

*Review questions and review protocols*

Component	Description
<b>VIEWS AND EXPERIENCES OF HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Scope section: all aspects of 4.3</b>	1.1 What are users' and family carers' experiences of home care? 1.2 What do they think works well and what needs to change?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To describe the views and experiences of users and family carers of home care service;</li> <li>• To highlight aspects of home care which work well, as perceived by service users and their families;</li> <li>• To highlight aspects of home care which service users and their families feel should change in order to improve the service;</li> <li>• To contextualise and compare findings from effectiveness questions on home care and consider the extent to which evidence of different kinds is mutually supportive to recommendations.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Older people, aged 65 years and older, who use home care services, and their families, partners and carers</p> <p><b>Intervention:</b> Home care – personal care and practical support – provided by social care practitioners.</p> <p><b>Setting:</b> Service users' home, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement.</p> <p><b>Outcomes:</b> None specified, but driven by the data, which concerns narrative or survey-based description of service users' and their families' views and experience of home care.</p> <p>Likely to relate to outcomes such as:            User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding (4.4 Scope).</p>

	<p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies on this topic;</li> <li>• Qualitative studies of user and carer views of home care;</li> <li>• Qualitative components of effectiveness studies;</li> <li>• Observational and cross-sectional survey studies of user experience (e.g. Health &amp; Social Care Information Centre reports on user satisfaction; studies showing the distribution of home care hours).</li> </ul> <p>Grey literature which includes views of people who use services and their carers (possibly as part of evaluation) may be identified.</p> <p>Findings from surveys undertaken by organisations representing service users, patients and carers which are not published in research journals may also be considered.</p>
<p><b>How the information will be searched</b></p>	<p><b>Search summary</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.</p> <p>The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.</p> <p>A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.</p>

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec

- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework  
Research in practice – Evidence Bank  
PSSRU Discussion Papers  
Campbell collaboration library  
NHS Evidence (including QIPP)  
Kings Fund library  
Social Policy Digest  
UK Clinical Research Network Study Portfolio  
Conference Papers index/ Conference proceeding citation indexes (2011 onwards only)  
GeroLIT (output is titles only)  
Evidence Database on Aging Care – EDAC  
Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUK Professional Resources  
Health and social care information centre

Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based on:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

A long list of search terms to be used can be supplied on request.

Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).

**Follow-up searching**

Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.

At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the

	<p>GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms.).</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion</b>          Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p> <p><b>Exclusion criteria applied on screening of search outputs</b></p> <p><b>Date of publication:</b> Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)</p> <p><b>Language: Exclude if not in English language.</b></p> <p><b>Country:</b> Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.</p> <p><b>Insufficient information:</b> Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)</p> <p><b>Population: The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the</b></p>

literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** *Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care delivered purely by health practitioners is excluded.*

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish

to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

### **Reviewing the search outputs for each review question**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews

- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.

The material identified and retrieved in full text versions will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions (on user and carer views and experiences), the checklists for qualitative studies and possibly that for cross-sectional studies will be applied. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.

We expect the majority of the data identified to be qualitative in nature, and presented in narrative format. Qualitative data will not be amenable to meta-analysis, and the approach to analysis of material on the views of service users and carers will be broadly interpretive. This will seek to identify, but not quantify, related concepts within primary studies, and to test their robustness and consistency. High level themes on aspects of care and care improvement that are important to older people and their carers will then be identified. This set of data is likely to be among the first reviews presented to the GDG, as

	<p>it may inform subsequent approaches, for example by illustrating the importance of particular approaches to personalised care.</p> <p>Qualitative and survey studies addressing these questions will be reviewed for inclusion of sub-groups (e.g. those at end of life; diverse populations) in order to consider whether their views are adequately represented. A strategy for further focussed searching may be devised.</p>
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Component	Description
<b>VIEWS AND EXPERIENCES OF HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Scope section: all aspects of 4.3</b>	2.1 What are the views and experiences of home care practitioners, service managers and commissioners procuring or delivering services?  2.2 What do they think works well and what needs to change?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To describe the views and experiences of people delivering, organising and commissioning home care services;</li> <li>• To collect evidence on key workforce and practice issues which we may consider within the guidance;</li> <li>• To highlight aspects of home care which work well, as perceived by practitioners, managers and commissioners;</li> <li>• To highlight aspects of home care which providers and commissioners feel should change in order to improve the service;</li> <li>• To contextualise and compare findings from effectiveness questions on home care and consider the extent to which evidence of different kinds is mutually supportive to recommendations.</li> <li>• Although commissioning models are out of scope, to collect the views of commissioners on what services should be provided to inform the guidance.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Practitioners, managers and commissioners of home care services for older people, aged 65 years and older. Views of people funded and/or commissioned by service users and their families will also be sought. Views of primary healthcare staff who work with or liaise with home care service providers may also be included.</p> <p><b>Intervention:</b> Home care – personal care and practical support – provided by social care practitioners.</p> <p><b>Setting:</b> Service users’ home, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement.</p> <p><b>Outcomes:</b> None specified, but expected to refer to narrative or survey-based description of outcomes of home care for service users’ and their families, as well as organisational outcomes (see below).</p>

