methodology.)	**Population:** All adults who might be vulnerable to abuse - although older people are the largest group reported (followed by those with learning disabilities). **Sample of included studies:** Personal testimony or practice experience (1); Client opinion study of single case design (31); Quasi-experimental study or cross-sectional study or cohort study (30); Randomised controlled trial (1); Systematic review or meta-analysis (2); and a number of other literature reviews and reports were also included, totalling 81 (no further details). **Intervention:** Approaches to support safe care (but review mainly about prevalence of abuse, etc.)	Identified 10 areas of concern in approaches to promote safe care: **Policy in practice:** • Evidence gaps between policy on adult safeguarding and the implementation of policies and procedures at the local level. • Staff follow procedures in clear or extreme cases but may rely on their own judgement in more complex cases. **Incidence & prevalence:** • Older people main group receiving adult safeguarding, followed by people with learning disabilities, physical disabilities and sensory impairment, and people with mental health conditions. • Physical abuse, and multiple abuse involving physical abuse, are the most frequent forms of reported abuse. • Financial abuse is the most frequent type of reported abuse in domiciliary settings. • Male staff over-represented in referrals for abuse. **Risk factors:** • Older women, people living in residential care, and people in out of area placements at greater risk of abuse. • Staffing levels and use of agency staff; weak management and leadership; low levels of training and development; organisational environment; geographical isolation. **Staff perceptions & understanding:** • Most staff aware of physical, psychological, financial and sexual abuse, but less aware of neglect and service	**Internal validity:** + **Overall assessment of external validity:** + The study is concerned with the social care workforce which includes home care workers but there is no specific focus on home care or older people.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			user to service user abuse. • Lack of confidence is a barrier to reporting abuse and whistle-blowing. **Effects on staff:** • Safeguarding procedures stressful for staff, managers and clients. • Lack of support for staff exonerated following an accusation of abuse. **Prevention (e.g. POVA), training and multi-agency co-operation:** • Low levels of staff training are a risk factor for abuse. Training improves knowledge of safeguarding by nearly 20%. • Multi-agency working associated with higher levels of adult safeguarding referrals. • Insufficient information-sharing impedes effective multi-agency working. • A significant minority of people employing personal assistants with direct payments are not thorough in vetting candidates. **Models of Care:** • Adult Protection Coordinators; Croydon Care Home Support Team; performance monitoring; a thresholds framework; and a vulnerability checklist. There was insufficient evidence to support or reject a causal link between: • Specialist Adult Protection Coordinators and better safeguarding referral rates. • Specialist multi-disciplinary teams and reduced levels of abuse in care homes.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			• Performance monitoring and a reduction in referrals for neglect. **Risk assessment & personalisation:** • Widespread uncertainty and a lack of evidence in how professionals can best support different groups of services users in positive risk taking in the context of personalisation. • Social care practitioners experience dilemmas and tensions in balancing a positive approach to risk taking with their safeguarding responsibilities. • Insufficient evidence to support or reject: How the implementation of personalisation and personal budgets affects adult safeguarding. **Deprivation of liberty safeguards and the Mental Capacity Act:** Limited awareness of the Mental Capacity Act, Deprivation of Liberty Safeguards and Lasting Power of Attorney and lack of clarity about the legal obligations for staff. **Serious case reviews and lessons learnt:** • Areas highlighted include: staff training and supervision, multi-agency communication, roles and responsibilities, risk management and assessment, whistle-blowing, organisational culture, use of agency staff. • Experience of safeguarding incidents can be used to improve practice at the local level." **Conclusions:** "*The evidence review indicates the need for better staff understanding of what constitutes abuse and how best to respond to it. But there is a serious lack of robust evidence about how best to equip staff with the knowledge*	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			and skills required to recognise and respond effectively to abuse in order to safeguard adults at risk, and equally little known about which approaches to prevention and models of care are most effective.**"** (p 9)	

McGraw C, Drennan V, Humphrey C (2008) Understanding risk and safety in home health care: the limits of generic frameworks. Quality in Primary Care 16: 239-48

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To "… classify the factors that predispose older people to adverse events when medication-related activities are transferred from district nursing to home care services." • To "… *develop a taxonomy identifying the domains of risk in domiciliary settings.*" • To explore "… the extent of consonance between the domains of risk identified in domiciliary settings and those specified in the	**Methodology:** Qualitative - semi-structured interviews (with district nurses and home carers).	**Population:** A purposive sample of district nurses and home carers at two sites in the Midlands and London. **Sample size and characteristics:** n=59 (no demographic details provided). • District nurse managers (n = 17). • Community staff nurses (n = 10). • Internal home care managers (n = 10) • Home carers (n = 6) • External home care managers (n = 9). • Home carers (n = 7).	**Issues/dissonance identified:** • Patients refused nursing interventions and/or the introduction of clinical equipment (such as medication compliance devices), perceiving them as symbols of dependency. • Attentive family members were an important defence against adverse medication events, while participation in medication-related activities provided malicious family members with a means to harm older relatives. • High local crime rates and fear of street robbery meant some home carers preferred to leave unused medications in the home rather than carry them to the pharmacist for safe disposal. • Failure to gain entry (because the door to their accommodation was securely locked and patients might not hear the doorbell or would struggle to open the door) meant medication doses were sometimes missed and ancillary non-pharmacological support was difficult to sustain. • Poor communication between domiciliary services and secondary care providers, interruptions in staffing continuity, difficulty travelling between assignments, inadequate staff supervision, and inflexible contracting ar-	**How well was the study conducted?** – The paper did not present raw data making it difficult to verify findings.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
FFICP, in order to establish whether the FFICP could be adapted for application in home health care." The FFICP is a taxonomic model (Framework of Factors Influencing Clinical Practice) developed to analyse adverse events. (p 239) **Country:** England.			rangements	

Simic P, Newton S, Wareing D (2012) "Everybody's business": Engaging the independent sector - an action research project in Lancashire. Journal of Adult Protection 14: 22-34

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To "*... evaluate key organisational processes in managing "safeguarding" in the independent sector.*" (p 22) • To "*… explore provider views of the nascent safeguarding*	**Methodology:** Qualitative - structured and semi-structured telephone interviews and two follow up focus groups - also described as action research.	**Population:** • Home care workers and managers. • Residential care service providers (not described as working exclusively with older people). **Sample size:** 117 providers (care	**Telephone interviews:** • 77% home care staff 'very happy' with the information and advice and support available to them • 65% of respondents from home care sector said they had awareness training in the last year. • There was greater 'satisfaction' within the other 3 domains than with the training domain: just over 50% (all respondents) satisfied with training, and this fell again for those with recent experience of investigation. • 80% of same had their own 'suspension' policies (p25). • All home care workers in telephone interviews said they	**How well was the study conducted?** + Despite some lack of clarity in method, the findings seem convincing.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
procedures and safeguarding culture." (p 24) **Country:** England.		homes only: n=69, care homes with nursing: n=22, domiciliary care: n=26). A response rate of 97% **Sample characteristics:** Within the domiciliary care sample 81% were independent, (73% were private agencies, and 8% were voluntary organisations). 8% of the total sample were local authority domiciliary care. 21 of the 26 home care providers covered more than one category of service user e.g. older people over 65 and people with learning disabilities. Two focus groups, with each group n=8-10, one with care home and one with domiciliary care staff. The questionnaire used in the telephone interviews covered four do-	felt it was *"relatively easy to recognise abuse and distinguish it from good/bad practice"* (p25). **Telephone interviewees thought safeguarding would be improved by:** • Better staffing, pay, conditions, permanency and time to spend with client. • Clearer guidance and training, with staff with higher competency levels to get advice from. • Ability to access information and a view without starting an enquiry. • More planning, shared approaches. • Culture that was less punitive and looking for blame. **Focus groups (all carried out with people who had been involved in an investigation):** • Service users may know little or nothing about the safeguarding investigation being conducted in relation to them. • User consent to report suspected abuse is not being sought. • There is no ready way for workers to get balanced independent advice about an issue that arose as a potential safeguarding matter: merely asking of question to local authority staff would result in it becoming a safeguarding case. • The same sorts of incidents were being handled very differently according to who dealt with it within the local authority. *"Stuff that would have been more to do with complaints are now safeguarding."* p29 • Local authorities have a way of 'skewing' blame toward providers and away from familial abuse and commissioning –	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		mains: information, advice and support, training and experience of safeguarding investigations.	*"… you can't refer piss-poor commissioning into safeguarding …"* (domiciliary care manager, p29). • Little concern about the amount of time some of these inquiries take, and the impact on staff and providers. • Providers feel they are set up to be blamed, and that local authorities have the upper 'whip' hand, and there is a whispering culture in which they are unfairly judged. • Service users should be involved. • Local authority staff are said to be not motivated to deal with financial abuse. **Focus group members thought safeguarding would be improved with consideration of:** • Need to establish transparent ground rules. • Chair's role and impartial, supportive management of inquiry important. • Clarity about who was responsible for safeguarding meetings. • Not having professional 'pre-meetings' at local authority level, which signified exclusion of, and possible intention to scapegoat, provider. • Investigations should not be a quasi-judicial enquiry, and authorities should recognise the impact on staff and provider organisations. **What worked?** No blame; minutes of meeting taken well and circulated; non-judgmental approach; open and encouraging of all to take part; includes service user if appropriate; fosters culture of care and partnership. This paper suggests workers are not well supported to raise them, and that the local authority and/or commissioner responses may be unhelpful, and jeopardise staff	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			and organisational outcomes. Authors also comment in discussion: There are perverse drivers that relate to reporting of incidents: e.g. "… *both CQC and the LA interpret incident reporting as a negative outcome (a measure of bad care) rather than a positive one (a measure of commitment to tackle poor care)*." (p 30)	

Taylor B J and Donnelly M (2006) Risks to home care workers: professional perspectives. Health, Risk and Society 8: 239-256

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore the perspectives of a range of health and social services professionals and managers on risk and decision making in the long-term care of older people, with a particular focus on home care. **Country:** Northern Ireland.	**Methodology:** Qualitative - focus groups semi-structured interviews.	**Population:** A "*… range of health and social services professionals and managers …*" from four trusts in Northern Ireland. **Sample size and characteristics:** n=99. • n=4 consultant geriatricians. • n=4 general medical practitioners. • n=18 social work professionals. • n=11 'other care managers' (i.e. professions other than social work). • n=19 community nurs-	**Risks for home care workers included:** • "*Visiting at all hours and in all seasons, home care workers faced many and varied hazards ranging across access issues, hygiene and infection, manual handling, aggression and harassment, domestic and farm animals, fleas and safety of home equipment*" (authors, p 245). • Environmental hazards, such as poor wiring (lack of earth). • "*There were major manual handling issues relating to the processes of transferring clients in and out of bed or to the toilet, or in the use of stairs. Conflict often focused on the necessity or requirement to use a hoist, particularly if family members had been lifting without one*" (authors, p 245: hoists require 2 workers). • Risk of aggression or harassment, sometimes from family carers. **Responses of workers to hazards:** • Compromise and accommodation could be reached,	**How well was the study conducted?** +

		ing staff. • n=20 occupational therapy. • n=11 managers of home care staff. • n=12 hospital discharge team (includes hospital social workers). 19 focus groups with people of similar backgrounds (social work, community nursing, occupational therapy and home care management, etc.), with interviews with consultant geriatricians and general medical practitioners. Specifically, 11 home care managers (no front-line workers) and 19 social workers took part in the focus groups. The focus of the group discussions was on risks to home care workers, and how these are handled alongside employer responsibilities and service user choice.	e.g. beds have to be single and not low to protect worker from back strain and increase portability of person. • Care packages were tailored to clients' circumstances: e.g. in rural environment, there might be no running water so wipes would be used. • Withdrawing the service was not a happy outcome, but employers have a duty to protect staff. Carers might become more accommodating if under threat of withdrawal. Cleaning measures, for example, could be agreed upon, with a service to come in to deal with environment - but people might still refuse access. **Who decides what is acceptable?** • The individual worker's willingness to go in was the deciding factor. However some managers (e.g. social workers) would draw a line (example given of vermin in house). • Some workers might be forbidden to undertake some tasks, such as taking people up and down stairs when they should have been in one room or chairlift. This would then rely on the worker 'making a stand'. **Client choice vs workers' views:** Social workers felt it was wrong to impose their values on service recipients; others felt they had a duty to do so to protect staff. Sometimes, staff recognised that clients 'were right'. *"This wee lady was coming home [from hospital] to the middle of the forest and she had a wee hearth fire and no electric and no toilet, and this [other professional] said she couldn't possibly survive in this place. I said, 'Look, she has survived there for 88 years and she will survive.' She said, 'Are you sure, you know I'm just so worried about her; it's just so horrendous going into that place.' [The home care worker] put the fire on in the wee room and they put the bed in the room and she was cosy as anything and [the other professional] did come back to me and say, 'You were right'."* p248, community nurse.	

			Conflicts between organisational & client behaviour or view of risk: • If the work was contracted out, the statutory service less likely to make decisions about what was acceptable working condition, whereas in-house services were governed by more written standards and procedures. "*Conflicts between concern for the health and safety of home care workers and the lifestyle choices of patients sometimes spilled over into organizations. The normal forum for such debate was between the care manager who was responsible for coordinating the various professional inputs and drawing up the care plan, and the home care manager who was responsible for managing or commissioning the home care workers*." Authors' summary, p249 • Clients and their families not properly informed about how/why decisions might be made, e.g. to withdraw the service. Others felt that organisations should draw a line - enough is enough – e.g. when a worker might be sexually harassed, and the management sent in two workers, rather than saying if you don't stop that, you won't get a service. • Organisations too anxious not to get bad publicity (presumably by denying services).	

Wibberley G (2013) The problems of a 'dirty workplace' in domiciliary care. Health and Place 21: 156-162

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To examine the environment in which home care takes place as a potentially hazardous	**Methodology:** Qualitative – observational, through shadowing workers and interviewing providers.	**Population:** • Home care workers employed by agency. • Home care managers	**Concern with the work environment:** Care assistants increasingly funded to carry out personal care. "*Currently, the place of care is under-recognised in the provision of domiciliary care, and funding is rarely allocat-*	**How well was the study conducted?** +

workplace and demonstrate the implications of this on the health and safety of staff and clients. **Country:** England.		and other sector stakeholders. • Clients not specified as older people. **Sample size: n=47.** • 19 home care workers. • 14 home care managers. • 14 other sector stakeholders. **Sample characteristics:** • The professionals did not all work with older people, although they were all involved in home care. • The home care workers were all female, 'of various ages'. Ten were employed by local authorities, eight in the private sector and one directly by a client. • Four of the home care managers were male, two worked for local authority organisations and 12 for private companies. • The stakeholders included social care consultants on social care, individuals working for care employer's organisations, etc.	*ed to its cleaning*" p156. "*Cleaning should be paid for privately [but] where's the money, so what do you do? Do you let someone live in absolute squalor? Because they can't do it themselves*." (Domiciliary worker, p160). Workers recognised filth as a health hazard, but were limited in what they could do in the allotted time. Dirt is also highly subjective and paid carers may also interact with other household members, who may place boundaries around certain activities and areas (such as the fridge). Control is a contested area: "*It's interfering to go and start cleaning out somebody's fridge … you've left a note to say that you've noticed things in the fridge with the dates have gone, but we're not allowed to clear things away*." (Domiciliary worker, p159). Uncertain, whose and how far responsibility is taken. Clients and carers may try to engage the worker in cleaning, but time constraints may not allow this, even if the worker is willing. If clients cannot pay for cleaning themselves, home care workers have to decide how much they must or can do. Problems are exacerbated if hospital equipment to deal with, or lack of basic services, such as hot water, or a toilet that flushes. Smells and overheated, smoky conditions can render the work very unpleasant. Dirt also arises from dealing with the cleaning and incontinence of the body, and could indeed result in transmission of viruses, fleas, etc.	

		Intervention: No particular model of home care specified. The work environment (the client's home) is the focus, not the intervention itself.		

Critical appraisal tables

Home Care Research question 5.1

What are the effects of training, supervision and support on outcomes for people who use services and their carers?

