Models of Publicly Funded Home Care and their Characteristics: A Scoping Review

Background: There is an increased demand for home care services as the number of older adults increases across Canada and other countries. Older adults can receive home care services, including nursing, personal and/or therapy supports, to assist with living safely at home for as long as possible. Home care in Canada is decided at the provincial/territorial level, thereby creating 13 service models which vary in priorities, funding and accessibility across the country. This can make it difficult to identify common features of home care across Canada and in other countries with publicly funded health systems.

Aims: Together with citizen partners, we completed a scoping review to **1)** identify existing models and characteristics of home care in Canada, the UK, Denmark, Sweden, Australia, and New Zealand, as they have comparable health systems, and **2)** describe home care evaluations, when available, in relation to quality, patient and family satisfaction, and level of integration with the health and social care systems.

How did we do this work? We searched for research papers and reports published since 2005 that focused on older adults (aged 60+), who lived at home with a caregiver, and were receiving home care services. Two researchers reviewed all search results against these eligibility criteria to confirm all relevant papers were included. We reviewed the included papers and pulled out key details that would help address the aims of our review. These details were analysed and written up to highlight findings.

Key findings: We identified 14 relevant papers primarily describing six models of home care:

1. Integrated Primary Care/"Home is Best" (Canada)
2. Ontario Health at Home (Canada)
3. Consumer Directed Care (Australia)
4. The Nordic Welfare Model (Sweden and Denmark)
5. Cash for Care/Direct Payments (the UK), and
6. The Family Model of Care (Australia)

Common features of the identified models included**: 1.** quality of interpersonal relationships between clients & healthcare providers (relational quality)**, 2.** high staff turnover and disrupted continuity of care (workforce sustainability), **3.** supporting older adults' control over workforce selection and care planning (autonomy & administrative responsibilities), **4.** innovative approaches to linking health and social care services

(integration), **5.** embedding cultural safety & community governance structures within models (cultural responsiveness & community governance), **6.** financial pressures and commitments to inclusivity (pressures & adaptability). Very few papers evaluated how these home care models perform, with evaluations often focused on client satisfaction rather than health, equity, or cost outcomes.

Citizen partner reflections: Home care services should include assisting with meals, chores (e.g., laundry, bed changing), shopping, getting dressed, and travelling to appointments. Support with these aspects of care is especially important after hospital discharge. There is also a need for staff training on the importance of compassion and interpersonal skills to ensure client's receive person-centred care that values each their life experiences, and not just their health challenges. Paying these staff a living wage is critical for workforce sustainability.

Summary: Despite variations across identified home care models, they often relied on good relationships, cultural safety, workforce stability, and care integration. Future research needs to evaluate the outcomes of home care services and work towards models that can be tailored to meet the needs of families, staff, cultures, and communities. Ensuring staff receive sufficient training and pay commensurate for their work is critical to supporting both clients and workforce sustainability.