## Home care guideline review questions and protocols

	<p>Likely to relate to user outcomes such as: User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding (4.4 Scope).</p> <p>Likely to relate to employee and organisational outcomes such as: productivity, consistency in care provision, staff retention rates job satisfaction; condition of work; organisational issues, perceived competency; work-related training and supervision issues; quality of home care provided.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies on this topic;</li> <li>• Qualitative studies of provider, manager and commissioner views of home care;</li> <li>• Qualitative components of effectiveness studies;</li> <li>• Observational and cross-sectional survey studies of home care provided (e.g. NHSIC reports showing the distribution of home care hours).</li> </ul> <p>Research-based findings from organisations representing providers (e.g. UKHCA) may also be considered as evidence.</p>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: "care professional(s)"; "care provider(s)"; "care co ordinat*"; "social worker*"; "Care supervi*" "Care worker(s)"; “workforce”, “social care organisation”.</p> <p>The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.</p>

A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

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- Social Care Online – beta version (2013 only)
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Social Services Abstracts -for the social care databases just the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

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- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework  
Research in practice – Evidence Bank  
PSSRU Discussion Papers  
Campbell collaboration library  
NHS Evidence (including QIPP)  
Kings Fund library  
Social Policy Digest  
UK Clinical Research Network Study Portfolio  
Conference Papers index/ Conference proceeding citation indexes (2011 onwards only)  
GeroLIT (output is titles only)  
Evidence Database on Aging Care – EDAC  
Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUk Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

	<p>A long list of search terms to be used can be supplied on request.</p> <p>Search outputs will be screened against the exclusion criteria for the review question (see Review Strategy below).</p> <p><b>Follow-up searching</b>          Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. Within these questions (1.2.1 and 1.2.2) detail will be sought on the ways in which personalised services are delivered to people living alone, people at end of life, people, service users who lack capacity, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and will conduct additional searching on telecare (with appropriate synonyms). The views of providers and commissioners on the use of telecare as aides to delivering home care are within scope.</p>
<p><b>The review strategy</b></p>	<p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline.</p>

**Exclusion criteria applied on screening of search outputs:**

**Date of publication:** Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)

**Language:** Exclude if not in English language

**Country:** Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.

**Insufficient information:** Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)

**Population:** The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care

delivered purely by health practitioners is excluded.

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute.

The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be

available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.

The material identified and retrieved in full text versions will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions (on user and carer views and experiences), the checklists for qualitative studies and possibly that for cross-sectional studies will be applied. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.

We expect the majority of the data identified to be qualitative in nature, and presented in narrative format. Qualitative data will not be amenable to meta-analysis, and the approach to analysis of material on the views of service users and carers will be broadly interpretive. This will seek to identify, but not quantify, related concepts within primary studies, and to test their robustness and consistency. High level themes on aspects of care and care improvement that are important to older people and their carers will then be identified. This set of data is likely to be among the first reviews presented to the GDG, as it may inform subsequent approaches, for example by illustrating the importance of particular approaches to personalised care.

Qualitative and survey studies addressing these questions will be reviewed for inclusion of sub-groups (e.g. those at end of life; diverse populations) in order to consider whether their views are adequately represented. A strategy for further focussed searching may be devised.

Component	Description
<b>PLANNING AND DELIVERING HOME CARE</b>	
<p><b>Review No &amp; Question</b></p> <p><b>Scope sections 4.3.1:</b>  <b>Care &amp; support planning;</b>  <b>Activities &amp; interventions provided as part of home care service;</b>  <b>Liaison &amp; joint working.</b></p>	<p>3.1 What approaches to home care planning and delivery are effective in improving outcomes for people who use services?</p> <p>3.2 What are the significant features of an effective model of home care?</p> <p>3.3 Are there any undesired/harmful effects from certain types of home care approaches?</p>
<p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• 2.1.1 To identify and evaluate the effects of different models and frameworks for care and support planning, including activities and interventions provided as part of a home care service, and liaison and joint working with other (formal and informal) care providers.</li> <li>• Relevant approaches might include, for example: personalised care; outcomes-focussed planning and delivery; care integrated, delivered or coordinated with healthcare practice/practitioners and with other providers of care and support e.g. housing; case management; home care delivered by volunteers under formal arrangements; home care organised and/or partly or wholly funded by the person receiving care; shared lives schemes and other 'live-in' home care.</li> <li>• 2.1.2 To evaluate the components of an effective model of home care. This question anticipates that the approaches referred to in 2.1.1 may not be that different from each other, may not be compared with other approaches and are unlikely to show 'causal' relationships with aspects of the approach: we would need then to consider some of those service elements which seem to be evidenced across approaches as showing good outcomes.</li> <li>• 2.1.3 May be concerned with some of the home care practices which could deliver harmful outcomes, e.g. rushed visits; lack of training in lifting and moving or continence care. There may be some overlap or continuity with question on safety (2.3).</li> </ul>
<p><b>Criteria for considering studies for the</b></p>	<p><b>Population:</b> Models and frameworks for delivering home care to older people (aged 65</p>