Cangiano A, Shutes I, Spencer S et al. (2009) Migrant care workers in ageing societies: research findings in the United Kingdom. Oxford: ESRC Centre on Migration Policy and Society

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The research addressed four questions: • "*The factors influencing demand, in an ageing society, for care workers – and in particular migrant care workers – in the provision of care for older people.*" • "*The experiences of migrant workers, of their employers and older people in institutional … and home-based care.*" • "*The implications of the employment of migrant workers in the care of older people for the working conditions and career prospects of the migrants and for the quality of care for older people.*" • "*The implications of these findings for the future social care of older people and for migration policy and practice.*" (p 3-4) **Country:** United Kingdom.	**Mixed methods** - analysis of existing data; postal and online survey; interviews; and focus groups. The research consisted of the following five main pieces of data collection and analysis: 1. Analysis of Labour Force Survey and similar sources. 2. A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires, between January and June 2008. 3. In-depth, face-to-face interviews, carried out between June and December 2007, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other agencies supplying care workers, or directly by older people or their families. 4. Five focus group discussions, with 30 older people. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantita-**	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Is there a clear description of the randomisation or an appropriate sequence generation?** N/A. **Is there a clear description of the allocation concealment (or blinding when applicable)?** N/A. **Are participants (organisations) recruited in a way that minimises selection bias?** Yes. **Is the sampling strategy relevant to address the quantitative research**	**Is the process for analysing qualitative data relevant to address the research question?** Yes - well illustrated, though not described as process. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Yes - good policy and practice scope and background. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Yes. **Are there complete outcome data (80% or above)?** N/A.	Although the survey response rate appears low (13%), the initial sample (3,800 care homes, 500 home care providers) was large, and the 557 respondents employed 13,800 care workers (and 1900 nurses). However, the findings cover the whole social care workforce, not just those working in home care.	**Internal validity:** ++ Although the methods are not fully described, findings are triangulated using different methods, and highly consistent. **Is the setting similar to the UK?** Yes - UK study. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** No, it relates to migrant workers within the social care workforce who work with older people and therefore includes residential care workers. **Is the intervention clearly home care?** No, it is the entire social care workforce, including residential care workers. **Are the outcomes relevant?** Yes - outcome data is relevant but the

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	tive aspects of the mixed-methods question? Yes. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes.	**question (quantitative aspect of the mixed-methods question)?** Yes. **Is the sample representative of the population under study?** Yes.	**Is there low withdrawal/drop-out (below 20%)?** N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** N/A - observational and national survey data. **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** N/A.		data is largely qualitative and based on views. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)? N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** Yes. **Is there an acceptable response rate (60% or above)?** Not for survey, only 13%.		

Department of Health, Social Services and Public Safety (2009) Survey of domiciliary care providers Northern Ireland 2008. Belfast: Department of Health, Social Services and Public Safety Northern Ireland

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To explore the practices and procedures of domiciliary care providers in Northern Ireland with particular reference to regulations and minimum standards introduced by the government. • To explore whether provider's decision making was informed by the views of their users. • *"The survey sought to assess domiciliary care services provided in Northern Ireland in the context of regulations and minimum standards the Department has introduced. It also collected baseline data for future evaluation of these regulations and minimum standards."* (p 1) **Country:** Northern Ireland.	**Methodology:** Survey - postal survey of all domiciliary care providers in Northern Ireland. **Objectives of the study clearly stated?** Yes, to ascertain compliance with RQIA (Regulation and Quality Improvement Authority) standards. **Research design clearly specified and appropriate?** Partly. Data is self-reported, and is really more of an audit than research. **Clear description of context?** Yes. Yes. Information is provided on the mix of statutory, private, voluntary providers. **Clear description of data collection methods and analysis?** Partly. **Methods appropriate for the data?** Yes. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** No.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Unclear. 25% did not respond. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. 229 providers of home care were contacted. 206 were eligible to take part (rest not registered or not delivering home care), and 154 took part in survey. 75% of eligible sample responded.	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** N/A. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on**	**Limitations of the study stated?** No. They include self-reporting and a lack of piloting or validation of the questionnaire. The tool could be regarded as audit, rather than research. This survey may only be relevant to Northern Ireland.	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** + The report relies on self-reported data and is essentially an audit.

	All appropriate outcomes considered? Unclear. **Ethical approval obtained?** N/A.	**All subjects accounted for?** Partly, 25% non-respondents not chased up. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Partly. Survey is self- reported, and providers tick options - no necessary proof. No measures were used. **Measurements valid?** N/A. **Measurements reliable?** N/A. **Measurements reproducible?** No. **Response rate:** 75% responded. **Methods for handling missing data described?** No.	**subject and study objectives?** Partly.		

Devlin M and McIlfatrick S (2010) Providing palliative care and end-of-life care in the community: the role of the home-care worker. International Journal of Palliative Care Nursing 16: 195-203

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• "*To examine the role and experiences of home-care workers in palliative and end-of-life care.*" • "*To explore the perceptions of community nurses on the role of home-care workers in palliative and end-of-life care.*" • "*To identify the training, support and supervision needs of home-care workers in palliative and end-of-life care.*" (p 196) **Country:** United Kingdom.	**Methodology:** Mixed methods. Phase 1 = Cross-sectional survey approach using a self-completion, postal questionnaire to home care workers (236). Phase 2 = Focus group with six community nurses. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Partly. **Is the integration of qualitative and quantitative data (or results) relevant to address the research question?** Yes. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** Yes.	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Yes. **Are participants (organisations) recruited in a way that minimises selection bias?** Partly. Survey appears to have gone to all home care workers employed in two parts of a large Health and Social Care Trust in Northern Ireland. It is not clear if they are representative of all home care workers in the trust, or if respondents were 'different' in any way. **Is the sampling strategy relevant to address the quantitative research**	**Is the process for analysing qualitative data relevant to address the research question?** Yes. **Is appropriate consideration given to how findings relate to the context, such as the setting, in which the data were collected?** Yes. **Is appropriate consideration given to how findings relate to researchers' influence; for example, though their interactions with participants?** Unclear in the focus group, and also in the wording of the survey, which may have been leading. **Are measurements appropriate (clear origin, or validity**	The authors acknowledge that asking community nurses for their views on the performance of home care workers is questionable; that response rates were low, and that interviews would may have provided richer details than a survey, especially in regards to the feelings of home care workers towards their role. No details are provided on the survey questions used.	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older adults?** Unclear, but the study does focus on end of life care. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** + The findings are highly consistent with other sources.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		question (quantitative aspect of the mixed-methods question)? Partly, if all 236 home care workers were surveyed – but there is a lack of clarity about survey content. **Is the sample representative of the population under study?** Unclear, as response rate was low – 69 (29%), and difference between respondents and non-respondents is unknown.	**known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?** N/A. Just percentages in relation to questions. **In the groups being compared (exposed versus non-exposed; with intervention versus without; cases versus controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?** N/A. **Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an**		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
			acceptable follow-up rate for cohort studies (depending on the duration of follow-up)? N/A. **Are measurements appropriate (clear origin, or validity known, or standard instrument)?** No, we don't see the survey document. **Is there an acceptable response rate (60% or above)?** No - rather low at 29% (n=69).		

Hall L and Wreford S (2007) National survey of care workers: final report. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Skills for Care commissioned this survey of workers in the social care sector in England to find out more about the workforce. **Country:** England.	**Methodology:** Survey - conducted face to face with respondents who had opted in. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Partly. Sample was collected using the nationally representative Om-	**Survey population and sample frame clearly described?** Yes. "*The survey included those working in the private sector, voluntary sector, local authorities, the NHS and including those*	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly, could be improved with	**Limitations of the study stated?** No. This was a somewhat simple counting exercise, but not clear if sample is representative: 27% survey response from original survey frame. Not clear if/how these may differ from general workforce.	**Results can be generalised?** Partly, but unclear, as survey material collected 2005/6. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of**

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	nibus surveys of the general population to identify care workers in England. Using the Omnibus screener, care work was reported as employment for 3.4% of the working English population. Eligible participants were contacted to ask whether they would be willing to be interviewed face to face using a piloted survey instrument. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** No, but the fieldwork was preceded by cognitive testing to check on the screener and questionnaire wording.'	*employed directly by individual clients. The questionnaire covered work carried out by those working in social care, working hours, satisfaction with job and duties, length of service and the future of care work.*" (p 5) **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No.	more disaggregation/distinction between workers in different settings. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** N/A. Somewhat simple approach. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study**	Also, only 39% of sample interviewed were working with clients in own homes.	**quality:** + Somewhat simple counting exercise, and not clear if representative.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Clear description of data collection methods and analysis? Yes. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** N/A. **Measurements reliable?** N/A. **Measurements reproducible?** N/A. **Response rate:** 778 of the 1834 (42%) care workers identified by the Omnibus agreed to be re-contacted, from which 502 interviews were achieved, representing 27% of the original invitees, and 65% of volunteers. **Methods for handling missing data described?** N/A.	**objectives?** No.		

Manthorpe J and Martineau S (2008) Support workers: their role and tasks. A scoping review. London: Social Care Workforce Research Unit

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
"*This paper reports the findings of a scoping study designed to describe the evidence base with regard to support workers in social care in the United Kingdom and to identify gaps in knowledge*." (p 316) Experience of role and competencies, rather than general views, is the topic of the scoping review. **Country:** United Kingdom.	**Methodology:** Literature review for a scoping study, but the sources are not critically appraised. **Appropriate and clearly focused question?** Yes, but is not a research review, scoping is more exploratory. **Adequate description of methodology?** Yes.	**Quality of included studies assessed and reported?** No. Scoping study, not systematic review (though is critically appraised as such).	**Inclusion of relevant individual studies?** Yes. **Rigorous literature search?** Partly rigorous. Databases and time frame described. No quality appraisal of included studies, most of which are small-scale and qualitative.	The review draws on material which is now out of date, and this may be reflected in the wide range of activities which the support workers are said to undertake. The general expectation today is that only personal and essential care is funded by local authorities. The study therefore reads as though it concerns self-directed support, i.e. paid for wholly or partially by service users or direct payment holders.	**Overall assessment of internal validity:** + **Is the setting similar to the UK?** Yes. All included studies are from the United Kingdom. **Is there a clear focus on older adults?** No, but the workforce discussed (home care workers) is that which provides care to older people at home. **Is the intervention clearly home care?** Yes. **Are the outcomes relevant?** N/A. **Does the review have a UK perspective?** Yes. **Overall assessment of external validity:** + The scoping study does not draw contentious conclusions, and is useful in considering the home care worker's *potential* role.

Nancarrow S, Shuttleworth P, Tongue A et al. (2005) Support workers in intermediate care. Health and Social Care in the Community 13: 338-344

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To identify support workers' roles in intermediate care teams, their roles, supervision and qualifications, and to consider future workforce development needs. **Country:** United Kingdom.	**Methodology:** Survey – questionnaire. 50 integrated intermediate care team services were selected. Participants were the surveyed organisational representatives of the 50 selected intermediate care teams. Response rate to questionnaire was 67% (33 teams). **Objectives of the study clearly stated?** Yes, but the survey scope is narrow. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **References made to original work if existing tool used?** Yes. **Reliability and validity of new tool reported?** Unclear.	**Survey population and sample frame clearly described?** No. Self-selected, and then chosen against set criteria (although only 66% of the 50 services returned questionnaires). **Representativeness of sample is described?** Partly. **Subject of study represents full spectrum of population of interest?** No, and services are not necessarily for older people. **Study large enough to achieve its objectives, sample size estimates performed?** Not large enough to generalise findings. **All subjects accounted for?** No.	**Basic data adequately described?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Partly. Analysis limited by data, which was from a structured questionnaire which was not validated. **Clear description of data collection methods and analysis?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and in-**	**Limitations of the study stated?** Yes. Services described are not typical intermediate care, as they were taking part in an Accelerated Development Programme for Support Workers in Care (a national initiative) and they all had some health and social care staff (which may be unusual). It is therefore unclear how representative or generalizable the survey findings are, as there is no national body of services to compare it to. Authors state that some aspects of the questionnaire might be ambiguous, or the answers may be, with no opportunity to clarify responses, and that the response rate was low. The data was collected in late 2003 and may not represent current	**Results can be generalised?** No. The limitations of the questionnaire, and the relative age of this study make it difficult to determine if the findings are generalisable, although it may be the case that this type of integrated team approach is feasible. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality: –** Very limited in terms of generalisability, but a useful approach to test feasibility of unqualified support workers providing health and social care support in a multidisciplinary integrated setting.

		Response rate: 67% **Measures for contacting non-responders?** Yes, single follow-up reminder. **Measurements valid?** N/A **Clear description of data collection methods and analysis?** Yes. **Methods appropriate for the data?** Yes.	**terpreted?** N/A. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on subject and study objectives?** Partly.	service configurations of intermediate care teams, and roles of support workers.	

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging and Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… investigate provider level influence on service user perceptions of home care service quality.*" (p 84) **Country:** England.	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with providers. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **References made to original work if existing tool used?** Yes, Netten et al, 2004. **Reliability and validity of new tool reported?** Yes. **All appropriate outcomes considered?** Unclear.	**Survey population and sample frame clearly described?** Partly. n=9254 service users from 121 home care providers provided data and service quality data was obtained from 7935 of these service users. **Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted for?** Unclear.	**Basic data adequately described?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly. **Results internally consistent?** Partly. **Data suitable for analysis?** Yes. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on**	**Limitations of the study stated?** No. One obvious limitation is the age of the study and the data.	**Results can be generalised?** Partly, but study is based on data from 2003. **Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Measures for contacting non-responders? Not reported. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes. **Measurements reliable?** Yes. **Measurements reproducible?** Unclear. **Clear description of data collection methods and analysis?** Yes. Univariate analyses to explore relationships among service user, provider characteristics, and service quality using statistical analysis software STATA. **Methods appropri-**	**subject and study objectives?** Yes. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		ate for the data? Yes. Factor analyses generated a four-factor solution including a service quality indicator which reflected service users' views on the standard of home care delivered on a day-to-day basis. Reliability for service indicator was high. **Response rate:** Not clear. n=9254 service users from 121 home care providers were interviewed, and service quality data was obtained from 7935 of these service users. **Methods for handling missing data described?** No.			

Rubery J, Hebson G, Grimshaw D et al. (2011) The recruitment and retention of a care workforce for older people. Manchester: Manchester Business School

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To investigate the recruitment and retention of the social care workforce for older adults within the independent private and voluntary sectors. **Country:** England.	**Methodology:** Survey - three stage project. The first stage consisted of a postal survey of 92 (of 149) local authority directors of social services. The second stage involved a follow up study of 14 local authorities and a telephone interview with 115 provider establishments and ten national providers. The third stage was a series of case studies where 4 local authorities, 20 providers, and 98 care staff were interviewed. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Reliability and validity of new tool reported?** No. **All appropriate outcomes considered?** Yes.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** Yes. Range of providers in range of local authorities; different levels of staff interviewed. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Yes. **Measures for contacting non-responders?** No. **Clear description**	**Basic data adequately described?** Partly. Results of first stage reported separately. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Data suitable for analysis?** Yes. **Clear description of data collection methods and analysis?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** N/A. **Difference between**	**Limitations of the study stated?** No. The report is about the social care workforce and it is sometimes unclear whether the workforce being described is from the home care or care home context. Sample is led by selection and availability of staff. The majority of findings reported are from phase three interviews with 98 managers and staff from 20 provider services in four local authorities. Interview respondents depended on availability of staff. Precise data will by nature be out of date.	**Results can be generalised?** Yes. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Yes. **Overall assessment of quality** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		of data collection methods and analysis? Yes. **Methods appropriate for the data?** Yes. **Response rate:** At the first stage: 62% (92/149) local authorities returned completed questionnaires. **Methods for handling missing data described?** No.	**non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.		

Findings tables

Home Care Research question 5.1

What are the effects of training, supervision and support on outcomes for people who use services and their carers?

Cangiano A, Shutes I, Spencer S et al. (2009) Migrant care workers in ageing societies: research findings in the United Kingdom. Oxford: ESRC Centre on Migration Policy and Society

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The research addressed four questions: • "*The factors influencing demand in an ageing society for care workers – and in particular migrant care workers – in the provision of care for older people.* • *The experiences of migrant workers, their employers and older people in different care settings, including the direct employment of migrant care workers in private households.* • *The implications of the employment of migrant workers for the working conditions and career prospects of the migrants and for the quality of care for older people.* • *The implications of*	**Mixed methods** - analysis of existing data; postal and online survey; interviews; and focus groups. The research consisted of the following five main pieces of data collection and analysis: 1. Analysis of Labour Force Survey and similar sources. 2. A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires, between January and June 2008. 3. In-depth, face-to-face interviews, carried out between June and December	**Population:** Home care workers employed by an agency. The focus is entirely on migrant workers (i.e. those born outside the United Kingdom) delivering social care to older people. **Sample size:** • A postal and online survey of 3,800 residential and nursing homes, and 500 home care providers. A total of 557 employers of 13,800 social care workers (13%) returned the questionnaires. • In-depth, face-to-face interviews, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other agencies supplying care workers, or directly by older people or their families. • Five focus group discussions, with 30 older	**Views of older people receiving care from migrants:** Older people appreciated care provided by migrants, and in some cases thought caring was linked to ethnicity. Language could hamper communication, especially if the person already had sensory or cognitive problems: but the ability to match workers and clients speaking the same language was an obvious advantage. Sometimes induction did not prepare migrant workers with knowledge of indigenous customs, for example, those concerning food preparation. **Views of social care employers:** Migrant workers are often viewed positively by employers – *"Reported advantages of employing migrants including their willingness to work all shifts, a 'good work ethic', a more respectful attitude to older people and motivation to learn new skills"* (p 183). The biggest problem identified by employers in working with migrants was poor English, and shift work made it difficult for workers to attend classes. **Working conditions and status of migrant workers:** *"Live-in migrants faced particular challenges and enjoyed fewer rights (including ambiguity on the extent to which they are protected by the Working Time Directive and minimum wage regulations). … Those working directly for older people, and those with irregular immigration status, were particularly vulnerable in relation to time worked and pay"* p185. Migrant workers said it was difficult to get information on employment rights, especially when their immigration status was	**Internal validity:** ++ Although the methods are not fully described, findings are triangulated using different methods, and highly consistent. **Overall assessment of external validity: +**

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
these findings for the future social care of older people and for migration policy and practice." (p 3-4) **Country:** United Kingdom.	2007, with 56 migrant care workers employed by residential or nursing homes, home care agencies or other agencies supplying care workers, or directly by older people or their families. 4. Five focus group discussions, with 30 older people.	people, including current users of care provision and prospective care users (members of community groups for older people). • The researchers also used data from existing national sources such as the Labour Force Survey. **Sample characteristics:** Migrant workers of minority ethnic background. **Intervention:** All social care, including that directed by service users, (also includes people working in residential care). No particular model of home care specified.	a factor in those rights. Those working in private households might be further disadvantaged, or even exploited, due to lack of information and training. **Access to training for migrant workers:** Survey findings showed that migrant workers were clearly disadvantaged in relation to gaining general training and formal qualifications, although they are often eager for such training. "*One interesting point to emerge from our analysis of the migrant care workforce is that new arrivals are over-represented among care workers enrolled in training (but not necessarily training related to care work)." p33* Workers from outside the EEA could not access NVQ courses to obtain social care qualifications: *'NVQ training is not allowed until the overseas member of staff has been in the country for three years... which is absolutely ridiculous because the person benefiting from the training, at the end of the day, is the resident. So how we do it is that we do it in house, and we do it without the qualification.' (Manager of a residential care home in the South East)"* p96 Employers expressed further frustration with delays in the processing of visas and work permits. **Summary on migrant workers' training needs:** Findings suggest that better training in aspects of daily living, assistance for workers to access English classes, and fewer barriers to formal qualifications would benefit migrant workers and improve the quality of care. Such measures may also promote the retention of migrant workers, and enable them to build relationships based on mutual understanding with the older people to whom they provide care.	

Department of Health, Social Services and Public Safety (2009) Survey of domiciliary care providers Northern Ireland 2008. Belfast: Department of Health, Social Services and Public Safety Northern Ireland

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To explore the practices and procedures of domiciliary care providers in Northern Ireland with particular reference to regulations and minimum standards introduced by the government. • To explore whether provider's decision making was informed by the views of their users. • *"The survey sought to assess domiciliary care services provided in Northern Ireland in the context of regulations and minimum standards the Department has introduced. It also collected baseline data for future evaluation of these regulations and minimum standards."* (p 1) **Country:** Northern Ire-	**Methodology:** Survey - postal survey of all domiciliary care providers in Northern Ireland.	**Population:** Domiciliary care providers in Northern Ireland who had registered with the Regulation and Quality Improvement Authority (RQIA) by the 6th June 2008. **Sample size:** 229 providers of home care were contacted: 206 were eligible to take part (rest not registered or not delivering home care), and 154 took part in survey. 75% of eligible sample responded. **Sample characteristics:** Providers of speciality care. These were not necessarily providers of home care to older people but 4 in 5 (79%) service users were over 65. **Intervention:** No particular model of home care specified. Not necessarily providers of home care	**Workforce support:** 76% of providers said new workers completed induction training before visiting a client alone, and 90% said workers joining in the past 12 months had been allocated supervisors. There were different levels of compliance with types of training included in the survey questions: Levels of compliance with provision of training to workers in the areas the survey questioned were: 95% reporting suspected, alleged or actual abuse towards service users; 95% treating service users with dignity or respect; 92% lifting / moving service users safely; 85% accident prevention; 84% infection control; 75% operating special equipment safely. (p 23-25) **Occupational health services:** The regulations require that providers ensure that workers have access to occupational health services. One-third had in-house services, one-third an external supplier, and one-third said this service was not available to workers. Statutory providers were most likely, and private sector providers least likely, to provide occupational health services, **Performance appraisal:** 94% of providers said they provided appraisal at either 6 or 12 month intervals. **Training for care while working:** 27% of providers said none of their workers were working toward social care qualifications within the last 12 months. Of those who had em-	**Overall assessment of quality:** + The report relies on self-reported data and is essentially an audit.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
land.		to older people: but 4 in 5 (79%) of service users were over 65.	ployees working toward a qualification, half said they had given them (unspecified) paid time off for training or study leave: statutory providers were most likely, and private providers least likely, to offer paid study leave. **Conclusion:** this material is more relevant to Northern Ireland than elsewhere, but it does illustrate components of training support relevant to England also.	

Devlin M and McIlfatrick S (2010) Providing palliative care and end-of-life care in the community: the role of the home-care worker. International Journal of Palliative Nursing 16: 195-203

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• "*To examine the role and experiences of home-care workers in palliative and end-of-life care.*" • "*To explore the perceptions of community nurses on the role of home-care workers in palliative and end-of-life care.*" • "*To identify the training, support and supervision needs of home-care workers in*	**Methodology:** Mixed methods – cross-sectional survey (self-completion, postal questionnaire) and focus groups.	**Population:** Questionnaire respondents (home care workers) and the community nurses were employed in a single large Health and Social Care Trust in Northern Ireland. **Sample size:** 69 home care workers (29%) responded to survey, and six community nurses participated in the focus group. **Sample characteristics:** Socioeconomic status of home care workers =	**Views and experiences of home care workers involved in end of life care, including training needs.** The tasks which home care workers provide in palliative care situations were said to be: Personal care (21%); talking to and listening to clients and families (19%); catheter care (15%), pressure area care (13%), medication administration (14%), meal preparation and feeding (16%); and domestic support 2%. (Fig 3, p198). Limited time was often seen as impacting on the care which home care workers could offer, especially because of the need to travel between clients. But 75% (n=52) felt that working in end of life care was an important and rewarding role, although at times a stressful one.	**Internal validity: +** **Overall assessment of external validity: +** The findings are highly consistent with other sources.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
palliative and end-of-life care." (p 196) **Country:** United Kingdom.		81% said earnings contributed substantially to household income. **Intervention:** Palliative and end of life care provided by home care workers.	*"Just being there and listening to their fears*..."; "*How grateful they are that you are with them not only as a care worker but as a person.*" (Responses from survey of home care workers, p198). Providing physical care and dealing with the emotional aspects of the role prompted more negative responses: "... *pain management, breathing difficulties, physical deterioration. Psychological and communication problems also identified, such as coping with own sense of loss while being there for the family, dealing with difficult questions and having personal empathy for the patient and family carer*" (Authors, p198). "*It's difficult to see the fear in their eyes when they know there is no getting better*." "*I find it difficult to keep my own emotions in check*." (Quotes from home care workers, p198). The majority of home care respondents had no national qualification, and 32% had no training on appointment and may therefore have learned from co-workers (p199). Although two-thirds had no training in palliative care, half wanted training in this area: "*I feel this is a different caring role and feel yes, it would be a great help to do an extra course on this*." (Survey respondent, p 199). Training needs identified included end of life care, dealing with death, dying and loss, communication skills, information on specific conditions and palliative care awareness, as well as emotional support when a patient died.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Community nurses views (n=6) on home care workers' role in end of life care: Nurses viewed home care workers role as primarily providing physical care, plus "… *providing reassurance to families by making regular checks and referrals if required. For example, the nurses thought they should be able to identify deterioration in skin condition and mobility, identifying constipation and liaising with community nurses* …" (authors' summary, p 199). But they also said "… *home-care workers sometimes communicated inappropriately with patients providing inaccurate information concerning services* …" (author, p200), thus raising expectations. Nurses reported that home care work could be hampered by a lack of time, and an overlap between roles. For example, nurses said they were happy to bed-bathe patients but this overlapped with home care workers' role. Nurses also said that home care workers were sometimes scared to move people in case they died, and did not know how to recognise that people were entering the final phase of life. As people moved closer to death, there might be a need for two home care workers (e.g. to help with lifting), and nurses commented that the familiar single worker might often be replaced by two unfamiliar workers. Nurses thought that home care workers would benefit from increased supervision by senior home care officers on the job, and that they, the nurses, could meet monthly with these officers. Notably, the nurses did not suggest that they themselves might take on this direct supervision of workers who delivered services to people at the end of life.	

Hall L and Wreford S (2007) National survey of care workers: final report. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Skills for Care commissioned this survey of workers in the social care sector in England to find out more about the workforce. **Country:** England.	**Methodology:** Survey conducted face to face with respondents who had opted in.	**Population:** Home care workers employed by agencies, and other social care workers. It is important to note that some care workers worked in residential care. Only 39% of the workers surveyed worked in home care (but responses are not disaggregated). **Sample size:** n=502 (39% of workers were part of the home care workforce). **Sample characteristics:** • Speciality care. • Age = 24% were under 35, 51% aged between 35 and 54, and 25% aged 55 or over. • Employment status = 63% worked full time, 65% had been doing care work for less than 10 years, and 49% had been in their current job for under 3	**Workforce training & qualifications:** "*The largest single group of care workers were educated to [NVQ] level 2 (38%) …. However, 19% had no qualifications at all, and a further 11% had only reached a level one qualification. Those most likely to have no qualifications were the oldest respondents (36%), decreasing to just 8% of those aged 16-24. … Men were slightly more likely to have no qualifications (25%) than women (17%).*" (p 47-8) In terms of their reasons for undertaking qualifications, half noted this was an employer requirement; nearly two-fifths (39%) simply sought to be more qualified; just under one-third were trying to prepare for changes to the sector (29%); approximately one –tenth in each case hoped to improve their job prospects (11)), gain promotion (10%) or secure a pay rise (9%). "*As with the formal qualifications, younger care workers were often more likely to have undertaken training courses such as manual handling, health and safety and first aid. Care workers with jobs in the client's homes were less likely to have done the most commonly mentioned training courses overall*" p49. **Training needed or wanted:** 45% of respondents wanted further training, with higher rates for those aged 16-24, and those who had been in care work for less than two years. Training topics suggested by respondents included dementia awareness, first aid, manual handling and lifting, mental health, medication, computers, BSL, diabetes awareness and bereavement.	**Overall assessment of quality:** + Somewhat simple counting exercise, and not clear if representative.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		years. • Ethnicity = 94% were "*… of a white background*." (p 5) • Gender = 71% female. • Socioeconomic status = 60% were in the lower social grades of C2DE. **Intervention:** No particular model of home care specified. Results were not disaggregated by where care workers worked (39% in home care settings).	86% of workers in residential care said they had had an annual training and development review, compared to 64% of workers in the home care setting. The authors note that self-employed home care workers were unlikely to have such a review. Information on supervision and other support was not included in the survey.	

Manthorpe J and Martineau S (2008) Support workers: their role and tasks. A scoping review. London: Social Care Workforce Research Unit

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
"*This paper reports the findings of a scoping study designed to describe the evidence base with regard to support workers in social care in the United Kingdom and to identify gaps in knowledge*." (p	**Methodology:** Literature review for a scoping study, but the sources are not critically appraised.	**Population:** Home care workers, including those directly employed. Support workers defined as: *"A person who is employed on an individual basis to foster independence and provide assistance for a service user in areas of ordinary*	**Advantages of not being 'professionalised':** Although the term 'support worker' in social care often implies the absence of a professional qualification, the review (referring to Hennessy & Grant 2006) reported that this "*… is commonly referred to as an advantage.*" When people employ personal assistants directly, through direct payments, they may well choose someone known to them, which could cause confusion regarding friendship and employment. This can be risky for both parties, as there may be no agreement made about what the employee is expected to do, and the employer may feel less able to	**Overall assessment of internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
316) Experience of role and competencies, rather than general views, is the topic of the scoping review. **Country:** United Kingdom.		*life such as communication, employment, social participation and who may take on secondary tasks in respect of advocacy, personal care and learning"* (p 317). "*Healthcare support workers were excluded as were volunteers and family members and those instances where service users were children with a disability. We included non-professional staff in intermediate care and personal assistants employed by people using services through direct payments*." (p 318) **Sample size and characteristics:** Not applicable (literature/document review). **Intervention:** No particular model of home care specified. The support workers included in this study do not have professional accreditation,	ask the assistant to change what they do. **The roles of support workers:** Intimate personal care and assistance with housework may be provided. Shared interests between the worker and the person cared for may be advantageous (Flynn 2005). Assistance in areas such as education, work, relationships and social life, as well as practical and domestic activities, can sustain independence and participation (Spandler and Vick 2006). Support workers also take on healthcare tasks (Pickard et al. 2003or have rehabilitative roles where they work "*… towards goals prescribed by professionals, assisting with equipment and activities of daily living, and professional communication.*" (Stanmore et al. 2006, Stanmore and Waterman 2007). Distinctions between the different tasks undertaken by support workers appear in this body of literature to be less important than the 'locus of control': that is, who decides what the worker does and how they do it. This depends on how the service is funded. **Training needs:** The employment arrangements of support workers in this study are varied, and it is unclear what training is needed, what is effective, and who should pay for it (Scourfield 2005). People employing their own carers may not be concerned that their carers have not had training for the job. *"Flynn (2005) found that most service users wanted to play the lead in 'customising' training on the job. Indeed, they were often unenthusiastic about employing people with a social services' employment background, which might bring with it a perceived one size-fits-all approach."* p320.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		and are supporting people (not necessarily but primarily older people) to live at home. Directly employed support workers (or personal assistants) are included.		

Nancarrow S, Shuttleworth P, Tongue A et al. (2005) Support workers in intermediate care. Health and Social Care in the Community 13: 338-344
Support workers in intermediate care. Health and Social Care in the Community 13: 338-344

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To identify support workers' roles in intermediate care teams, their roles, supervision and qualifications, and to consider future workforce development needs. **Country:** United Kingdom.	**Methodology:** Survey – questionnaire. 50 integrated intermediate care team services were selected. Participants were the surveyed organisational representatives of the 50 selected intermediate care teams. Response rate to questionnaire was 67% (33 teams).	**Population:** Support workers in intermediate care. **Sample size and characteristics:** 50 integrated intermediate care team services were selected. Participants were the surveyed organisational representatives of the 50 selected intermediate care teams. Response rate to questionnaire was 67% (33 teams). **Intervention:** Intermediate care teams designed to avoid hospital (re-	**Training of support workers:** "*In-house training and NVQs (primarily, NVQ levels 1–4) were the predominant sources of training reported and many teams reported both. (Table 2) … Seventeen support workers from nine services were studying for higher degrees. In 24 (80%) services, up to half of the support workers had a qualification. Three services reported that all of the support workers had a qualification*." p341 Another commonly reported employment award for support workers was the B-grade nurse scale (n= 21). 39% of the 785 support workers of the 30 services which answered this question were involved in completing an NVQ. **Roles of support workers:** • Meet rehabilitation needs, promote maximum independence for the service user with regard to all aspects of care, lifestyle and independence; and encourage service users to adhere to rehabilitation programmes. • Provide personal care.	**Overall assessment of quality:** - Very limited in terms of generalisability, but a useful approach to test feasibility of unqualified support workers providing health and social care support in a multi-disciplinary integrated setting.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		)admission, assist discharge and provide reablement services. Care provided mostly but not entirely to older people predominantly in their own homes.	• Focus on enablement. • Deliver a multidisciplinary care plan approach. • Deal with day-to-day therapy requirements under the guidance of other healthcare professionals. (table 3, p343) **Supervision of support workers:** All but two services reported that they have some arrangements for support worker supervision. Three predominant models of supervision were reported: • The allocation of a mentor, who may be a 'registered practitioner'. • 'Team supervision' from the members of the multidisciplinary team, which may involve attendance at regular (mostly monthly) meetings or contacting an appropriate member of staff. • Direct formal or informal supervision with the line manager/team leader of the support worker. • The multi-disciplinary approach found in intermediate care teams did appear to permit more supervision than is available to isolated home care staff.	

Netten A, Jones K, Sandhu S (2007) Provider and Care Workforce Influences on Quality of Home-Care Services in England. Journal of Aging & Social Policy 19: 81-97

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… investigate provider level influence on service user perceptions of home care service*	**Methodology:** Survey - questionnaires provided to service users and telephone interviews conducted with provid-	**Population:** • Older people receiving home care. • Providers of home care.	**Effect sizes:** Perception of higher service quality was significantly associated with users younger than 85 years ($p< 0.01$), and with older people in receipt of at least 10 hours per week of home care. In-house providers were perceived as higher quality when compared with independent	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
quality." (p 84) **Country:** England.	ers.	**Sample size:** Service level and quality data obtained from 7935 older people receiving home care (from potential sample of 9254) service users, and 121 home care providers. **Sample characteristics (service users):** • Ethnicity = 1% BME. • Age = 86% aged 75 or over. • Gender = 75% female.	sector providers (p< 0.001). **Association between workforce characteristics, terms and conditions and service quality:** • An older workforce was associated with higher quality care (proportion of care workers over 40 years, p<0.001). • A more highly trained workforce (hours of training) was associated with high service quality (p<0.01). • Training for the NVQ2 qualification was negatively associated with service quality (p<0.001). • Higher proportion of care workers employed with the provider for over 5 years was also associated with higher quality (p< 0.001), possibly reflecting both experience among workers and stability in the workforce. • Level of turnover (staff joining and leaving) in the past year was negatively associated with service quality (p< 0.001). • Higher proportion of workers having guaranteed working hours and higher female wage rate relative to local rates were associated with higher service quality (p<0.001). • Part-time working (less than 10 hours a week) was associated with lower service quality (p<0.01). • 10 or more minutes for travel allowed between visits was associated with higher service quality (P<0.001). • Provider flexibility to vary hours given and the way hours were used within agreed limits was associated with higher service quality (p<0.001). • Reported service quality decreased as number of hours increased up to 19 hours of care per week; for those receiving 20 or more hours a week, service quality increased with more hours. The nature of the workforce itself, in terms of age and ex-	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			perience, staff turnover and allowance of travel time, were the most critical influences on service user experience of service quality. Higher levels of service quality were also associated with in-house rather than independent provision. Commissioners of home care for older people should consider workforce characteristics and employment conditions when awarding and monitoring contracts.	