<p><b>review</b></p>	<p>years and older), implemented by practitioners, managers and commissioners of home care services. Models of self-funding and/or commissioning by service users and their families will also be sought. Teams including primary healthcare staff who work alongside home care service providers in integrated practice may also be included.</p> <p><b>Intervention:</b> Home care – personal care and practical support – provided by social care practitioners.</p> <p><b>Setting:</b> Service users’ home, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement.</p> <p><b>Comparator:</b> None identified for home care, although there may be comparative studies of different models of providing home care.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes of home care for service users’ and their families, as well as organisational outcomes (see below).</p> <p>Likely to relate to user outcomes such as: User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding (4.4 Scope).</p> <p>Additional organisational outcomes which may influence outcomes for service users such as: productivity, consistency in care provision, staff retention rates job satisfaction; condition of work; organisational issues, perceived competency; work-related training and supervision issues; quality of home care provided.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of studies of different models of home care;</li> <li>• Randomised controlled trials of different models;</li> <li>• Quantitative and qualitative evaluations of different home care models;</li> <li>• Observational and cross-sectional survey studies of home care provided (e.g. Health &amp; Social Care Information Centre reports showing the distribution of home care hours).</li> </ul>
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	<ul style="list-style-type: none"> <li>• Cohort studies , case control and before and after studies;</li> <li>• Mixed methods studies;</li> <li>• Case studies of practice site implementation.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.</p> <p>The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.</p> <p>A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.</p> <p>Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:</p> <p><b>Social care</b></p> <ul style="list-style-type: none"> <li>• Social Care Online – beta version (2013 only)</li> <li>• Social Policy and Practice</li> <li>• Social Work Abstracts</li> <li>• Social Services Abstracts</li> </ul> <p>For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.</p> <p><b>Social science and politics</b></p> <ul style="list-style-type: none"> <li>• ASSIA</li> </ul>

- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
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- EMBASE
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**Economic**

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**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework

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Conference Papers index/ Conference proceeding citation indexes (2011 onwards only)

GeroLIT (output is titles only)

Evidence Database on Aging Care – EDAC

Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUK Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning

	<p>AND year 2004+</p> <p>A long list of search terms to be used can be supplied on request.</p> <p>Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).</p> <p><b>Follow-up searching:</b> Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms).</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The</p>

formal exclusion criteria applied are laid out below.

**Exclusion criteria applied on screening of search outputs:**

**Date of publication:** Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)

**Language:** Exclude if not in English language.

**Country:** Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.

**Insufficient information:** Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)

**Population:** The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care delivered purely by health practitioners is excluded.

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further

checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies

	<p>will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.</p> <p>The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>PLANNING AND DELIVERING HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Relevant to all aspects of scope (4.3) with emphasis on adoption &amp; implementation.</b>	3.4 What are the barriers to, and facilitators of, effective implementation of approaches shown (2.1.1) to deliver good outcomes?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Drawing on approaches, models and practice identified as potentially effective (see 2.1.1, 2.1.2), to identify opportunities for and barriers to their implementation.</li> <li>• To identify implementation and practice issues which contribute to undesirable or harmful effects (2.1.3).</li> <li>• To contextualise the views of users, carers and practitioners (1.1.1, 1.1.2, 1.2.1, 1.2.2) by identifying barriers and facilitators to improved or changed practice they suggest would improve outcomes.</li> <li>• To consider feasibility and cost of implementing practice shown to deliver good outcomes to service users and carers.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Older people (aged 65 years and older) receiving home care, implemented by social care practitioners and managers of home care services. Material on implementation of models of self-funding and/or commissioning by service users and their families will also be sought. Barriers and facilitators to effective implementation may be identified within papers which describe or evaluate models and frameworks, or may be considered independently.</p> <p><b>Intervention:</b> Models and frameworks for delivering home care: past and potential implementation of change or improvement.</p> <p><b>Setting:</b> Service users' homes, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement.</p> <p><b>Comparator:</b> There may be comparative studies of different models of providing or implementing home care.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes of home care for service</p>

	<p>users' and their families, as well as organisational outcomes (see below).</p> <p>Likely to relate to user outcomes such as: User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding (4.4 Scope).</p> <p>Additional organisational outcomes which may influence outcomes for service users such as: productivity, consistency in care provision, staff retention rates job satisfaction; condition of work; organisational issues, perceived competency; work-related training and supervision issues; quality of home care provided.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of studies of different models of home care and their implementation;</li> <li>• Randomised controlled trials of different models and their implementation;</li> <li>• Quantitative and qualitative evaluations of different home care models and/or their implementation;</li> <li>• Observational and cross-sectional survey studies of home care provided (e.g. Health &amp; Social Care Information Centre reports showing the distribution of home care hours).</li> <li>• Cohort studies , case control and before and after studies;</li> <li>• Case studies of implementation in practice;</li> <li>• Mixed methods studies.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.</p>

The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.

A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
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**Websites**

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UKHCA – United Kingdom Home care Association

Transforming Adult social Care

NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUk Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

A long list of search terms to be used can be supplied on request.

Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).

	<p><b>Follow-up searching:</b>          Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms).</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p> <p><b><u>Exclusion criteria applied on screening of search outputs:</u></b></p> <p><b>Date of publication:</b> Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)</p>

	<p><b>Language:</b> Exclude if not in English language</p> <p><b>Country:</b> Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand</p> <p><b>Insufficient information:</b> Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)</p> <p><b>Population:</b> The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.</p> <p><b>Intervention:</b> Exclude if this is not about home care delivered by social care workforce.</p> <p><b>Workforce:</b> Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care delivered purely by health practitioners is excluded.</p> <p><b>Evidence type:</b> Exclude on evidence type if it is not derived from primary empirical research &amp; is not policy &amp; practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future</p>
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studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.