Rubery J, Hebson G, Grimshaw D et al (2011) The recruitment and retention of a care workforce for older people. Manchester: Manchester Business School

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To investigate the recruitment and retention of the social care workforce for older adults within the independent private and voluntary sectors. **Country:** England.	**Methodology:** Survey - three stage project. The first stage consisted of a postal survey of 92 (of 149) local authority directors of social services. The second stage involved a follow up study of 14 local authorities and a telephone interview with 115 provider establishments and ten national providers. The third stage was a series of case studies where 4 local authorities, 20 providers, and 98 care staff were interviewed.	**Population:** • Home care workers employed by agencies. • Local authorities commissioning home care services. • Independent, private and voluntary sector providers of home care (managers and care staff). **Sample size and characteristics:** Stage 1 – postal survey of local authorities with 90/92 responses. Stage 2 – detailed study of commissioning practices of 14 local authori-	**Effects of workforce support:** Better support for the workforce, including pay, guaranteed hours and enhanced pay for overtime, is reported by the workforce to enhance retention of staff. How work is organised has direct impact on how the work is perceived by the workforce and on job satisfaction. Specifically, organisation influences the flexibility and pace of work; job content, competencies needed and discretion permitted in carrying out the work (worker control over work); and ability of employee to feel involved and supported in work (voice). **Commissioners' ability to promote training in home care:** Of the 14 commissioning local authorities in the final case studies, only one gave home care providers incentives to train and give bonuses: "... *They have incentive payments: 4 or 5 different ones! Continuity of care; take up of work; NVQ training and*	**Overall assessment of quality: +**

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		ties; a telephone survey of 52 domiciliary agencies and 53 homes in the independent sector and 10 national domiciliary care providers, all located in these 14 authorities; Stage 3 – case studies of 20 providers (16 independent sector, four public sector, all drawn from four of the 14 local authorities) involving 98 interviews with care staff. **Intervention:** No particular model of home care specified.	*whether they've met the 50%; and staff turnover. What they get depends on these criteria and the amount of work they provide as a company. Each quarter they send performance indicators and a formula is used to calculate the incentive payment which they will get each quarter – that's paid separately. They have to prove that they use the incentive money on training, staff bonuses, staff incentives and team building to encourage low staff turnover*." (Quote from commissioning local authority, p 90). A local authority commissioning manager also expressed concern that as local authorities no longer provide home care, their staff will become increasingly unable to understand the operational field, and how to monitor and reward good care, and suggested (p95) that the fragmentation of providers means that local authorities can no longer provide or support standardised training - so even small agencies have to take on this responsibility. **Training and induction in home care services:** Recruitment is rarely on the basis of NVQ2 qualification, a positive attitude and availability during antisocial hours are considered more important (p130). 10% of Independent voluntary sector home care providers (IDPs) said they did not pay for on the job training (table III.20a). An even higher share of IDPs (25% – see in table III.22b) did not pay for induction training. This meant that people had to spend their own time training (p154-6). Zero hours contracts were common in nearly 70% of IDPs (p158), so the incentive for workers to invest in training may not be strong. Views regarding the length of time needed for new staff	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			members to become competent varied amongst managers. " *"Over one quarter of IDP managers said new recruits would be able to do the job as well as existing staff in one week or less, compared to 15% of home managers and none of the LADP managers"* (Authors, p177). **NVQ holders:** The Care Standards Act (2000) target is 50% of staff trained to NVQ Level 2. "*All establishments in the survey had some staff trained to NVQ level 2, but there was a wide variation in the proportions (between 15% and 100%)… NVQ level 2 was significantly higher in the* [residential care] *homes than the IDPs, with 53% of homes having 70% or more staff trained to NVQ level 2, compared with only 33% of IDPs*." p178. Only 16% of IDPs had 20% of staff trained to Levels 3 or 4, again less than the proportion in care homes (p180). 34% of agencies reported that NVQ3 was required to become a senior care worker, and smaller numbers required this qualification for the role of supervisor, care coordinator and team leader. IDPs suggested staff turnover, low staff motivation and lack of funding accounted for low levels of ongoing training. **Ongoing appraisal of staff performance:** In the IDP sector, appraisal was usually no more than annual, tended to involve only the manager, and was not used to initiate training in the majority of cases. Monitoring and performance management included very little direct observation and 69% of IDPs reported that they did not do this at all. User surveys by providers were used to monitor performance in 47% of IDPs. 31% of IDPs said they used	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			electronic monitoring (and suggested that this was increasingly common in the sector) but only in relation to timekeeping). 80% said they used supervision, but it is not clear how this was provided (as previously stated, not through observation).	

Critical appraisal tables

Home Care Research questions 6.1 and 6.2

What elements of telecare that could be used in planning and delivering home care are effective in improving outcomes for people who use services & their carers?

What are the views of users and family carers on the use of telecare as part of the home care package?

Beale S, Sanderson D, Kruger J (2009) Evaluation of the Telecare Development Programme: final report. Scotland: Scottish Government

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate the National Telecare Development Programme (TDP) against its main objectives: • Reduce avoidable emergency admissions and hospital readmissions. • Increase the speed of hospital discharge once clinical need is met. • Reduce the use of care homes. • Improve the quality of life of telecare services users. • Reduce the pressure on informal carers. • Extend the range of people assisted by telecare services in Scotland. • Achieve efficiencies from the investment in telecare. **Country:** United Kingdom.	**Methodology:** Survey with postal questionnaires and five case study visits, via telephone interviews and site visits (only some data presented). **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Partly. **Clear description of context?** No. **Clear description of data collection methods and analysis?** Partly. **Methods appropriate for the data?** Partly. Self-reported. **References made to original work if existing tool used?** Partly. **Reliability and validity of new tool reported?** Unclear. **All appropriate outcomes considered?** **Ethical approval obtained?**	**Survey population and sample frame clearly described?** Partly. **Representativeness of sample is described?** No. **Subject of study represents full spectrum of population of interest?** No. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted for?** No. Total number of questionnaires distributed not reported, but 461 completed service user questionnaires were returned. **Measures for contacting non-responders?** No.	**Basic data adequately described?** Partly. **Data suitable for analysis?** Partly. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** No. **Results internally consistent?** Partly. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** N/A. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study**	**Limitations of the study stated?** Partly. Poor reporting on methodology.	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** – Poor reporting on methodology.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Describes what was measured, how it was measured and the outcomes? Partly. Components of questionnaires not presented. **Measurements valid?** Unclear. **Measurements reliable?** Unclear. **Measurements reproducible?** No. **Response rate:** Unclear. **Methods for handling missing data described?** No.	**objectives?** No.		

Brownsell S, Blackburn S, Hawley M S (2008) An evaluation of second and third generation telecare services in older people's housing. Journal of Telemedicine and Telecare 14: 8-12

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To quantify the impact of telecare equipment on users. • To understand its impact on people's health and wellbeing. **Country:** England.	**Methodology:** Non-randomised controlled trial. **Is the evaluation design appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **Description of theoretical approach?** No.	**Is the source population or source area well described?** Partly. People living in sheltered retirement housing (age not clear and not clear if they were in receipt of home care). **Is the eligible population or area representative of the source population or area?** Partly. The author stated that the "… *choice of intervention dictated by local service pressures and people living there were typical of residents in sheltered housing and had no prior involvement in telecare trials.....no reason to expect their views and interactions to telecare would be unrepresentative.....*" (p 8)	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** Yes (adjusted). **Was intention to treat (ITT) analysis conducted?** Not reported. There was attrition. **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Not reported. **Were the estimates of effect size given or calculable?** Partly. **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or calculable? Were**	Small sample, insufficient details	**Internal validity:** + **Is the setting similar to the UK?** Yes. **Is there a clear focus on older people?** Yes. **Is the intervention clearly home care?** Unclear - lacked details. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Do the selected participants or areas represent the eligible population or area? Partly, see above. **Were interventions (and comparisons) well described and appropriate?** Yes. Four telecare packages were offered to the intervention group. These were a security package; a falls package; specialist devices; and a life style reassurance package. Comparison group not offered a telecare package. **Was the exposure to the intervention and comparison adequate?** Yes - 12 months. **Was contamination acceptably low?** Not reported.	**they meaningful?** Partly.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Were other interventions similar in both groups? Not reported. **Were all participants accounted for at study conclusion?** Partly. Response rate: Intervention: 77% (24/31); Control: 74% (28/38 ;) **Did the setting reflect usual UK practice?** Yes. **Did the intervention or control comparison reflect usual UK practice?** Yes. **Were outcome measures reliable?** Yes. Falls Efficacy Scale (FES) and SF36 are validated measures, via self- administered questionnaires. The SF 36 measures feelings of			

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		safety and records qualitative comments. **Were all outcome measurements complete?** Yes. **Were all important outcomes assessed?** Yes. **Were outcomes relevant?** Yes, FES and SF36. **Were there similar follow-up times in exposure and comparison groups?** Yes - 12 months. **Was follow-up time meaningful?** Partly - 12 months.			

Clark J S and McGee-Lennon M R (2011) A stakeholder-centred exploration of the current barriers to the uptake of home care technology in the UK. Journal of Assistive Technologies 5: 12-25

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To identify the existing barriers to the successful uptake of assisted living technologies (ALT) and telecare in Scotland. **Country:** Scotland.	**Methodology:** Qualitative - focus group sessions were conducted with stakeholder groups such as social care workers, policy makers, telecare installation technicians, older users, informal carers. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Not sure. No details given on where participants were recruited from. **Is the context clearly described?** Yes. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Was the sampling carried out in an appropriate way?** Not clear. **How well was the data collection carried out?** Not clear. **Were the methods reliable?** Somewhat reliable. **Is the role of the researcher clearly described?** Yes.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Reliable. The emerging themes from the focus groups were analysed and categorized according to the Framework Analysis approach. **Are the findings convincing?** Somewhat convincing. There was no data from informal carers. **Are the conclusions adequate?** Adequate.	Recruitment of focus group participants unclear. Lack of detail on sampling frame and focus group size. No data from informal carers group.	**Relevance to the home care guideline:** Somewhat relevant. **How well was the study conducted?** –

Davies A, Rixon L, Newman S (2013) Systematic review of the effects of telecare provided for a person with social care needs on outcomes for their informal carers. Health and Social Care in the Community 21:582-97

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate the effect of telecare interventions on outcomes for informal carers, as part of the Whole Systems Demonstrator Trial work. **Country**: Norway, United Kingdom, United States.	**Methodology:** Systematic review. **Appropriate and clearly focused question?** Yes. **Adequate description of methodology?** Yes.	**Inclusion of relevant individual studies?** Yes (7 studies). **Rigorous literature search?** Yes. Systematic search (2009 – 2010) of electronic databases, 'grey' literature and contact with expert/interested party and people with an interest in telecare and telehealth, targeting 5589 individuals registered on the 'telecare' mailing list, and 5201 individuals registered on the 'housing' mailing list.	**Study quality assessed and reported?** Yes.	Outcomes reported for informal carers; no outcomes for old people using telecare. Poor evidence base due to methodological limitations of included studies.	**Overall assessment of internal validity:** ++ **Is the setting similar to the UK?** Unclear (three UK, three US and one Norway). **Is there a clear focus on older adults?** Unclear (There were three studies which focused on carers of people with dementia, one on carers of older people and three with an unclear focus.) **Is the intervention clearly home care?** Mixed. People with social care needs at home. **Are the outcomes relevant?** Partially. **Does the review have a UK perspective?** Partly. **Overall assessment of external validity:** +

Hirani S P, Beynon M, Cartwright M et al. (2014) The effect of telecare on the quality of life and psychological well-being of elderly recipients of social care over a 12-month period: the Whole Systems Demonstrator cluster randomised trial. Age and Ageing 43: 334-341

Research question/study aims.	**Study design/theoretical approach.**	**Data collection.**	**Analysis and reporting.**	**Limitations.**	**Quality assessment.**
To examine the effect of telecare on health-related quality of life (HRQoL), as well as anxiety and depressive symptoms over 12 months in patients receiving social care as part of Whole Systems Demonstrator Trial. **Country:** United Kingdom.	**Methodology:** Cluster randomised trial. **Is the evaluation design appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear.	**Is the source population or source area well described?** Yes (across three local authority sites in Cornwall, Kent and Newham, London). **Is the eligible population or area representative of the source population or area?** Yes. **Do the selected participants or areas represent the eligible population or area?** Yes. **Allocation to intervention (or comparison). How was selection bias minimised?** Yes. A centrally administered minimisation algorithm was devised to ensure that the two groups of practice "*...were similar in*	**Was intention to treat (ITT) analysis conducted?** Yes. "*Analyses were conducted on a modified intention to treat basis, i.e. available case analyses—where data were available for baseline plus at least one follow-up point.*" p336 **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Yes. **Were the estimates of effect size given or calculable?** Partly. **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or cal-**	Likelihood of bias as blinding of participants or investigators not possible. High attrition rate between baseline and final data analyses at 12 months. Difficult to establish how many of these participants were receiving the full package of home care.	**Internal validity:** ++ **Is the setting similar to the UK?** Yes. **Is there a clear focus older people:** Yes. **Is the intervention clearly home care:** No. **Are the outcomes relevant?** Yes. **Does the review have a UK perspective?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		terms of size, deprivation index, proportion of White patients and the presence of social care needs." **Were interventions (and comparisons) well described and appropriate?** Partly. **Was the allocation concealed?** Not reported. **Were participants or investigators blind to exposure and comparison?** No **Was the exposure to the intervention and comparison adequate?** Yes (4 and 12 months). *"Although the 12-month period employed was a long follow-up in compared with existing research, there remains a need to monitor for longer*	**culable? Were they meaningful?** Yes.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		periods to ascertain whether the benefits indicated here are maintained " p339 **Was contamination acceptably low?** Not reported. **Were other interventions similar in both groups?** Not reported. **Were all participants accounted for at study conclusion?** Yes. **Did the setting reflect usual UK practice?** Yes. **Did the intervention or control comparison reflect usual UK practice?** Yes. **Were outcome measures reliable?** Yes. **Were all outcome measurements complete?** Yes.			

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Were all important outcomes assessed? Yes. **Were outcomes relevant?** Yes. **Were there similar follow-up times in exposure and comparison groups?** Yes. **Was follow-up time meaningful?** Yes.			

Jarrold K, Yeandle S (2011) 'A weight off my mind': exploring the impact and potential benefits of telecare for unpaid carers in Scotland. Glasgow: Carers Scotland

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore the impact of telecare on carers and their views regarding the impact of telecare on those they care for. **Country:** Scotland.	**Methodology:** Qualitative - three focus groups, involving 13 carers. Telephone interviews with 30 carers. 10 interviews with 'key informants' (professionals involved in development and delivery of telecare). Observation of telecare product development, installation and operational processes at a site in Scotland. **Is a qualitative approach appro-**	**Was the sampling carried out in an appropriate way?** Somewhat appropriate (absence of a suitable sampling frame). **How well was the data collection carried out?** Appropriately.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure/not reported. **Are the findings convincing?** Convincing. **Are the conclu-**	Not clear if service users were older people receiving home care but there are findings (particularly about those with dementia) that are clearly relevant. More detail needed on data collection and analysis methods.	**Relevance to the home care guideline:** Somewhat relevant. Not clear on age of people being cared for by these carers but there are findings (particularly about those with dementia) that are clearly relevant. Also not clear if all receiving

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	priate? Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible. (Inherent problem of absence of a suitable sampling frame from which to identify carers using telecare). **Is the context clearly described?** Yes. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Not stated.	**Were the methods reliable?** Somewhat reliable. **Is the role of the researcher clearly described?** Yes.	**sions adequate?** Somewhat adequate.		home care. **How well was the study conducted?** + Diverse sampling routes for recruitment but risk of bias. More detail needed on data collection and analysis methods.