The material identified will be critically appraised, using the modified appraisal tools

	<p>supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>PLANNING AND DELIVERING HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Scope section: 4.3.1 safeguarding</b>	4.1 What are the effects of approaches to promote safe care?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To identify aspects of home care organisation and delivery which promote the safety (alongside dignity, choice, control and other desirable user outcomes) of the service user, their carers and the practitioners working within the home.</li> <li>• To identify policy and practice to support safe delivery of specific home care services practice in relation to safeguarding (from neglect or abuse); and systems to support lone workers.</li> <li>• To identify aspects of care delivery which users and carers say contribute to their sense of safety (e.g. reliability of service, consistency of care staff and good communication with provider agencies).</li> <li>• To consider this question alongside the question on training effects (2.4) and the question on information and support needed to enable service users and carers to play a full role in planning their own care (2.1.1 and 2.1.2), as being informed and giving feedback will improve safety.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Older people (aged 65 years and older) receiving home care.</p> <p><b>Intervention:</b> Aspects of home care – personal care and practical support – provided by social care practitioners which support the safety of service users, carers and practitioners. Could include, models, protocols, etc. Material on personal services commissioned by service users and their families will also be sought, as there is some concern that these services are not regulated and carers will not, for example, be CRB checked. Barriers and facilitators to the delivery of safe care may be identified within papers which describe or evaluate models and frameworks (2.1.1, 2.1.2, 2.1.3), or their implementation (2.2), or safety issues may be considered independently.</p> <p><b>Setting:</b> Service users’ home, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement.</p>

	<p><b>Comparator:</b> There may be comparative studies of different models of providing or implementing home care.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes of home care for service users' and their families, as well as organisational outcomes (see below).</p> <p>Likely to relate to user outcomes such as:          Safety and safeguarding of users and carers; user satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; (4.4 Scope).</p> <p>Additional organisational outcomes which may influence safe outcomes for service users such as:          productivity, consistency in care provision, staff retention rates job satisfaction; condition of work; organisational issues, perceived competency; work-related training and supervision issues; quality of home care provided.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of studies of different models of home care and their implementation which highlight safety and safeguarding issues within the described models;</li> <li>• Randomised controlled trials of different models which describe safety and safeguarding issues;</li> <li>• Quantitative and qualitative evaluations of different home care models or safety aspects of home care delivery;</li> <li>• Observational and cross-sectional survey studies of home care provided;</li> <li>• Cohort studies , case control and before and after studies;</li> <li>• Mixed methods studies.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the</p>

setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.

The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.

A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
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- Social Science Citation Index
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- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
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- CINAHL

**Economic**

- NHS EED
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- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework

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NHS Evidence (including QIPP)

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Transforming Adult social Care  
NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUk Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

	<p>A long list of search terms to be used can be supplied on request.</p> <p>Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).</p> <p><b>Follow-up searching:</b> Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms).</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p>

**Exclusion criteria applied on screening of search outputs:**

**Date of publication:** Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)

**Language:** Exclude if not in English language

**Country:** Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.

**Insufficient information:** Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)

**Population:** The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care

delivered purely by health practitioners is excluded.

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the

exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and

	<p>some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.</p> <p>The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>PLANNING AND DELIVERING HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Scope section 4.3.1</b> <b>Education &amp; training of home care workers;</b> <b>Support &amp; supervision of home care workers.</b>	5.1 What are the effects of training, supervision and support on outcomes for people who use services and their family carers?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To identify core induction and training needs of home care workers and managers.</li> <li>• To identify and evaluate training programmes and approaches which, when delivered to home care workers and managers, demonstrate improved outcomes for people who use services and their family carers, sustainable service quality improvements and worker job satisfaction.</li> <li>• To identify good practice in the provision of supervision and support to home care workers and managers.</li> <li>• To identify approaches which benefit from cross-disciplinary working, training or work shadowing (e.g. with colleagues involved in delivering healthcare in homes).</li> <li>• To consider the implementation costs of training, and if possible any effects on recruitment and retention.</li> <li>• To consider evidence for this question alongside that concerning questions on significant features of effective home care (2.1.2), safety and safeguarding (2.3), and evidence relating to the views and experiences of users, carers, and practitioners (1.1.1 – 1.2.2).</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Social care practitioners and workers delivering home care to older people (aged 65 years and older). The training needs of personal assistants who are commissioned by service users and their families will also be within scope. Training and support delivered by community health personnel (GPs, district nurses) to home care workers will also be within scope.</p> <p><b>Intervention:</b> Training, supervision and support to home care workers and managers.</p>

	<p><b>Setting:</b> In the practice setting (service users' home, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement), in the agencies managing home care support, or in other settings.</p> <p><b>Comparator:</b> Comparative studies could compare organisations receiving training with those who do not, or before/after designs.</p> <p><b>Outcomes:</b> Primary outcomes are improved home care for service users' and their families, such as:</p> <p>User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding of users and carers; (4.4 Scope).</p> <p>Additional organisational outcomes may include: Increased or changed productivity, consistency in care provision, staff retention rates, job satisfaction, conditions of work, self/manager-perceived competency.</p> <p>Outcomes reporting will consider the length of follow-up, since the sustainability of improved or changed practice is important to this topic and to cost-effectiveness of training.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of studies of different models of training for home care staff and managers;</li> <li>• Randomised controlled trials of different models of training (or cluster randomised trials or before and after evaluations);</li> <li>• Quantitative and qualitative evaluations of different models of training with demonstrable outcomes over time;</li> <li>• Observational and cross-sectional survey studies of training provided;</li> <li>• Mixed methods studies.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p>

Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.

The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.

A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts

- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework

Research in practice – Evidence Bank

PSSRU Discussion Papers

Campbell collaboration library

NHS Evidence (including QIPP)

Kings Fund library

Social Policy Digest

UK Clinical Research Network Study Portfolio

Conference Papers index/ Conference proceeding citation indexes (*2011 onwards only*)

GeroLIT (*output is titles only*)

Evidence Database on Aging Care – EDAC

Opengrey

**Websites**

School for Social Care Research

Oxford centre for social policy

Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUk Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

A long list of search terms to be used can be supplied on request.

	<p>Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).</p> <p><b>Follow-up searching:</b>          Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms). Training in the use of telecare itself may therefore be within the scope of this question.</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p>

**Exclusion criteria applied on screening of search outputs:**

**Date of publication:** Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)

**Language:** Exclude if not in English language.

**Country:** Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.

**Insufficient information:** Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)

**Population:** The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care

delivered purely by health practitioners is excluded.

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the

exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and

	<p>some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.</p> <p>The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>PLANNING AND DELIVERING HOME CARE</b>	
<b>Review No &amp; Question</b>  <b>Scope section 4.3.1, telecare which supports home care</b>	<p>6.1 What elements of telecare that could be used in planning and delivering home care are effective in improving outcomes for people who use services and their carers?</p> <p>6.2 What are the views of users and family carers on the use of telecare as part of the home care package?</p>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To identify and evaluate elements of telecare that are used or could be used effectively in home care planning, practice and delivery.</li> <li>• To identify the outcomes – for service users and carers, and for the home care workforce and agencies - of using telecare in home care practice.</li> <li>• To consider how useful and acceptable telecare is from the perspective of home care users and carers.</li> <li>• To consider whether issues of good or poor practice identified by users, carers and practitioners (1.1.1 – 1.2.2), barriers to implementation of good home care practice (2.2), safety deficits (2.3) and support for the workforce (2.4) could be wholly or partially addressed by investment in telecare.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Older people (aged 65 years and older) receiving home care and people who care for those using services. Home care practitioners delivering home care to older people.</p> <p><b>Intervention:</b> Telecare which contributes directly to the organisation and effectiveness of home care.</p> <p><b>Setting:</b> Service users’ homes, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement, and organisations delivering home care.</p> <p><b>Comparator:</b> There may be comparative studies of agencies using/not using telecare, or of outcomes of different types of telecare.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes of home care for service users’ and their families, as well as organisational outcomes (see below).</p>

	<p>Likely to relate to user outcomes such as: User satisfaction; quality and continuity of home care; choice and control; involvement in decision-making; dignity and independence; quality of life; health status; safety and safeguarding (4.4 Scope).</p> <p>Additional organisational outcomes which may influence outcomes for service users such as: productivity, consistency in care provision, staff retention rates job satisfaction; condition of work; organisational issues, perceived competency; work-related training and supervision issues; quality of home care provided.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Systematic reviews of studies of different models of telecare;</li> <li>• Randomised controlled trials (or cluster randomised trials) of telecare;</li> <li>• Before and after evaluations of telecare;</li> <li>• Cost effectiveness studies of telecare, or other economic studies;</li> <li>• Qualitative evaluations of telecare, including studies concerning user, carer and practitioner views of telecare;</li> <li>• Mixed methods studies.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.</p> <p>The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.</p> <p>A single broad search strategy will be used to identify material which addresses all the</p>

agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework  
Research in practice – Evidence Bank  
PSSRU Discussion Papers  
Campbell collaboration library  
NHS Evidence (including QIPP)  
Kings Fund library  
Social Policy Digest  
UK Clinical Research Network Study Portfolio  
Conference Papers index/ Conference proceeding citation indexes (*2011 onwards only*)  
GeroLIT (*output is titles only*)  
Evidence Database on Aging Care – EDAC  
Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people

Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUK Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers  
Concept D workforce  
Concept E) social care organisation/ self-commissioning  
AND  
year 2004+

A long list of search terms to be used can be supplied on request.

Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).

**Follow-up searching:**

Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.

	<p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p> <p>During the scope development, it was decided to include telecare which supports the provision of home care. In discussion with the GDG, we will seek to identify the types of telecare which are in use within the sector, and may then conduct additional searching on telecare (and relevant associated search terms), although some material on use of telecare has been identified through the broad search.</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p> <p><b><u>Exclusion criteria applied on screening of search outputs:</u></b></p> <p><b>Date of publication:</b> Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)</p> <p><b>Language: Exclude if not in English language.</b></p> <p><b>Country:</b> Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia</p>

	<p>and New Zealand.</p> <p><b>Insufficient information:</b> Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click ‘find on web’ on database to check if more is available.)</p> <p><b>Population:</b> The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.</p> <p><b>Intervention:</b> Exclude if this is not about home care delivered by social care workforce.</p> <p><b>Workforce:</b> Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care delivered purely by health practitioners is excluded.</p> <p><b>Evidence type:</b> Exclude on evidence type if it is not derived from primary empirical research &amp; is not policy &amp; practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)</p> <p><b>Duplicate:</b> Exclude if this is a duplicate of another entry (pick the best referenced one).</p>
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**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening

team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.

The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA

	<p>and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>INFORMATION AND SUPPORT FOR PEOPLE WHO USE SERVICES AND THEIR FAMILY CARERS</b>	
<b>Review No &amp; Question</b>  <b>Scope section: 4.3.1</b>  <b>Providing support &amp; access to information about home care services to people using services, their families &amp; carers</b>	7.1 What information and support is helpful to people seeking access to home care services?
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To identify the information and support needs of people seeking access to home care services and their families.</li> <li>• To consider whether information and support which people find helpful when seeking access to home care services is available, and how accessible it is to different populations.</li> <li>• To consider whether improvement in information provision has an impact on choice, control and other outcomes for people seeking access to home care and their families.</li> <li>• To consider whether issues of good or poor practice identified by users, carers and practitioners (1.1.1 – 1.2.2) concern initial access to information.</li> </ul>
<b>Criteria for considering studies for the review</b>	<p><b>Population:</b> Older people (aged 65 years and older) seeking access to home care and their families. The experience of agencies providing and commissioning care (including local authorities who have a duty to provide information and assessment) will also be relevant.</p> <p><b>Intervention:</b> Information provided to the public generally and to older people about home care (functions, criteria, funding options, self-directed care, assessment, etc.). Information may be in the form of text products, internet material, face to face advice, telephone consultation, etc.</p> <p><b>Setting:</b> Community contexts where information is provided or coordinated (including</p>