Rainbow D (2008) Telecare service report for Herefordshire. Journal of Assistive Technologies 2: 53-56

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate the impact of telecare on users in Hertfordshire. **Country:** England.	**Methodology:** Survey - not clear if using questionnaires or interviews. **Objectives of the study clearly stated?** Unclear. **Research design clearly specified and appropriate?** Unclear - insufficient details. **Clear description of context?**	**Survey population and sample frame clearly described?** No. **Representativeness of sample is described?** No. **Subject of study represents full**	**Basic data adequately described?** No. **Data suitable for analysis?** Unclear. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?**	**Limitations of the study stated?** No. Poor reporting.	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment of quality:** –

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Unclear. **Clear description of data collection methods and analysis?** No. **Methods appropriate for the data?** Unclear. **References made to original work if existing tool used?** No. **Reliability and validity of new tool reported?** No. **All appropriate outcomes considered?** Unclear. **Ethical approval obtained?** No.	**spectrum of population of interest?** Partly - older people, not sure if receiving home care. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. ”600 *people receiving service*.” **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No. **Response rate:** Unclear. **Describes what was measured, how it was measured and the outcomes?** Unclear. **Measurements valid?** Unclear. **Measurements reli-**	Partly. **Results internally consistent?** Unclear. **Response rate calculation provided?** No. **Statistics correctly performed and interpreted?** Unclear. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Unclear.		Poor reporting and insufficient methodological details.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		able? Unclear. **Measurements reproducible?** Unclear. **Methods for handling missing data described?** No.			

Sanders C, Rogers A, Bowen R et al. (2012) Exploring barriers to participation and adoption of telehealth and telecare within the Whole System Demonstrator trial: a qualitative study. BMC Health Services Research 12: 220

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore the barriers to participation and adoption of telehealth and telecare. **Country:** United Kingdom.	**Methodology:** Qualitative study nested within a large randomised controlled trial in the UK: the Whole System Demonstrator (WSD) project. 22 semi-structured interviews with 19 trial participants who declined to participate in the WSD trial (n=19) and 3 who withdrew from the intervention arm of the trial. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. Convenience sample from 3 sites: Cornwall, Kent, east London. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of the researcher clearly described?** Yes.	**Are the data 'rich'?** Yes. **Is the analysis reliable?** Reliable. Used Atlas-Ti software and a grounded theory approach) **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.		**Relevance to the home care guideline:** Somewhat relevant. The study mainly focuses on telehealth. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Is the context clearly described? Unclear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Yes.				

Steventon A, Bardsley M, Billings J et al. (2013) Effect of telecare on use of health and social care services: findings from the Whole Systems Demonstrator cluster randomised trial

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To assess the impact of telecare on the use of social and health care as part of the evaluation of the WSD (Whole Systems Demonstrator trial). **Country:** England.	**Methodology:** Cluster randomised trial comparing telecare with usual care. 2,600 participants with social care needs, recruited from 216 general practices (109 control and 107 intervention) from three local authority areas in England. **Is the evaluation design appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **Description of theoretical approach?** Yes.	**Is the source population or source area well described?** Partly. Not clear whether adults were receiving home care. **Is the eligible population or area representative of the source population or area?** Not reported. **Do the selected participants or areas represent the eligible population or area?** Yes.	**Were exposure and comparison groups similar at baseline? If not, were these adjusted?** Yes. **Was intention to treat (ITT) analysis conducted?** Yes. **Was the study sufficiently powered to detect an intervention effect (if one exists)?** Partly. The target number of participants for this study was 3,000, but data for only 2,426 people were availa-	Methods of randomisation and allocation not clear.	**Internal validity:** ++ **Is the setting similar to the UK?** Yes. **Is there a clear focus on older people?** Unclear. **Is the intervention clearly home care?** Unclear. **Are the outcomes relevant?** Yes. **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Allocation to intervention (or comparison). How was selection bias minimised? Yes (randomisation). **Were interventions (and comparisons) well described and appropriate?** Yes. **Was the allocation concealed?** Partly. Recruiters knew practice allocations in some cases. **Were participants or investigators blind to exposure and comparison?** Partly. Complexity of the trial meant it could not be fully blinded. **Was the exposure to the intervention and comparison adequate?** Partly. Different local authorities interpreted the telecare devices	ble. **Were the estimates of effect size given or calculable?** Yes. **Were the analytical methods appropriate?** Yes. **Was the precision of intervention effects given or calculable? Were they meaningful?** Partly – see above detail on power calculations.		

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		differently - participants did not all receive exactly the same intervention. **Was contamination acceptably low?** Yes. **Were all participants accounted for at study conclusion?** Yes. **Did the setting reflect usual UK practice?** Yes. **Did the intervention or control comparison reflect usual UK practice?** Yes. **Were outcome measures reliable?** Yes. **Were all outcome measurements complete?** Partly. **Were all important outcomes assessed?** Yes.			

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
		Were outcomes relevant? Yes. **Were there similar follow-up times in exposure and comparison groups?** Yes. **Was follow-up time meaningful?** Yes - 12 months.			

Stewart L and McKinstry B (2012) Fear of falling and the use of telecare by older people. British Journal of Occupational Therapy 75: 304-312

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To evaluate the association between older people's fear of falling and the use of telecare. **Country:** Australia, United Kingdom and United States.	**Methodology:** Systematic review. **Appropriate and clearly focused question?** Yes. **Adequate description of methodology?** Yes.	**Inclusion of relevant individual studies?** Yes. Ten studies included which were published between 1982 and 2008. **Rigorous literature search?** Yes. Search of major databases 1980-2011), flow chart provided (fig 1, p.306)	**Study quality assessed and reported?** Unclear. No detailed breakdown but comments on study quality presented throughout report.	Poor evidence base due to methodological limitations of included studies.	**Overall assessment of internal validity:** + **Is the setting similar to the UK?** Yes. Five of the ten included studies were from the United Kingdom. **Is there a clear focus on older adults?** Yes. **Is the intervention clearly home care?** Mixed. Not clear in all of the studies.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
					Are the outcomes relevant? Yes. **Does the review have a UK perspective?** Yes. **Overall assessment of external validity:** +

Findings tables

Home Care Research questions 6.1 and 6.2

What elements of telecare that could be used in planning and delivering home care are effective in improving outcomes for people who use services & their carers?

What are the views of users and family carers on the use of telecare as part of the home care package?

Beale S, Sanderson D, Kruger J (2009) Evaluation of the Telecare Development Programme: final report. Scotland: Scottish Government

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate the National Telecare Development Programme (TDP) against its main objectives: • Reduce avoidable emergency admissions and hospital readmissions. • Increase the speed of hospital discharge once clinical need is met. • Reduce the use of care homes. • Improve the quality of life of telecare services users. • Reduce the pressure on informal carers. • Extend the range of people assisted by telecare services in Scotland. • Achieve efficiencies from the in-	**Methodology:** Survey with postal questionnaires and five case study visits, via telephone interviews and site visits (only some data presented).	**Population:** • Older people including disabled people, receiving home care. • Informal carers. **Sample size:** Not clear. There were 7,902 people in receipt of TDP-funded equipment during 2007/08. For the user survey, partnerships were asked to send surveys to a maximum of 100 people (designed to protect client confidentiality). 461 surveys were received from 19 out of 32 partnerships. **Sample characteristics:** • Age - Of the 7902 people in receipt of TDP-funded equipment, 85% aged 65 and over, unknown for 5.3%. • Gender - Of the 7902 people in receipt of TDP-funded equipment, 62.4% were female, 32.6% male, and 5% unknown. • Ethnicity - Of the 7902	**Reduced hospital admissions:** Unplanned hospital admissions were estimated to have been reduced by 1,220 (and by 13,870 bed days) with 18 partnerships reporting these savings. **Increased speed of discharge from hospital once clinical need is met:** 20 partnerships reported having reduced the number of delayed discharges of mainly older people (used as a proxy for increasing the speed of discharge). This was estimated to be equivalent to 5668 bed days. **Reduced use of care homes:** • 23 partnerships reported having avoided care home admissions, with these savings being made across 26 projects. • The number of care home admissions was estimated to have been reduced by 518 (and by 61,993 care home bed days). Over half of the beneficiaries of reduced care home admissions were older people. **Quality of life and independence for service users:** • 55.2% felt that their health had not changed, whilst 27.1% thought that their health had improved. • 93.3% felt safer; 69.7% felt more independent. • 3.5% felt lonelier. • 82.3% disagreed that they felt more anxious and stressed. • 87.2% thought that their families now worried less about them. • 40.8% felt that their equipment had not affected the amount of help they needed from their family, whilst 32.8% felt that they needed less help	**Overall assessment of quality:** – Poor reporting on methodology.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
vestment in telecare. **Country:** United Kingdom.		people in receipt of TDP-funded equipment, 84.5% were white, 1.7% BME, and 13.8% of unknown ethnicity. **Intervention:** Telecare - defined by the researchers as "… *the remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems. Telecare usually refers to equipment and detectors that provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards*." (p 79) The types of telecare equipment used included gas, fall or flood detectors, neck or wrist pen-	**Reduce the pressure on informal carers:** • 74.3% felt that telecare equipment reduced the pressures on them by reducing their stress levels. • 4.3% felt that their stress levels had increased. • 73.0% found that time spent with the cared for person had remained about the same. The main factors which affected carers' stress levels were the characteristics and circumstances of the cared for person; the type(s) of equipment installed; and the type of responder service. • Telecare equipment was felt to improve peace of mind for carers as it led to reduced worries about the person they cared for (e.g. about falls). **Views on the different types of telecare and suitability (from case studies):** • Most telecare packages included a pendant alarm. One reference was made to the use of a pendant that could be attached to clothing for a person who had experienced problems with both neck and wrist pendants. • Smoke and extreme heat detectors were on the whole acceptable to service users, with smoke alarms being useful in cases of alcohol dependency, especially for those who also smoke. • There was positive feedback from service users who had PIR movement detectors installed (which alert when no movement detected for a few hours). • Combination packages including devices such as door alerts, bed sensors and pressure mats can help some people such as those with dementia or learning disabilities). However, carers tended to find pressure mats less useful. • Door entry systems were found to increase feelings of	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		dants; PIR (Passive Infra-Red) movement detectors; smoke alarms; bed sensors; and extreme temperature sensors). **Follow-up:** Quarterly returns from pilot partnerships.	safety amongst some vulnerable people. • One carer found lifestyle monitoring equipment to be very useful as she had been able to log into the system from home and it had enabled her mother who was experiencing the onset of dementia and other health issues to remain at home after discharge from hospital. **Telecare that was disliked and why:** • Pendant alarms were unpopular with some service users as they felt they could be uncomfortable; get in the way; or might be set off accidentally. Extreme heat detectors were unpopular with those who liked keep their home relatively cool overnight. • Some service users found PIR movement detectors to be intrusive and restrictive, whilst others sometimes forgot to use the device to alert the call centre to the fact that they would away from home for more than six hours. • Flood detectors were viewed by some service users as unwieldy and the inability of these devices to prevent floods in addition to providing an alert when a flood occurred was felt to be problematic. • Falls detectors were often unpopular as service users found them uncomfortable, or too sensitive. This resulted in some users not wearing their detectors (even if they had had a history of falls). Similarly, some people did not want their families to know that they were prone to falling, and so did not wear their monitors. • Whilst problems were identified with medication reminders and pill dispensers these devices were seen as important tools to ensure that the right tablets were taken at the right times helping individuals to remain in the community. • There were difficulties providing telecare when service	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			users relied on a mobile telephone and were unwilling to install due to cost reasons a telephone landline. **Independence:** Telecare equipment enabled some clients with severe disabilities to be left unattended in their homes for longer periods of time. This reduced the amount of time professional carers needed to spend with service users, and also gave them more independence and reduced the intrusion in their lives. **Professional responder services:** Responder services (24/7), appear to be important to service users and carers, but are more likely to be commissioned in urban areas. One individual found this service particularly valuable as she was able to raise the alarm in the middle of the night rather than wait until the morning as she would have done if she relied on her family. The researchers note that gaining access to houses could cause problems for responder services.	

Brownsell S, Blackburn S, Hawley M S (2008) An evaluation of second and third generation telecare services in older people's housing. Journal of Telemedicine and Telecare 14: 8-12

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To quantify the impact of telecare equipment on users. • To understand its impact on people's health and wellbeing.	**Methodology:** Non-randomised controlled trial.	**Population:** Older people living in sheltered retirement housing (not clear if they received home care or social care). **Sample size:**	**Adjusted FES (Falls Efficacy Scale)**: A ten-point scale where a score of 10 signifies no confidence in these activities; a score of 1 indicates confidence. Out of a total score of 100, a score of 70 or above indicates the individual has a fear of falling. There was no significant difference between the two arms in FES Intervention: 67.3 at baseline; 67.7 at 6 months;	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Country: England.		• Intervention group n=28, out of 68 approached. • Control group n=24, out of 35 approached. **Sample characteristics:** • Age and gender = Intervention 54% female; Mean age: 73 years. Control 61% female; Mean age: 77 years. **Intervention:** Four packages of telecare Security package - front door remote access, CCTV; intruder alarm; flood detectors; extreme temperature detectors (Second generation telecare). • Falls package- falls detectors, automatic light switch. (Second generation telecare). • Specialist devices - wandering client system (alert if front door is opened at night; epilepsy bed monitor; strobe light alert, vi-	67.2 at 12 months. Control: 67.3 at baseline; 70.8 at 6 months; 65.5 at 12 months. (p=0.89). **Adjusted SF36 scores (a short-form health survey with 36 questions in different domains):** • There was no significant difference between the two groups in eight out of nine SF36 domains (physical functioning; physical role limitation; emotional role limitation; mental health; energy/vitality; pain; health perception; change in health). • One domain (social functioning) did show a significant difference (the intervention group scored 8% higher than the control group, p=0.049) at 12 months, which might be attributed to the provision of an internet café as a space to socialise. **Other outcomes measured:** • The average number of occasions older people went outside = the intervention group maintained the average number of occasions at 5 times per week. There was a reduction in the control group (from 5 to 4.4 occasions/week, p=0.58). • The length of time spent out of home = an increase in the intervention group (from 3.6 to 4 hours per week). A decrease in the control group (2.6 to 2.4 hours/week) (p=0.028). • Feeling of safety during the day = 1% increase in the intervention group; 1% reduction in the control group. • Feeling of safety during the night = 3% increase in the intervention group; 5% reduction in the control group. • Fear of crime = 10% decrease in the intervention group, 6% increase in the control group (p=0.56). • Use of internet café = After training of 8-10 hours, 9 older people (out of 28) in the intervention group were us-	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		brating pillow alert). (Second generation telecare). • Lifestyle reassurance - bed and chair occupancy devices; movement detectors; door contact monitors and electrical usage (Third generation telecare). • (Intervention provided free of charge with telecare and an internet cafe.) **Control:** no telecare package offered. **Follow-up:** 12 months.	ing the computer for a minimum of 20 minutes per week.	

Clark J S and McGee-Lennon M R (2011) A stakeholder-centred exploration of the current barriers to the uptake of home care technology in the UK. Journal of Assistive Technologies 5: 12-25

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To identify the existing barriers to the successful uptake of assisted living technologies (ALT) and telecare in Scotland.	**Methodology:** Qualitative - focus group sessions were conducted with stakeholder groups such as social care workers, policy makers, telecare installation	**Population:** • Older people receiving home care. • Informal carers of older people (friends, neighbours and family, and voluntary groups	**Views on the use of telecare and the technological capacity of older people -** **Older people's acceptance of telecare:** OUP (older user participant) 1- "*You are going to get people who will resist but I think the vast majority of people could be shown and once they see how helpful it could be*	**Relevance to the home care guideline:** Somewhat relevant. **How well was the study conducted?** –

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
Country: Scotland.	technicians, older users, informal carers.	such as charities and church groups). • Directly employed carers. • Policy makers (local authority representatives, governmental agencies allocating money and resources and dictating legislation). • Health care professionals (GPs, community nurses, occupational therapists, physiotherapists, consultants). • Technologists (designers, researchers, engineers and companies producing or supplying the devices, telecare installation technicians). **Sample size and characteristics:** 11 focus groups with between 2 and 7 members (exact numbers not reported).	*they would embrace that."* OUP2 - *"I think a lot would depend on the explanation that was given."* (p.9) **Technophobia amongst older people:** OUP1 - *"Older people are becoming more technology conscious…I use technology, I use a lot of technology and my friends are all the same. We're in our 70's and shortly are going to be among the very old population and people younger than us will be much more open to technology."* (p.9) **Older people's views on non-video surveillance:** OUP3 - *"It depends if it was sensors or cameras. I think people would be more wary if it was cameras because they would think…oh Big Brother's watching, I can't go to the toilet without cameras watching me."* (p.9-10) **Other themes identified across all the focus groups –** **Lack of acceptance:** • At the individual level - end users fail to accept that they need, or can benefit from the technology. • At societal level - friends and family do not buy in to technology as part of a solution for supporting the care of a loved one. • At the organisational level - failure of health and social care practices to integrate technology into existing care models. **Ethical, legal and privacy concerns:** • Fears that health and wellbeing data is private and should not be shared or communicated digitally.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			• Digital security of data being communicated and shared over a network. • Ethical concerns over who owns the data, who controls the system and the data it produces, and whether informed consent can be reasonably gained regarding technology use. **Availability of resources:** • The increasing financial strain on personal care provision budgets leads to technology being perceived as an additional overhead. • The introduction of new technologies is perceived as likely to lead to additional time constraints on the social care professionals who will have to prescribe, install and maintain the equipment. **Personalisation and evolution of provision:** • Individual user needs - Current technologies perceived to be one size fits all and are not catered to the varying abilities and capabilities of individual users. • Dynamic user needs - Telecare is not sufficiently well developed to allow the complete personalisation of the technology to the user's needs, preferences and contexts. • There is a lack of support for social care practitioners in prescribing an appropriate package of technology which is suited to the individual users' needs and circumstances. **Awareness, education, and training:** • There is a lack of professional awareness, education, and training in new developments in telecare and assistive technology	