## Home care guideline review questions and protocols

	<p>local authorities); the potential service users' homes, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement; organisations delivering home care.</p> <p><b>Comparator:</b> There may be comparative studies of agencies who have a strong vs weak communication strategy.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes for service users' and their families, as well as organisational outcomes (see below).</p> <p>Likely to relate to user outcomes such as: User satisfaction with process of information seeking; perceived choice and control; involvement in decision-making; dignity and independence; quality of life (4.4 Scope).</p> <p>Additional organisational outcomes such as improved relationships based on realistic expectations may influence outcomes for care providers and managers.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Qualitative studies of users' and carers' experience of seeking information about home care.</li> <li>• Qualitative studies of practitioners and social services' staff experience of providing information to people about home care.</li> <li>• Surveys concerning information needs and provision;</li> <li>• Before and after evaluations where a new communication strategy has been introduced, e.g. by a local authority;</li> <li>• Mixed methods studies;</li> <li>• Self-reported returns to Health and Social Care Information Centre, illustrating demand for and supply of information provision.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting "home care" and the populations: "older people", "carers", "workforce", "social care</p>

organisation”.

The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.

A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.

Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:

**Social care**

- Social Care Online – beta version (2013 only)
- Social Policy and Practice
- Social Work Abstracts
- Social Services Abstracts

*For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.*

**Social science and politics**

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework  
Research in practice – Evidence Bank  
PSSRU Discussion Papers  
Campbell collaboration library  
NHS Evidence (including QIPP)  
Kings Fund library  
Social Policy Digest  
UK Clinical Research Network Study Portfolio  
Conference Papers index/ Conference proceeding citation indexes *(2011 onwards only)*  
GeroLIT *(output is titles only)*  
Evidence Database on Aging Care – EDAC  
Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care

	<p>NASCIS – national audit social care intelligence service Centre for policy on aging Care Quality Commission Local Government Association Ireland National Council on Aging and older people Online research bank social policy database (Northern Ireland) Nuffield Trust Joseph Rowntree Foundation AgeUk Professional Resources Health and social care information centre Office of National Statistics LGA – Knowledge Hub Poverty <a href="http://www.poverty.org.uk">www.poverty.org.uk</a> Equality and Human Rights Commission Centre for Policy on Ageing <a href="http://Data.gov">Data.gov</a> <a href="http://GOV.UK">GOV.UK</a></p> <p><b>Searches were based upon:</b></p> <p>Concept A "home care" AND one or more of: Concept B older people Concept C carers Concept D workforce Concept E) social care organisation/ self-commissioning AND year 2004+</p> <p>A long list of search terms to be used can be supplied on request.</p> <p>Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).</p>
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	<p><b>Follow-up searching:</b>          Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p> <p><b>Exclusion criteria applied on screening of search outputs:</b></p> <p><b>Date of publication:</b> Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)</p> <p><b>Language:</b> Exclude if not in English language.</p> <p><b>Country:</b> Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.</p>

	<p><b>Insufficient information:</b> Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)</p> <p><b>Population:</b> The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.</p> <p><b>Intervention:</b> Exclude if this is not about home care delivered by social care workforce.</p> <p><b>Workforce:</b> Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care delivered purely by health practitioners is excluded.</p> <p><b>Evidence type:</b> Exclude on evidence type if it is not derived from primary empirical research &amp; is not policy &amp; practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)</p> <p><b>Duplicate:</b> Exclude if this is a duplicate of another entry (pick the best referenced one).</p> <p><b>Marker:</b> Check this box IN ADDITION to exclusion criteria above, if there is possibility this</p>
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may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening

team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.

The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA

	<p>and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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Component	Description
<b>INFORMATION AND SUPPORT FOR PEOPLE WHO USE SERVICES AND THEIR FAMILY CARERS</b>	
<p><b>Review No &amp; Question</b></p> <p><b>Scope section: 4.3.1</b></p> <p><b>Providing support &amp; access to information about home care services to people using services, their families &amp; carers</b></p>	<p>3.2 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?</p>
<p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• To identify the information and support needs of people who are receiving home care services and their families.</li> <li>• To consider whether information and support which people find helpful when seeking access to home care services is available, and how accessible it is to different populations.</li> <li>• To consider the effects and outcomes of information provided during a period of home care, including impact on: <ul style="list-style-type: none"> <li>➢ The empowerment of people who use services and their carers</li> <li>➢ Ability to participate in and influence decision-making, including full participation in regular reviews of care</li> <li>➢ increased choice and control</li> <li>➢ the ability of users and family carers to consider options for self-directed care and use of personal budgets</li> <li>➢ ability to make complaints and suggestions</li> <li>➢ safety and safeguarding, where users and carers have concerns about care or about limitations of care.</li> </ul> </li> <li>• To consider whether issues of good or poor practice identified by users, carers and practitioners (1.1.1 – 1.2.2) concern access to information during receipt of home care services.</li> </ul>

<p><b>Criteria for considering studies for the review</b></p>	<p><b>Population:</b> Older people (aged 65 years and older) receiving home care and their families. The experience of agencies providing and commissioning care (including local authorities who have a duty to provide information and assessment) will also be relevant.</p> <p><b>Intervention:</b> Information provided to older people receiving home care (functions, reviews, changing criteria, funding options, self-directed care options, etc.). Information may be in the form of text products, internet material, face to face advice, telephone consultation, etc.</p> <p><b>Setting:</b> Community contexts where information is provided or coordinated (including local authorities); the service users' homes, including sheltered housing accommodation, extra care housing, Shared Lives Scheme living arrangement; organisations delivering home care.</p> <p><b>Comparator:</b> There may be comparative studies of agencies who have a strong vs weak communication strategy.</p> <p><b>Outcomes:</b> None specified, but expected to refer to outcomes for service users' and their families, as well as organisational outcomes (see below).</p> <p>Likely to relate to user outcomes such as: User satisfaction with process of information seeking; perceived choice and control; involvement in decision-making; take up of self-directed care and individual budget options; dignity and independence; quality of life (4.4 Scope).</p> <p>Additional organisational outcomes such as improved relationships based on realistic expectations may influence outcomes for care providers and managers.</p> <p>The study designs relevant to these questions are likely to include:</p> <ul style="list-style-type: none"> <li>• Qualitative studies of users' and carers' experience of seeking or receiving information about home care.</li> <li>• Qualitative studies of practitioners and social services' staff experience of providing information to people receiving home care, including routes for complaints.</li> <li>• Before and after evaluations where a new communication strategy has been introduced, e.g. by a local authority;</li> </ul>
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	<ul style="list-style-type: none"> <li>• Mixed methods studies;</li> <li>• Self-reported returns to Health and Social Care Information Centre, illustrating demand for and supply of information provision, with possible links to number of service reviews, take up of self-directed care, etc.</li> </ul>
<p><b>How the information will be searched</b></p>	<p><b>Search summary:</b></p> <p>Electronic databases in the research fields of social care, health and social science will be searched using a range of controlled indexing and free-text search terms based on the setting “home care” and the populations: “older people”, “carers”, “workforce”, “social care organisation”.</p> <p>The search will capture both journal articles and other publications of empirical research. Additional searches of websites of relevant organisations will also be carried out. It may be necessary to conduct some additional searches for economics literature if needed.</p> <p>A single broad search strategy will be used to identify material which addresses all the agreed review questions on home care, and additional searching will be considered if it is felt that relevant material was not delivered for all questions. The search strategy does not distinguish research of specific study designs, as this will be differentiated at the screening stages of the review.</p> <p>Systematic searches balancing sensitivity and precision will be undertaken. The following databases will be searched:</p> <p><b>Social care</b></p> <ul style="list-style-type: none"> <li>• Social Care Online – beta version (2013 only)</li> <li>• Social Policy and Practice</li> <li>• Social Work Abstracts</li> <li>• Social Services Abstracts</li> </ul> <p>For the social care databases only the first concept – home care - will be used as the “social care organisation” concept is a core theme of these databases.</p> <p><b>Social science and politics</b></p>

- ASSIA
- Sociological Abstracts
- Social policy and practice
- IBSS
- Social Science Citation Index
- Worldwide Political Science Abstracts
- Library and information science abstracts

**Health**

- Medline
- PsycINFO
- EMBASE
- Cochrane Library (including DARE, HTA, CENTRAL trials, Systematic reviews)
- HMIC
- CINAHL

**Economic**

- NHS EED
- ECONLIT
- IDEAS repec
- CEA registry

**Other databases**

EPPI-Centre Adult Social Care Outcomes Framework

Research in practice – Evidence Bank

PSSRU Discussion Papers

Campbell collaboration library

NHS Evidence (including QIPP)

Kings Fund library

Social Policy Digest

UK Clinical Research Network Study Portfolio

Conference Papers index/ Conference proceeding citation indexes (*2011 onwards only*)

GeroLIT (*output is titles only*)

Evidence Database on Aging Care – EDAC  
Opengrey

**Websites**

School for Social Care Research  
Oxford centre for social policy  
Qualitative archive on ageism  
UKHCA – United Kingdom Home care Association  
Transforming Adult social Care  
NASCIS – national audit social care intelligence service  
Centre for policy on aging  
Care Quality Commission  
Local Government Association  
Ireland National Council on Aging and older people  
Online research bank social policy database (Northern Ireland)  
Nuffield Trust  
Joseph Rowntree Foundation  
AgeUK Professional Resources  
Health and social care information centre  
Office of National Statistics  
LGA – Knowledge Hub  
Poverty [www.poverty.org.uk](http://www.poverty.org.uk)  
Equality and Human Rights Commission  
Centre for Policy on Ageing  
[Data.gov](http://Data.gov)  
[GOV.UK](http://GOV.UK)

**Searches were based upon:**

Concept A "home care" AND one or more of:  
Concept B older people  
Concept C carers

	<p>Concept D workforce                  Concept E) social care organisation/ self-commissioning                  AND                  year 2004+</p> <p>A long list of search terms to be used can be supplied on request.</p> <p>Search outputs were screened against the exclusion criteria for the review question (see Review Strategy below).</p> <p><b>Follow-up searching:</b>                  Follow-up searching will include reference checking of research studies included at evidence review stage, and citation checking using Google Scholar and Web of Knowledge. The extent of citation checking will depend on the quality of studies available.</p> <p>At GDG2 members highlighted the need to consider sub-groups of older people whose views and experiences of care may be different. As detailed in the equality impact assessment (EIA) this may include, people living alone, people at end of life, people, service users who lack capacity, service users with dementia, people of diverse ethnicity or culture, etc. Once search outputs are screened for inclusion, with guidance from the GDG, we will consider whether the interests of these groups are adequately reflected in search outputs, and if not, how to identify appropriate additional material.</p>
<p><b>The review strategy</b></p>	<p><b>Screening of search outputs for exclusion or inclusion:</b></p> <p>Search outputs (title and abstract only) will be stored in EPPI Reviewer 4, and screened against an exclusion tool which operationalises the included studies, with a view to excluding those which are outside scope. The tool will identify empirical research which addresses the review questions; and will also identify material (policy, legislation, practice and practice guidance) which will be parked for later use in supporting the guideline. The formal exclusion criteria applied are laid out below.</p>

**Exclusion criteria applied on screening of search outputs:**

**Date of publication:** Exclude if published before 2004. (Studies are restricted to those published in or after 2004 up to the present day -10+ years in total.)