Davies A, Rixon L, Newman S (2013) Systematic review of the effects of telecare provided for a person with social care needs on outcomes for their informal carers. Health and Social Care in the Community 21:582-97

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate the effect of telecare interventions on outcomes for informal carers, as part of the Whole Systems Demonstrator Trial work. **Country**: Norway, United Kingdom, United States.	**Methodology:** Systematic review.	**Population:** Informal carers of older people. **Sample size and characteristics:** 7 included studies = 1 controlled trial; 2 cross-sectional studies; 2 retrospective cohort studies; 2 before-and-after studies; (sample size in each study ranged from < 30 to>300 participants; total no. of participants involved: 1186 carers). 3 studies on carers of people with dementia; 1 on carers of old people and 3 unclear. Carers were from immediate/extended family in 6 studies; family friends/neighbours +family members in 1 study **Intervention:** differed in each included study; a combination of • Sensors, bed monitor,	**Carer's views on use of telecare:** • 85% of participants reported that it assisted them in caring (one study). • 88% of participants reported that they found the telecare equipment and service were 'excellent' or 'very good' (one study). • 90% were satisfied with responses to emergencies (one study). • 82% reported that it had made 'a lot' or 'a little', as opposed to 'no', difference to them as a carer (one study, UK). • Majority of participants reported that telecare had made life easier (one study). • 50% also reported negative effects: cell phone alerts were perceived to be annoying, participants reported feelings of dependence on the system, and reported that the system was an additional source of worry (one study). **Review summary and conclusions:** Poor evidence base due to methodological limitations of included studies (evaluative designs, poor validity and reliability of measures used; no sample size calculations, small sample size; inappropriate statistical methods used; heterogeneity of participant groups; and no study assessed the effects of telecare for longer than six months). No conclusion about the effects of telecare on carer outcomes can be drawn from this review.	**Overall assessment of internal validity:** ++ **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		gait monitor, impact fall detector, stove sensor. • Night and day calendar, automatic lamp, item locator, medicine reminder, picture phone and remote day planner. • Broadband service access to Internet. • Radiofrequency infrared motion sensors which were activated by movement. **Control:** no control group in 6 of the 7 included studies.		

Hirani SP, Beynon M, Cartwright M et al. (2014) The effect of telecare on the quality of life and psychological well-being of elderly recipients of social care over a 12-month period: the Whole Systems Demonstrator cluster randomised trial. Age and Ageing 43: 334-341

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To examine the effect of telecare on health-related quality of life (HRQoL), and anxiety and depressive symptoms over 12 months in patients	**Methodology:** Cluster randomised trial.	**Population:** • Older people receiving home care, or with social care needs. • Younger adults receiving home care, or with social care needs.	Significant but small effect in the intervention group: • Adjusted means of the Mental Component Summary, (MCS) scale of the usual care (mean = 40.52, SE = 0.88) and telecare groups (mean = 43.69, SE = 0.83; P = 0.017), with large 95% CIs (exact CIs not reported). • Reduction in EQ5D from short term (ST) at 4 months	**Internal validity:** ++ **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
receiving social care as part of the Whole Systems Demonstrator Trial (WSD). **Country:** United Kingdom.		**Sample size and characteristics:** 2600 participants from 204 GP **(**Telecare n=101; control [usual care] n=103) randomly assigned to usual care (UC) or telecare (TC). Of the 2,600 participants 1,189 completed questionnaires at baseline (639 [53.7%] in the UC group and 550 [46.3%] in the TC group. At 12 month follow-up (Long term [LT]), 186 of the UC group and 185 of the TC arm completed questionnaires. • Mean age of participants was 74 years (20% under age 64). • Ethnicity = majority white British/Irish. • Level of need - receiving night sitting, mobility difficulties, having cognitive impairment, need for a live-in or nearby carer. • Location: Cornwall,	(mean = 0.332, se = 0.018) to long term (LT) at 12 months) (mean = 0.283, Standard error (SE) = 0.017; P = 0.002); Center for Epidemiologic Studies Depression Scale)(CESD)-10 scale that depressed mood increased from ST (mean = 1.226, SE = 0.035) to LT (mean = 1.287, SE = 0.033; P = 0.032), i.e. time effects on EQ5D (decreasing over time) and depressive symptoms (increasing over time). • Lower levels of depressed mood in the telecare group (mean = 1.187, SE = 0.044) compared with the usual care group (mean = 1.326, SE = 0.046) (P = 0.050). **Summary and conclusions:** The results suggest that telecare "*… may slow or improve declines in mental health quality of life (QoL) (MCS SF-12) and potentially depressive symptoms (CESD-10), suggesting that TC may not transform the lives of its users, but it has the potential to afford small relative benefits on some psychological and HRQOL outcomes."* (p.338)	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Kent and Newham, London. Health status = Sample had on average one comorbidity condition. **Intervention:** *"Across all sites participants received a Tunstall Lifeline Connect or Connect+ base unit and pendant/bracelet alarm alongside any number of up to 27 peripheral devices (on average 4 pieces).* (p 336) **Control:** Received the usual health and social care. Some received a pendant/bracelet alarm as this was current UC practice. **Follow-up:** Self-completed questionnaires administered at baseline, 4 and 12 months, with a trained interviewer researcher on hand to clarify the meaning of particular words or questions.		

Jarrold K, Yeandle S (2011) 'A weight off my mind': exploring the impact and potential benefits of telecare for unpaid carers in Scotland. Glasgow: Carers Scotland

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore the impact of telecare on carers and their views on the impact of telecare on those they care for. **Country:** Scotland.	**Methodology:** Qualitative - three focus groups, involving 13 carers. Telephone interviews with 30 carers. 10 interviews with 'key informants' (professionals involved in development and delivery of telecare). Observation of telecare product development, installation and operational processes at a site in Scotland.	**Population:** • Unpaid family carers of older people. **Sample size and characteristics:** • Size = 43 unpaid carers. • Employment status = • 18 carers were currently in paid employment; 10 worked full-time hours alongside their caring responsibilities; 21 in paid employment identified themselves as full time carers. • Gender = 38 carers were women. Location = a mixture of geographical locations in Scotland, some in rural areas some in cities. • Housing status = 23 lived in the same household as the person they cared for. • Telecare usage: On average, carers were	**Carer satisfaction with telecare technology:** • Confidence in the reliability and effective delivery of telecare services was high among carers. • Carers with no previous experience of using a response alert were not certain about the reliability of this type of service. • Despite initial concerns, carers' fears (about the need for telecare and whether it would work) had"*… typically been dispelled once telecare was in place and they started to use it."* (p 34) • Majority of carers felt benefits of telecare outweighed concerns. • Some carers felt that they lacked information about new or recent developments in telecare services. **Experience of installation:** The majority of carers had been present when the equipment was installed and felt that the installation professional had explained the equipment sufficiently to them. Carers felt that it was helpful to be involved at this point, particularly when the person they cared for had a condition such as dementia (as they may have problems fully understanding or remembering how to use the equipment. **Concerns regarding service user capacity and their ability to use the technology:** Most carer concerns regarding telecare centred on the condition of the person they cared for, and that person's ability to use the equipment. Some carers of people with dementia (or similar conditions) were especially concerned that these individuals would not be able to fully understand the purpose of the equipment and fully consent to its installation.	**How well was the study conducted?** + Diverse sampling routes for recruitment but risk of bias. More detail needed on data collection and analysis methods.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		caring for someone using two items of telecare equipment. The most common devices were the personal pendant (n=28), property exit sensors (n=13) and bed occupancy sensors (n=9). Other equipment included flood detectors, CO2 detectors, activity monitors and epilepsy sensors.	**Quality of life:** Carers reported that the person they cared-for usually felt safer, more confident and more independent once telecare had been installed (NB does not relate to carers of people with dementia). Some of these carers felt that telecare had enabled the person they cared for to stay longer in their own home. For others, telecare had given those they cared for more dignity and privacy. "My *husband hated the feeling that someone always had to keep checking up on him when the home carers were in. Now he has more privacy, and they only have to check on him when the alarm goes off*." (p 27) **Reduction of stress and pressure for carers:** Carers reported feeling less stress and pressure when they had telecare installed, and this made them feel better able to deal with their caring responsibilities. Their relationship with the person they cared for improved as a result. "*We were at the point where we needed more home care. I was totally stressed out. But once we got telecare it made a massive difference, it relieved a lot of pressure*." (p 24) **Reassurance and peace of mind for carers and people using telecare:** • Carers were reassured enough to delegate care to other relatives and friends, or to leave the house for short periods, especially if carers live in different houses to the people they care for. • Carers felt that telecare enabled them to spend some time on their own even if this was only within their own	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			house. Some felt that no amount of telecare could replace any aspect of the care they provided, because of the complex health needs of the person they supported or because carers did not feel comfortable leaving the person they cared for alone. **Combining paid work with care:** Carers who had both paid work and caring roles felt telecare had a positive impact on their ability to combine the two, either because they were less tired, were able to keep a job or had been able to gain new employment. "*...telecare has enabled me to maintain the hours that I work. It is difficult to get care workers who can cope with the level of care that my husband requires.*" "*At the time it helped, when I worked, because it stopped me worrying so much when I was there*." (p 28) **Links between caring role and telecare:** Carers did not feel that the amount of time they spent caring was reduced significantly by having telecare in place. They perceived telecare as being separate but complementary to their caring role, providing relief from physical tasks and also more peace of mind. **Costs of telecare:** • Carers perceived telecare to be excellent value for money, and reported paying different fees and charges to cover (or contribute to) the cost of telecare (ranged from £1.25 per week to £6.50 per week for 1 or 5 items of telecare respectively). • Some carers were concerned about the costs of telecare given their financial situation and felt telecare should be made cheaper or free.	

Rainbow D (2008) Telecare service report for Herefordshire. Journal of Assistive Technologies 2: 53-56

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate the impact of telecare on users in Hertfordshire. **Country:** England.	**Methodology:** Survey - not clear if using questionnaires or interviews.	**Population:** • Older people receiving social care (not clear if receiving home care) • Family carers. **Sample size and characteristics:** Sample size = 600 (not clear if they were users or carers). No details given on characteristics. **Intervention:** Telecare - not defined by the study but the authors' note that the majority of service users had "*… a Lifeline and a number of sensors linked to a remote alarm monitoring centre*". (p. 53.) **Follow-up:** Asked about the users' level of concern at 3 and 6 months after telecare equipment had been provided.	**Users' views on impact of telecare –** • 77% said their level of concern of falling and not being able to get help had been reduced. • 86% felt less concerned about forgetting to take their medication due to having a telecare reminding facility. • 55% reported being less concerned about 'living safely and independently at home'. • 57% perceived a decrease in concerns about 'gas and carbon monoxide poisoning'; 58% in 'housing being flooded'; 64% in 'not returning from the bed'; 29% in 'wandering'; 75% in 'being too cold'; 82% in 'house catching fire/being unable to raise an alarm'; 87% in ' intruders/threatening visitors'. • 95.8% felt that telecare had helped 'me feel control of my life'. • 97.3% said that telecare had 'reduced my worry about personal safety'. • 97.2% said that telecare had 'reduced worries about personal independence'. • 96.7% said that telecare had been 'a positive addition to my life'. • 47% said telecare had enabled them to stay living where they are. *"I certainly feel safer and secure in my own home".(*p 2) **Carers' views:** • 89% stated that telecare was 'beneficial to them'. • 71% agreed that 'reassurance benefits outweighed impact of potential callout'. • 83% 'did not increase pressure due to risk of potential callout'.	**Overall assessment of quality:** – Poor reporting and insufficient methodological details.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			"*The pill control box was very good for my mother. It also take pressure off me, the carer. Her medication is now under control and she's still independent*. *The day-month-date clock is fantastic! Mum constantly phoned people to ask for the day or date. As soon as we talk about dates etc., she now looks straight at the clock.*" (p 3) "*The alarm system has not only provided Mum with a peace of mind, but also her family. As we know should a need arise we will be contacted.*" *(*p 3)	

Sanders C, Rogers A, Bowen R et al. (2012) Exploring barriers to participation and adoption of telehealth and telecare within the Whole System Demonstrator trial: a qualitative study. BMC Health Services Research 12: 220

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore the barriers to participation and adoption of telehealth and telecare. **Country:** United Kingdom.	**Methodology:** Qualitative study nested within a large randomised controlled trial in the UK: the Whole System Demonstrator (WSD) project. 22 semi-structured interviews with 19 trial participants who declined to participate in the WSD trial (n=19) and 3 who withdrew from the intervention arm of the trial.	**Population:** • Older people receiving social care and health self-management, who declined to participate in the Whole Systems Demonstrator trial (n=19) and 3 who withdrew from the intervention arm of the trial. • Family carers of older people. • Younger adults receiving social care.	**Users' views on telecare:** • The researchers note that those who declined to participate in the trial often saw telecare and telehealth as a "*…potential threat to existing self-care, independence and service arrangements …*" • Respondents also tended to feel that the use of monitoring technologies was likely to increase their anxiety about their state of wellbeing. • Some respondents felt that these technologies emphasised their dependency, and viewed them as a challenge to their self-perception, identity and autonomy. • Some respondents felt that installation of the technologies would have been too disruptive and they were happy with the services and individual carers they currently had. • Finding changes too much for them, the three partici-	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Sample size and characteristics: • Size = 22 older people. • Health status - Telehealth users with diabetes, chronic obstructive pulmonary disease (COPD), or heart failure (HF). • Gender = 14 males, 8 females. • Age = mean age 71 years (ranged from 60 to 89 years). • Country of origin = 5 participants had emigrated from countries in South Asia, Africa and Eastern Europe. These individuals spoke English as a second language. **Location:** Newham, London.	pants who withdrew from the trial had experienced technical difficulties such as false alarm readings and in some instances found responses to these to be frustrating. Respondents felt that they had received insufficient information about the interventions and that discussions regarding expectations, installation, their ability to use the technology, and costs had all contributed to their decision to withdraw from trial. • Some respondents had concerns about their capacity to operate telecare equipment or a general distrust of modern technologies that coloured their attitude to telecare. "*When you have a hassling day; I stood at my front door the other day and I thought, 'really, truly, this world's not for me now, it's too complicated,' . . . you don't speak to anybody now, you get buttons you push and press and, just a nightmare . . . I've got a mobile phone but it's emergencies . . . if I want my daughter, that's all and I wouldn't even know how to use it. I've got instruction*s. "(ID27 p.3) • One respondent who spoke English as a second language was concerned that this factor coupled with his lack of confidence in the use of technology might be problematic. The researchers noted that this may have been an important issue in Newham (the east London site where the man was from) where despite high levels of ethnic diversity the equipment was only provided using an English operational system. **Carers' views: Some carers** felt that the person they cared for was too ill or dependent for it to be of use, suggesting that there is a particular level of need for which telecare is appropriate.	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Field notes from observations of home visits: • The study noted that respondents had not always understood the explanation of the intervention that was given to them. *' They didn't show, didn't show me any actual um, equipment, but they mentioned [it] worked in conjunction with the television or PC or something like that, or a mobile, and I don't have either . . . I got the impression from what he said that er, being as though I didn't have those . . . the help I'll be able to get, would be sort of, rather limited . . . I mean, I'd have another, just under another seven years to wait before I got my free license. ' (ID34) (* p.6) Users wanted more connection between their routine care and the trial, finding the lack of information available at their GP or community centre frustrating: "*I did notice, when I went to the GPs the other day . . . there was a note on there . . . but he didn't mention it . . . I think, you know, if they want to make more of it, then they've got to liaise with each other a bit more . . . because . . . if one of those people were to talk about it, it's a bit different, isn't it, than speaking to someone completely new.*" (ID31) (p.9).	

Steventon A, Bardsley M, Billings J et al. (2013) Effect of telecare on use of health and social care services: findings from the Whole Systems Demonstrator cluster randomised trial

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To assess the impact of telecare on the use of social and health care as part of the evaluation of the Whole Systems Demonstrator trial. **Country:** England.	**Methodology:** Cluster randomised trial comparing telecare with usual care. 2,600 participants with social care needs, recruited from 216 general practices (109 control and 107 intervention) from three local authority areas in England.	**Population:** • Adults aged +/>65 all receiving social care in their own homes (not clear if home care). • Adults aged <65 years with social care needs. **Sample size and characteristics:** • Unit of randomisation = GP practices. • Intervention: 107 (1190 participants). • Control: 109 (1236 participants). • Age and gender: ~80% of participants aged 65 and over; 67% females. • Level of need: A minimum level of social care service (or being considered to need it); mobility difficulties; a history of falls or high risk of falling; cognitive impairment or confusion with a live-in/ nearby carer or a carer facing difficulties.	**Admission to hospital at 12 months:** 46.8% in intervention group vs 49.2% of controls (Absolute difference of −2.4% or a relative difference of −4.8% (95% CI: 12.9 to 3.2%). This difference was not statistically significant in the unadjusted analysis (odds ratio: 0.90, 95% CI: 0.75-1.07, P = 0.211), however reaching significance when adjusting for baseline characteristics (P= 0.042). **Admission to residential/nursing care at 12 months:** Similar in intervention and control groups: 3.1% vs 3.2%, respectively (unadjusted odds ratio: 0.95, 95% CI: 0.57-1.59, P = 0.860). **Number of weeks receiving domiciliary social care at 12 months:** No significant differences between groups (unadjusted incidence rate ratio: 1.03, 95% CI: 0.73 - 1.44, P = 0.862). **General practitioner contacts at 12 months:** Significantly higher among intervention than controls in the unadjusted analysis (incidence rate ratio: 1.18, 95% CI: 1.01-1.38, P = 0.033), though this did not persist after adjusting for the prior differences in use (P = 0.064). **Cost associated with hospital care and social care at 12 months:** No significant differences between intervention and control groups. **Mortality rates at 12 months:** No significant differences between intervention and control groups.	**Internal validity:** ++ **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Intervention: Telecare = "*… all intervention participants were given a Tunstall Lifeline Connect or Connect+ base unit together with a pendant alarm and up to 27 peripheral devices, assigned by local teams.*" The devices monitored functionality, security, and environmental data. . " (p 2) **Control:** usual care (see above).	**Lengths of hospital stays at 12 months:** No significant differences between intervention and control groups, (hazard ratio from Cox regression, 1.005 when adjusting for the combined model score and admission method, 95% CI: 0.922 – 1.095, P = 0.91, based on the 2,436 admissions that occurred). **Conclusion:** No convincing evidence or impacts in rates of hospital use, length of inpatient hospital stay or admissions to residential or nursing care.	

Stewart L and McKinstry B (2012) Fear of falling and the use of telecare by older people. British Journal of Occupational Therapy 75: 304-312

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To evaluate the association between older people's fear of falling and the use of telecare. **Country:** United Kingdom and United States.	**Methodology:** Systematic review.	**Population:** Older people's fear of falling and the use of telecare. **Sample size and characteristics:** 10 included studies, five of which were from the United Kingdom. There was one randomised controlled trial (n=55); one cohort study (n= 110); three	Findings from one included UK RCT evaluating the effectiveness of telecare (Brownsell 2004b) found that there was no significant difference between the intervention and control group in relation to falls efficacy scores. Findings from two included UK qualitative studies and one cohort study reported service user views on telecare, particularly on the barriers to its use. Fleming and Brayne (2008) found that 78% did not use their alarm to summon help following a fall, some lying on the floor for an hour or longer. The researchers identified a strong association with this experience and cognitive impairment, and found	**Overall assessment of internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		qualitative studies n=67; one case study (n=2); and four surveys (n=3110). The five studies from the United Kingdom included one randomised controlled trial; one cohort study; two UK qualitative studies and one case-study.	that those with the greater cognitive impairment were the least likely to call for help. The study also identified a variety of reasons why older people might be reluctant to use telecare devices: *"….not having a call alarm; having one but not wearing it; wearing one but choosing not to use it; difficulty in activating it"* (p.6) (Cited on p.308) • Brownsell and Hawley (2004a) reported that some service users had mixed responses to telecare including concerns about 'change and intrusion'; whilst others were reassured by the speed of response and the benefits to their safety. The study also found that service providers felt that 'false activations' were likely to cause anxiety amongst service users. Both providers and users shared similar lack of awareness on what technology was available and where to get information about it. In a later study, Brownsell and Hawley (2004b) found that an individual's fear of falling is likely to be affected their views regarding the device's accuracy and reliability. Horton (2008) • Both intervention and control groups reported improvements in their fear of falling • Older people felt that fall detectors provided advantages such as a greater sense of security, increased feelings of confidence and independence, improved safety and an enhanced quality of life. • Older people stated that they were concerned that alarms could be falsely activated which could affect them on a daily basis and potentially impact on their pri-	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			vacy if this led to attendance by emergency services during the night. Participants also worried about causing an inconvenience to providers and some felt that the automated nature of the alarm system reduced their control and preferred to trigger alarms independently. • The researchers concluded that older people would be reluctant to use devices which were perceived to be overly sensitive and suggested that technology must improve if uptake is to increase. Stewart and McKinstry conclude that overall**, *"**the use of telecare, including the wearing of a fall detectors, while improving confidence and reducing fear of falling in some, does not suit everyone. A careful assessment of a person's views on his/her falls risks and levels of anxiety would help to determine how best to meet the person's needs to remain supported at home."*** (Abstract, p.304)	

Critical appraisal tables

Home Care Research questions 7.1 and 7.2

What information and support is helpful to people seeking access to home care services?

What information and support should be provided to people who use home care services to enable them to be aware of their options and play a full role in reviewing their care and making decisions?

Equality and Human Rights Commission, Adams L, Koerbitz C, Murphy L et al (2013) Older people and human rights in home care: Local authority responses to the 'Close to home' inquiry report. IFF Research, Manchester.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To determine what progress has been made with regards to recommendations made by an earlier Equality and Human Rights Commission report which "*… explored the degree to which the human rights of people aged 65 and over requiring or receiving home care services in England were being fully promoted and protected.*" (p iv) **Country:** United Kingdom.	**Methodology:** Survey - online questionnaire with supporting evidence provided by local authorities. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Partly. **Methods appropriate for the data?** Yes. **References made to original work if existing tool used?** N/A. **Reliability and validity of new tool reported?** N/A. **All appropriate outcomes considered?** Yes. **Ethical approval obtained?**	**Survey population and sample frame clearly described?** Partly. **Representativeness of sample is described?** Partly. **Subject of study represents full spectrum of population of interest?** Unclear. **Study large enough to achieve its objectives, sample size estimates performed?** Yes. **All subjects accounted for?** Partly 152 were invited, 101 took part, = 66% response rate **Measures for contacting non-responders?** Yes. **Describes what was measured, how it was measured and the outcomes?** Yes.	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Partly - documentary evidence from local authorities was not presented. **Results internally consistent?** Yes. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** Partly. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing**	**Limitations of the study stated?** Yes. "*It should be borne in mind, however, that any statements of confidence made by local authorities about the adequacy of their existing practices and policies are essentially a form of self-assessment. However, 'Close to home' contained evidence from an earlier survey of local authorities which suggested that such confidence might, in some cases, be misplaced particularly if it is based upon an incomplete understanding of their HRA obligations. This important caveat needs to be borne in mind when considering the survey results both here and in the chapters that follow."* The survey relied on self-assessment by	**Results can be generalised?** No. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Partly. **Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Not reported.	**Measurements valid?** Yes. **Measurements reliable?** Partly. **Measurements reproducible?** No. **Response rate:** 102/150 respondents (66% response rate). **Methods for handling missing data described?** No.	**knowledge on subject and study objectives?** Yes.	local authorities which was found to be unreliable by the previous 'Close to Home' report.	

Cattan M and Giuntoli G (2010) Care and support for older people and carers in Bradford: their perspectives, aspirations and experiences. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To "*… identify the needs, views and perceptions of older people, their families and carers in Bradford regarding current care provision and future aspirations.*" (p 8) • To "*… identify the extent to which older people, their families and carers consider that their care and support needs are, or might be, met and by whom.*" (p 8)	**Methodology:** Qualitative - focus groups and in-depth interviews. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Defensible.	**Was the sampling carried out in an appropriate way?** Appropriate. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable. **Is the role of researcher clearly described?** Unclear.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Adequate.	Not all participants were recipients of home care.	**Relevance to the home care guideline:** Somewhat relevant. Not clear if all of the participants received home care. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
Country: England.	**Is the context clearly described?** Clear. **Study approved by ethics committee?** Not stated. **Is the reporting of ethics clear and coherent?** Interviewees' consent obtained.				

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data. **Addresses a clearly focused issue?** Yes. **Good case made for chosen approach?** Yes. **Direct comparison provided for additional frame of reference?** No.	**Were those involved in data collection also providing a service to the user group?** No. **Appropriate methods used to select users and clearly described?** Unclear. **Reliable data collection instrument/method?** Unclear. **Response rate and sample representativeness?** Unclear.	**Results complete and analysis easy to interpret?** Unclear. **Conclusions based on objective interpretation?** Yes.	**Limitations in methodology identified and discussed?** No. The data is pre-2006 and is not therefore a reliable reflection of the current state of home care services.	**Results can be applied to other service users?** +

Cooper J and Urquhart C (2005) The information needs and information-seeking behaviours of home-care workers and clients receiving home care. Health Information and Libraries Journal 22: 107-116

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To explore the information needs of home care workers and their clients in one urban locality. **Country:** Wales.	**Methodology:** Qualitative - participant observation and in-depth interviewing techniques. **Is a qualitative approach appropriate?** Appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is the research design/methodology?** Somewhat defensible. **Is the context clearly described?** Unclear. The agency is anonymous and no detail is provided on characteristics such as its size or locality, only that it is 'urban'. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Yes, as evidenced by the decision not to interview the older clients.	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The study does not present detail on how the older people using home care or the home care workers were identified. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Somewhat reliable. **Is the role of the researcher clearly described?** Clearly described. Although more detail needed on dual role as care worker.	**Are the data 'rich'?** Rich. **Is the analysis reliable?** Reliable. **Are the findings convincing?** Convincing. **Are the conclusions adequate?** Somewhat adequate. The link between the findings and the implications these have for health and social care librarians was not made very strongly.	Researcher was both care worker and researcher when dealing with older clients. (Acknowledged as problematic by authors). It is not clear whether the older people paid for their own care or whether this was funded through the local authority and whether this affected their needs. No details are provided regarding selection of the agency or why particular clients were chosen as participants.	**Relevance to the home care guideline:** Somewhat relevant. **How well was the study conducted?** +

Department of Health, Social Services and Public Safety (2010) Survey of Home Care Service Users Northern Ireland 2009. Belfast: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
• To describe service users' experiences of domiciliary care and their views on the quality of these services. • To investigate whether service users were involved in the planning of their care and whether they had received written information about their care plans from their provider. **Country:** Northern Ireland.	**Methodology:** Survey - postal questionnaires sent to pool of older people who were clients of home care providers registered with RQIA in April 2008. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Yes. **Methods appropriate for the data?** Yes. **References made to original work if existing tool used?** Unclear. **Reliability and validity of new tool reported?** Unclear. **All appropriate outcomes considered?** Yes.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Yes. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Partly. **All subjects accounted for?** Unclear. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Yes. **Measurements valid?** Yes. **Measurements relia-**	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Partly. **Response rate calculation provided?** Yes. **Statistics correctly performed and interpreted?** Yes. **Difference between non-respondents and respondents described?** Unclear. **Results discussed in relation to existing knowledge on**	Low response rate: 48%	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** Unclear. **Overall assessment of quality** + No conclusion given but results sound.

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Ethical approval obtained? Unclear.	**ble?** Partly. **Measurements reproducible?** Partly. **Response rate:** 48% (4,321/9038 returned questionnaires). **Methods for handling missing data described?** Unclear.	**subject and study objectives?** No.		

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and development needs of both groups. **Country:** England.	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review. **Is a qualitative approach appropriate?** Somewhat appropriate. **Is the study clear in what it seeks to do?** Clear. **How defensible/rigorous is**	**Was the sampling carried out in an appropriate way?** Somewhat appropriate. The researchers liaised with intermediary organisations to recruit both self-funders and workers and this may not have been representative. **How well was the data collection carried out?** Appropriately. **Were the methods reliable?** Reliable.	**Are the data 'rich'?** Mixed. **Is the analysis reliable?** Not sure - not reported. **Are the findings convincing?** Somewhat convincing. **Are the conclusions adequate?** Adequate.	Limited to small sample of self-funders, so a range of contacts and user led organisations were used which may not have been representative.	**Relevance to the home care guideline:** Highly relevant. **How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	the research design/methodology? Defensible. **Is the context clearly described?** Clear. **Study approved by ethics committee?** Yes. **Is the reporting of ethics clear and coherent?** Not stated.	**Is the role of the researcher clearly described?** Unclear.			

London Assembly (2010) Home truths: older Londoners' access to home care services. London: Greater London Authority

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To "*… review access to home care, focusing on how easy it is for older Londoners to get the help they need.*" (p 7) **Country:** England.	**Methodology:** Mixed methods – included a 'listening event', two focus groups, a 'call for written views', and a survey. **Is the mixed-methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed-methods question?** Partly (The events and call for evidence, supplemented by published research and other data, do not really amount to research methods)	**Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question?** Partly.	**Is the process for analysing qualitative data relevant to address the research question?** Unclear. **Is appropriate consideration given to how qualitative findings relate to the context, such as the setting, in which the data were collected?** No. **Is appropriate consideration given to**		**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Is the integration of qualitative and quantitative data (or results) relevant to address the research question? Partly. **Is appropriate consideration given to the limitations associated with this integration, such as the divergence of qualitative and quantitative data (or results)?** No.		**how qualitative findings relate to researchers' influence; for example, though their interactions with participants?** No.		

Older People's Commissioner for Wales (2012) My home, my care, my voice: older people's experiences of home care in Wales. Cardiff: Older People's Commissioner for Wales

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
To describe older people's daily lives and the issues which are important to those in receipt of home care. **Country:** Wales.	**Methodology:** Survey. **Objectives of the study clearly stated?** Yes. **Research design clearly specified and appropriate?** Yes. **Clear description of context?** Yes. **Clear description of data collection methods and analysis?** Partly. **References made to original work if existing tool used?** N/A.	**Survey population and sample frame clearly described?** Yes. **Representativeness of sample is described?** Partly. **Subject of study represents full spectrum of population of interest?** Yes. **Study large enough to achieve its objectives, sample size estimates performed?** Unclear. **All subjects accounted**	**Basic data adequately described?** Yes. **Data suitable for analysis?** Yes. **Results presented clearly, objectively & in enough detail for readers to make personal judgements?** Yes. **Results internally consistent?** Yes. **Response rate calculation provided?**	**Limitations of the study stated?** Partly. Sparse data on information needs.	**Results can be generalised?** Partly. **Appropriate attempts made to establish 'reliability' and 'validity' of analysis?** No. **Overall assessment:** +

Research question/study aims.	Study design/theoretical approach.	Data collection.	Analysis and reporting.	Limitations.	Quality assessment.
	Reliability and validity of new tool reported? Unclear. **All appropriate outcomes considered?** Yes. **Ethical approval obtained?** No.	**for?** Partly. **Measures for contacting non-responders?** No. **Describes what was measured, how it was measured and the outcomes?** Partly. **Measurements valid?** Yes. **Measurements reliable?** Unclear. **Measurements reproducible?** Yes. **Methods appropriate for the data?** Yes. **Response rate:** Report only states that 'just over a quarter of surveys were returned' and no data is provided. **Methods for handling missing data described?** No.	No. **Statistics correctly performed and interpreted?** Unclear. **Difference between non-respondents and respondents described?** No. **Results discussed in relation to existing knowledge on subject and study objectives?** Yes.		

Findings tables

Home Care Research questions 7.1 and 7.2

What information and support is helpful to people seeking access to home care services?

What information and support should be provided to people who use home care services to enable them to be aware of their options and play a full role in reviewing their care and making decisions?

Equality and Human Rights Commission, Adams L, Koerbitz C, Murphy L et al (2013) Older people and human rights in home care: Local authority responses to the 'Close to home' inquiry report. IFF Research, Manchester.

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To determine what progress has been made with regards to recommendations made by an earlier Equality and Human Rights Commission report which "*… explored the degree to which the human rights of people aged 65 and over requiring or receiving home care services in England were being fully promoted and protected.*" (p iv) **Country:** United Kingdom.	**Methodology:** Survey - online questionnaire with supporting evidence provided by local authorities.	**Population:** Administrators, commissioners, managers. The questionnaire focused on those with commissioning responsibilities and the questionnaire was sent to directors of adult services but it is not clear if the respondents were all directors. **Sample size:** n=101 local authorities. **Sample characteristics:** Not specified.	**Awareness for improvement:** 59% of local authorities aware of an area in which policies or practices might be improved **Information on home care options:** • 90% of local authorities provided written information on home care options in the area. • 82% of local authorities provided written information which detailed the home care providers available in their area. **Personal assistants:** • 91% of authorities reported they had taken action or were in the process of taking action to better support older people who directly employ their own personal assistants • 49% did not provide a 'voluntary list' of personal assistants working in their local area **Complaints:** • Local authorities used a variety of techniques to attempt to improve their complaints processes. These included produced a 'making a complaint' film, wider distribution of complaints and comments leaflets to hospitals and GP surgeries and the involvement of complainants in service improvement processes. • One local authority had identified the need to provide literature in an easy read format to ensure that older adults with learning disabilities were able to make a complaint when necessary. **Quality of care information:**	**Overall assessment of quality:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			81% of local authorities had already taken action or were in the process of taking action to collect and make available "*… more information about the quality of care providers.*" (p 23) **Advocacy, guidance and brokerage:** 79% of local authorities put greater focus on providing brokerage service for older service users; 21% did not.	