**Language:** Exclude if not in English language.

**Country:** Exclude if not in list of included countries. Included countries (with some similar features) are UK, European Union, Denmark, Norway, Sweden, Canada, USA, Australia and New Zealand.

**Insufficient information:** Exclude if there is no abstract, and title is either unclear or suggests not in scope. (There is an option to click 'find on web' on database to check if more is available.)

**Population:** The population of interest is older people living at home and in receipt of home care. Older people is operationalised as those specifically described in the literature as old. No specific age limits will be applied (although 65+ is a common threshold of older people). Populations described as adults without qualification of age are not intentionally identified by the search. People identified by health conditions are do not qualify, except that people with dementia are assumed to be older people unless stated otherwise. Older people or carers who organise and/or fund their own care are included. Carers: family carers includes family, friends, and supporters that provide informal (usually unpaid) social care. NOTE exception to rule: if the paper is about the home care workforce (without specific reference to older people) do not exclude here.

**Intervention:** Exclude if this is not about home care delivered by social care workforce.

**Workforce:** Exclude on workforce if the study does not concern either social care practitioners, or health personnel working in partnership with social care workers. Care

delivered purely by health practitioners is excluded.

**Evidence type:** Exclude on evidence type if it is not derived from primary empirical research & is not policy & practice guidance. Examples include opinion pieces, discussions, essays, trade journal articles, books, protocols or other accounts of future studies AND dissertations. (NB: latter may be retrieved later.)

**Duplicate:** Exclude if this is a duplicate of another entry (pick the best referenced one).

**Marker:** Check this box IN ADDITION to exclusion criteria above, if there is possibility this may be useful. An example might be views of LGBT people (or other equalities groups) on social care generally: these may be useful if there is not more relevant material.

**Non-excluded papers will be classified as follows:**

**INCLUDE policy & practice guidance:** Government policy, legislation and guidance from potentially authoritative organisations. These are NOT carried forward into review questions as they are not research and cannot be critically appraised, but GDG may wish to consider them for inclusion as background to the guidance. Studies reporting relevant policy, legislation and practice or practice guidance will be parked for later sorting and retrieval to support the guideline.

**INCLUDE on title & abstract:** Include based on title and abstract for allocation to review questions respectively. (Note: All studies will be re-assessed for 'EXCLUDE' status at the second stage of critical appraisal and data extraction when we have accessed the full texts.)

**QUERY INCLUDE:** first reviewer is unsure, so paper is marked for second opinion from another reviewer.

Papers screened at this stage on title and abstract and included will be subject to a further checkbox allocation to the research review questions to which they appear to contribute. The review questions will be entered into a coding framework which sits beneath the

exclusion criteria tool in EPPI-Reviewer 4 (a software package that supports systematic reviews). Any papers which appear to allude to cost or resource use will also be identified at this stage, and entered into the question coding box as 'Costs' for further analysis by the health economists.

**Quality assurance of screening process:** Studies not excluded will be allocated to the relevant research review questions within this topic. At least 10% of search outputs will be double-screened by two or more systematic reviewers, with a view to activating the EPPI Reviewer priority screening mechanism. All queries will be discussed by the screening team to agree on inclusion status.

**Reviewing the search outputs for each review question:**

Each set of included studies allocated to each question will be analysed for:

- Correspondence to the review question
- Study type, including systematic reviews
- Gaps in evidence, including those related to the experience and views of sub-groups of the population.

The analysis of search outputs for each questions will be tabulated:

- by study type – a measure of the strength of the findings of the study;
- by country of origin, as this is a measure of how generalisable the findings will be to the UK home care context.

Where the potential number of included studies is too large to manage within capacity and timeframe, the GDG will participate in deciding which is the best and the most relevant type of study for inclusion. This analysis will be undertaken for each question (so that topic thresholds can be different for different questions). An agreed set of included studies will then be retrieved for further analysis in full text versions. Some of these studies will be available through the internet, some will need to be purchased (e.g. from British Library), and

	<p>some, despite our best efforts, will not be available. Process and outputs of full text retrieval will be documented, using EPPI Reviewer 4 facilities.</p> <p>The material identified will be critically appraised, using the modified appraisal tools supplied by NICE in the Social Care Guidance Manual. For these review questions, the checklists for systematic reviews, RCTs, cohort, case control and qualitative, cross-sectional and economic evaluations will be applied to determine the credibility and generalisability of research findings. Codings will be entered into EPPI Reviewer 4 for QA and recording purposes, and will be reported in evidence tables and evidence summaries.</p> <p>If we find systematic reviews (with or without meta-analyses), we will pay particular attention to issues such as how recently the primary studies were undertaken, whether the services evaluated are comparable to those models in use in England, and whether there is justification for disaggregating the review papers in order to consider those most relevant to our review questions.</p>
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