Cattan M and Giuntoli G (2010) Care and support for older people and carers in Bradford: their perspectives, aspirations and experiences. York: Joseph Rowntree Foundation

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To "*… identify the needs, views and perceptions of older people, their families and carers in Bradford regarding current care provision and future aspirations.*" (p 8) • To "*… identify the extent to which older people, their families and carers consider that their care and support needs are, or might be, met*	**Methodology:** Qualitative - focus groups and in-depth interviews.	**Population:** • Older people receiving home care. • Older people receiving social care. • Family carers of older people. **Sample size:** • Focus groups = 137 older people and 33 carers. • In depth interviews = 38 older people and 15 carers. **Sample characteristics:** • Age = 69% were aged between 65 and 90	Respondents reported frustration when information on formal services was unavailable. Participants reported that they : • had not received services or benefits to which they were entitled, often for extended periods, because they were unaware of their entitlement • Were generally unaware of whether there were services which could help meet their current need for care and support. Of particular concern were universal benefits, such as free television licences as well as more specific benefits and services, such as Carer's Allowance or the provision of medical equipment and adaptations for the home. **The researchers identify three ways in which older people's became aware of their entitlements:** • Admission to hospital - older participants often reported that they were contacted by service providers after hospitalisation.	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
and by whom." (p 8) **Country:** England.		years of age (n=118). • Gender = 74% female. • Ethnicity - Older people and carers from 10 ethnic communities (African Caribbean n=7, Bangladeshi n=19, Hungarian n=9, Indian n=13, Irish n=3, Italian n=21, Pakistani n=34, Polish n=15, Ukrainian n=12 and White British n=37. • Majority lived in private properties.	• Knowing someone who worked for a service provider. • Accessing information provided at recreational or community centres. **Access to information:** • Many participants stated that they would like to be able to access information at the local level with some suggesting that an officer from adult services could answer questions on entitlements at their GP practice for a few hours a week, as this was more accessible for them. • A number of respondents noted that they found telephone voice message menus to be frustrating as they could be difficult to use or kept the person on hold for long periods of time, which had an impact on phone bills. These respondents often stated that they would prefer to be able to leave a message and to be called back. **How is information provided:** Respondents also felt that to process information was very important for older people, particularly in face-to-face meetings such as assessments, and suggest that this and time for older people to share information with their next of kin should be factored in to the process. "*When professional carers say to older people, regardless of what nationality they are, 'Do you understand?' I think they should err on the side of caution, because older people can have dementia or a bit of Alzheimer's and when they say 'yes' today, tomorrow it means 'no' … I object to social workers talking to my mum when I am not present, because I know that my mother would say things to please them, but she is not telling them the truth*." (Polish carer, 54, living with husband and mother, p 25).	

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			The researchers suggest that the point at which people were given information is important, and note that older people are often provided with information about services immediately after a health crisis. The study also highlights the importance of translated materials, noting that women in the Bangladeshi and Pakistani communities often had weaker language skills, and relied on their children to contact service providers. They also identify problems which might occur when translating materials, particularly when the socio-economic background of older people was taken into account (which may impact upon the language they used: "*Now, the correct word is an old Ukrainian word … which means toes, but nobody here uses that language. People were looking through the leaflet about diabetes and caring for feet saying, what is that word? A lot of them came from basic places, villages, they couldn't afford higher education and all of a sudden there is this word, 'what are they talking about?' Eventually we got the English version of the leaflet and went through it and found out that that word meant toes*.' (Ukrainian female carer, 52, living with husband, p 26)	

Commission for Social Care Inspection (2006) Time to care? Towards excellence in adult social care. London: Commission for Social Care Inspection

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To summarise evidence about the current quality of home care services in England and to suggest ways in which these services can be improved. **Country:** United Kingdom.	**Methodology:** Secondary data study - secondary analysis of data collected by CSCI over two years from service users (listening events, interviews and site visits), providers and stakeholders in home care (seminars and site visits), and inspection reports and complaints data.	**Population:** • Older people receiving home care. • Home care agencies. • Local authority services and home care managers. **Sample:** Listening event: 1839 older people took part in public 'listening events' and meetings. Interviews: 120 older people were interviewed. Inspection reports: CSCI collected data from users, carers and staff from inspections in 118 agencies conducted June 2004 and February 2005. Data from 1037 service users and 493 relatives and carers responses were analysed. Complaints: Content of 684 complaints received in 2005-06 analysed.	**Access to information:** • Many individuals encounter difficulties when trying to establish what services are available and what they are entitled to. The authors suggest that without this information individuals can 'slip through the net'. • This can be particularly problematic where there is a language or cultural barrier. **Potential misunderstandings:** The researchers suggest that some groups may experience difficulties in understanding the social care system in the United Kingdom and the terminology on which it relies. They cite as an example of this a group discussion with members of the Yemeni community, during which the facilitator asked about assistance with daily living. This term was unfamiliar to the group with some members suggesting that concepts such as 'health' were clearer. The study also reports on compliance with the National Minimum Standards for Domiciliary Care Agencies; of which the first relates to information ('users have comprehensive information so that they can make an informed choice as to whether the agency can meet their needs'). (p 52). The study reports that 66% agencies achieved this standard which included detailed guidance on what information should be made available to service users, e.g. what can be expected from services, how much they will cost and details on who to contact in the case of problems, and how to complain. The study notes that by the time of the second inspection, most agencies met this standard, however the quality of information was often of a poor standard and documents were often inaccessible, incomprehensive, and unclear.	**Results can be applied to other service users?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		Seminars with 15 representatives of 9 local user-led organisations held. Site visits to 9 councils involving interviews with 24 older people were held. **Sample characteristics and settings:** Not reported.	'Good practice' found in relation to National Minimum Standard 1: • Clearly presented and easily accessible guides for service users. • Clear information about what support is available. • Clear regarding the complaints process, and local advocacy service contact details. Areas of practice which should be improved in relation to National Minimum Standard 1: • Ensuring service users receive all information relevant to them. • Information which is presented in plain English and is easy to understand • Ensuring that translation and interpretation services are provided for people who speak English as a second language. • Providing information about service costs.	

Cooper J and Urquhart C (2005) The information needs and information-seeking behaviours of home-care workers and clients receiving home care. Health Information and Libraries Journal 22: 107-116

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To explore the information needs of home care workers and their clients in one urban locality. **Country:** Wales.	**Methodology:** Qualitative – participant observation and in-depth interviewing techniques.	**Population:** • Older people receiving home care. • Family carers of older people. • Home care workers employed by Agency. • Home care workers employed by local authority. • Directly employed carers. • Other professionals involved in delivering home care services. **Sample size:** n=54. • Older people receiving home care (who were observed only and not interviewed) n=7. • Family carers n=2. • Home care workers employed by agencies n=31, including 5 from 'private' agencies and 4 from local authority. • 4 employees of social services (including 3 social workers). • 6 managers of various backgrounds (3 are	**Clients' information needs:** • Clients turn to home care workers for recommendations and information about issues, which are often not related to traditional home care tasks. Workers reported that they had been asked about the side effects of drugs, welfare benefits as well as more everyday queries. "*Oh yes, we are often asked things like that, oh do you know a hairdresser?*" • Home care workers reported that service users expect them to know much more in comparison to the 1990s, and often ask them about very wide ranging issues. • Home care workers often help clients to analyse information and make decisions. **Workers' needs/role:** Home care workers often act as a point of liaison with health and social care professionals, particularly when the person had no family members. This role was even more likely when junior community health professionals were involved or when medical notes were not available. "… *um because I have known him for such a long time that sometimes they'll (outside agencies) phone me with information because the family member is not always able to uh, to be contacted*." (CW12). Workers used a variety of means to source information including phone directories, resources held by their agency or they were sometimes advised by case managers to consult with organisations like Age Concern. Only a few	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		managers of home care agencies) • 4 community health practitioners (dentist, community nurse, health-care worker, day services officer). **Sample characteristics:** • Age of clients - not stated. • Level of need – varying levels of dependency. **Intervention:** No particular model of home care specified.	home care workers reported using public libraries, NHS Direct or the internet to find information. The researchers highlight the potential for abuse within the home care workers role as a source of information, suggesting that some workers could have vested interests in particular service. Some respondents suggested that family member's reliance on home care workers to provide information and help their relatives was inappropriate. Maintenance of an information resource by a care agency is difficult because information loses its currency, and is often fragmented. Most home care workers interviewed were not computer literate. The researchers conclude by emphasising the challenge faced by information professionals in health organisations, local authorities, and voluntary agencies to ensure that information is more accessible to clients, and home care workers. They suggest that this could be through work with trainers, and managers in local authorities and private agencies who can then pass this on to home care workers. They note the importance of resources which are up to date, succinct, and written in plain English.	

Department of Health, Social Services and Public Safety (2010) Survey of Home Care Service Users Northern Ireland 2009. Belfast: Department of Health, Social Services and Public Safety

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
• To describe service users' experiences of domiciliary care and their views on the quality of these services. • To investigate whether service users were involved in the planning of their care and whether they had received written information about their care plans from their provider. **Country:** Northern Ireland.	**Methodology:** Survey - postal questionnaires sent to pool of older people who were clients of home care providers registered with RQIA in April 2008.	**Population:** Older people receiving home care. **Sample size:** n=4,321 (out of 9,999 originally surveyed, response rate of 48%). **Sample characteristics:** • Age: 83% of sample aged 65-85 years; 17% under 64 years. • Gender: 69% females. • Health status (last 12 months) = 48% not good; 44% fairly good; 7% good. Disability = 91% considered themselves to have a disability.	**Information about changes to care plan:** • 44% of those whose services had changed reported that they had always been told in advance about changes to their home care services. • 35% reported that they had been told sometimes about changes to their home care services. • 21% reported that they had never been told in advance about changes to their home care services. **Involvement in decisions about care plan:** • 84% of the remaining respondents reported that they (or a friend or relative) were involved in decisions about their home care services. 16% reported that they were not. • The researchers note that this is consistent with their survey providers in which 81% who used care plans reported that they consulted with service users or their representatives. 16% reported that they had in some cases. 3% reported that they did not do this in any cases. • Involvement in the decision making process increased with decreasing ability – 'Not able' users (92%) were significantly more likely to say they had been involved than their more able counterparts ('able' (79%), 'quite able' (81%) and 'not really able' (87%) users). **Information on role of care worker:** • 81% of the respondents stated that someone from their provider had explained the role of their care worker(s) to them whereas almost a fifth (19%) reported that they had not received any explanation on this issue.	**Overall assessment of quality** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
			Written guide to home care services: 62% of the remaining respondents reported that they had been provided with a written guide to the home care services they were receiving, however 38% reported that they had not. • The proportion of users who said they had received a written guide decreased with increasing ability. 'Not able' users (72%) were significantly more likely to say they had been given one than 'able' (55%), 'quite able' (59%) and 'not really able' (63%) users. • 96% of respondents (who had read the written guide) reported that they understood the details it provided about their home care services.	

Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers. Leeds: Skills for Care

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
The study focused on the relationship between self-funders of home care and the social care and support workers employed by them. The aim was to determine the support needs of self-funders who employ staff and the learning and	**Methodology:** Qualitative - including face-to-face and telephone interviews, an online survey (method unclear), 'sampling' of local authority enquiry lines, and focus groups in addition to a literature review.	**Population:** Older people receiving home care which they wholly or partly funded. **Sample size:** • 108 people who fund 50% or more of their home care. • 30 directly employed carers. **Sample characteristics:**	• Although there is a great deal of information available on the internet regarding the recruitment of care and support workers this can sometimes be difficult to navigate and is mainly directed at direct payment users, rather than self-funders. *"I don't know anything about law or employing people. It always seems like a minefield." Self-funder* The researchers contacted 15 local authority adult social care enquiry lines and found that these typically offered support by signposting to either Age UK or the local Direct Payments Support Officer. None of these respondents suggested that the resources which were available were	**How well was the study conducted?** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
development needs of both groups. **Country:** England.		• 75% of the self-funders were older than 65; 50% were older than 80; and 75% were female. 27 directly employed a paid carer and the remainder used an agency or a combination of the two approaches. • 69% of the care workers were aged between 35 and 54 years of age. Two were male and the majority (53%) had at least five years' experience in the sector. **Intervention:** Consumer directed home care.	relevant to those who self-fund their care. Those newer to self-funding are more likely than experienced fund holders to say that they may need advice and support. *"I feel very lost....I want to recruit a personal assistant but I don't know how to go about it properly. One of my friends gets Direct Payments from the council....I'll probably ask her as she's got a personal assistant already." Self-funder* The researchers suggest that self-funders do not know what to expect, regarding flexibilities in care, or what they can be expected to pay and note examples of self-funders who, despite being satisfied with the advice they received were paying relatively high fees and/or had an inflexible care plan. The researchers note that 81 of the 108 self-funders who participated did not directly employ care and support workers preferring instead to purchase a package of care via a private sector provider. They identify three main reasons for this; the perceived administrative burdens having to arrange cover for sick leave and uncertainty regarding legal issues, etc. The author concludes that there is a risk that self-funders will be buy care packages which are of poor value for their money which they suggest has clear repercussions for local authorities who step-in when self-funders run out of money.	

London Assembly (2010) Home truths: older Londoners' access to home care services. London: Greater London Authority

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
To "*… review access to home care, focusing on how easy it is for older Londoners to get the help they need.*" (p 7) **Country:** England.	**Methodology:** Mixed methods – included a 'listening event', two focus groups, a 'call for written views', and a survey.	**Population:** • Older people receiving home care. • Family carers of older people. • Charities and organisations representing older people and care providers. • Administrators, commissioners, managers. **Sample size:** n=73 older people and carers participated via: - a 'listening event' at (n=23 older people and carers); two focus groups. In addition, a written call for evidence from home care providers and commissioners was made, and two formal public Committee meetings were held. **Sample characteristics:** Ethnicity = 33 users and carers were recruited through BME or Irish representative organisations. **Intervention:** No particu-	**Information about the assessment process:** • Respondents reported that they found the assessment process to be confusing, and suggested that it did not adequately take into account the religious, cultural and individual needs of the older person, instead offering 'take it or leave it' standardised services. A third of participants at the 'listening event' stated that they were unhappy with the assessment process. The authors provide as an example of good practice a single dedicated phone line for social care queries, including initial screening and advice.) **Accessing information:** • Four out of ten participants at the 'listening event' reported that they had experienced problems in finding information on services available to them. • The researchers suggest that older people were not aware of sources of information, or where they do have this knowledge were frustrated by the number of organisations which they had to approach. • The report also suggests that there are specific groups of older Londoners who found it even more challenging to access and understand information and advice about home care. These included older people who are housebound; people who speak English as a second language; and older people who are ineligible for council funded services. The report suggests that an increasingly complex care market means that good quality information and advice are essential in order to enable older people to access the 'right care'. This is especially important for those who have recently experienced a health crisis or for specific groups	**Internal validity:** + **Overall assessment of external validity:** +

Research question/study aims.	Study design/theoretical approach.	Population, sample and setting.	Findings (including effect sizes or outcome measures).	Overall quality assessment.
		lar model of home care specified.	such as people with dementia. The authors also speculate that the development of the personalisation agenda further increases the importance of information and advice as people are likely to need extra support to put together and manage a bespoke care package. The researchers note that older people and their carers may be more likely to trust information provided via independent charities as they are perceived as impartial in relation to service entitlements. They cite as an example of good practice the commissioning of Counsel and Care by the London Borough of Westminster to provide advice and support on care services available in the area. **Complaints:** • The study found that older people and their carers can be reluctant to complain about services, through fear that this could result in poor treatment from staff or the removal of services. The researchers suggest that those in receipt of • People receiving home care services may be especially likely to be treated poorly by care workers, and that their isolation could impede their ability to complain. Some participants felt that their complaints had been handled unsatisfactorily: "*I complained about my father's care three times, but my complaints were not taken seriously*." (Carer at focus group, p 29) The researchers also suggest that older people could find the complaints process to be complicated and time consuming. They cite as an example of good practice the commissioning of a local branch of Age Concern to support complainants through the complaints process.	

Older People's Commissioner for Wales (2012) My home, my care, my voice: older people's experiences of home care in Wales. Cardiff: Older People's Commissioner for Wales

Research question/study aims.	**Study design/theoretical approach.**	**Population, sample and setting.**	**Findings (including effect sizes or outcome measures).**	**Overall quality assessment.**
To describe older people's daily lives and the issues which are important to those in receipt of home care. **Country:** Wales.	**Methodology:** Survey.	**Population:** Older people receiving home care in four local authority areas. **Sample Size:** n=1029. **Sample Characteristics:** • Age = ≥ aged 65. • Gender = not reported. Ethnicity = not reported. • Some of the older people appear to be carers.	Sparse data on information needs **Assessment and signposting:** Over a third of respondents stated that they had "*… always or often received useful information from their care workers… "* "*I have never had to search and apply for help, services etc. These have always in the first instance been, suggested, arranged etc.*" However, a third of older people said that this 'rarely or never' happened.	**Overall assessment of quality:** +