

Conceptual framework: developing a tool to collect and assess good practices in the context of non-residential community-based services for older people

Magdi BIRTHA
Veronica SANDU

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Contact:
Magdi Birtha
birtha@euro.centre.org
European Centre for Social Welfare Policy and Research
Berggasse 17, 1090 Vienna, Austria
www.euro.centre.org
ec@euro.centre.org
+43-1-319 4505

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Introduction

Background

Deriving from significant progress in recent decades in the disability and childcare sectors, the trend of shifting from institutional types of care to community-based services for older people with support needs is gaining traction in national and European policy making (Mansell et al., 2007; Lipszyc et al., 2012; Verbeek et al., 2012). This means a shift from a primarily medicalised approach towards prioritizing individual needs, by bringing support closer to individuals and preferably provide it in one's own home environment and the related neighbourhood or community. While many countries pursued the development of community-based services for older people with the intention that it will gradually replace the need for institutional care, progress has been rather slow (Schulmann et al., 2017b).

Community-based care encompasses a diversified provision in which a wide range of services (e.g. homecare, intermediate care, day-care, mobile teams, legal counselling etc.) exist and are aligned with each other, e.g. through case and care management. According to considerable research, the majority of older people prefer to remain in their own homes, as long as possible, instead of moving to a nursing home or other type of residential setting (e.g. Moriarty, 2005; Nikmat et al., 2015; Singh et al., 2014). This preference of the users is underpinned by the 'ageing in place' movement, as well as policies at international and EU levels to support the independent living of older people for as long as possible (WHO, 2002; UNECE, 2010).

Investment into a modern, person-centred and community-based support system which offers a variety of non-residential care service options, would support the preferences and ensure the dignity of older persons with support needs, whilst it would also help shifting care responsibilities from the economically and socially vulnerable group of informal carers to the formal care sector. Such deinstitutionalization reform cannot be successful without a significant change of mind-set and approaches by professionals in formal care settings, nor without appropriate quality control mechanisms in place (Ilinca et al., 2015).

While deinstitutionalization reforms have begun across Europe, their pace and progress show great diversity. Nevertheless, national and local experiences of different strategies and service models could be useful for countries embarking on this important reform process, in order to ensure sustainability and continuity of quality care. This Working Paper offers a conceptual framework and comprehensive tools, developed by the European Centre for Social Welfare Policy and Research to collect and assess good practices in the context of non-residential community based (NRCB) services, available for older people with care or support needs. The tools consider various types of service delivery (public or private delivery, initiated at central or local levels etc.). The tools will foster knowledge transfer on existing

solutions with the aim to help the dissemination and up scaling of good practices. At the same time, they also take into account to some extent the perspective of beneficiaries, using community-based support services. In that perspective, the tools will fill an important gap in collecting information about community-based support services and evaluating them in a systemic way and along different criteria.

Scope for the conceptual framework

This Working Paper builds on the literature review, carried out as part of the research project to investigate existing models and tools to define and assess good practice provision of NRCB services and to foster the transfer of confirmed good practice into other contexts (Sandu & BIRTHA, 2020). Often, *good practice* is a generic term that could imply different things in a specific context. In some contexts, good practice is defined in a more rigid way, with focus on the impact of the action which is evaluated based on rigorous evidence. In some other cases, good practice has an experimental connotation and is more open in methods of application. This paper will define *good practice* in the context of provision of community-based services for older people (chapter 5) and, based on the good practice definition, will build up 2 tools, the checklist for identifying practices for potential up-scaling and the good practice template for policy transfer.

Thus, the scope of the conceptual framework covers the adaptation of existing methodological tools to

- a) assess service provision that supports older people with care and support needs living in their home and
- b) transfer and adapt policy solutions to another context.

Structure of the conceptual framework

The conceptual framework presents comprehensive tools to collect and assess good practices in the context of NRCB services for older people. The conceptual framework is structured as follows: Section 1 will explore existing types of social services that support older people in their home, as well as emerging trends across Europe. Section 2 of this Working Paper will provide a brief and non-exhaustive summary of the relevant legal background and policy developments in Europe to support independent living and ageing in place of older people through a range of home-based, non-residential services in the community. Section 3 will present the principles and assessment criteria of good practice in the context of non-residential community-based services for older people as well as the pre-conditions for a successful transfer or upscaling process. This framework will serve as a basis for the identification of

good practices, as well as for guiding the policy transfer process. The Working Paper will conclude with two tools developed as part of this framework:

- a checklist for preliminary selection of a good practice (Annex 1) and
- a template on collecting information on good practice (Annex 2).

Limitations

Except a few notable projects (e.g. INTERLINKS, EURHOMAP), not many comprehensive research projects were carried out that focused specifically on collecting and evaluating good practices on the organisation and provision of services for older people. While this research will not be able to provide a systemic analysis of existing care services, it contributes to further efforts by proposing complex tools that can be used to collect information on various aspects of home care services and evaluate them in a methodologically grounded way.

Despite the tools being based on the literature review and thus aiming to be as comprehensive as possible, they do not necessarily cover all aspects that are relevant in this context.

Due to the limited resources, available for this project, the voice of older people with care or support needs were not channelled in the process of developing this conceptual framework. Nevertheless, the literature review covers several reports and guidelines that were developed with the involvement of the beneficiary group, therefore, they are indirectly represented in the outcome of this Working Paper.

Section 1: Legislative and policy background in relation to the independent living of older people

United Nations level

There is no distinct international convention specifically addressing the rights of older people, though existing human rights standards do provide provisions for the fulfilment of the universal rights of all individuals, including older persons. Due to the universal nature of human rights, older people are protected by the International Bill of Human Rights, including the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR) and the International

Covenant on Economic, Social and Cultural Rights (ICESCR). These legally binding instruments promote the rights and freedoms of older people across a wide range of areas, including the right to health, social security, participation and equality of opportunity throughout life.

Following a series of soft law instruments and policy documents, the UN General Assembly established an **Open-Ended Working Group on Ageing (OEWGA)** in 2010, with a designated role since 2012 to consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including the feasibility of further instruments and measures, namely a potential new UN Convention. Interestingly, the Argentinian delegation to the UN General Assembly already proposed a draft for a new declaration specifically protecting the rights of older people, back in 1948, which ultimately did not pass (Schulmann et al., 2017a). Despite the rapidly growing ageing population, States Parties have not yet agreed to move towards the adoption of a new, dedicated Treaty for the protection of the rights of older people. A human rights approach to ageing would recognise older people's legal right to quality care and support, hence some States Parties are reluctant to pursue a new binding instrument, but argue instead that it is the responsibility of national governments to implement stronger legal protection and ensure access to adequate health and social welfare benefits and services. Nevertheless, statements and reports prepared for the OEWGA, as well as General Comments issued by other Treaty Bodies (e.g. CEDAW, CRPD Committees) relevant for older people could serve as guidance for decision makers when adopting new policies to ensure the respect of fundamental rights and dignity.

The issue of independent living and ageing in place is specifically mentioned in the **United Nations Principles for Older Persons** by stating that older people should be able to reside at home for as long as possible and that they should benefit from family and community care and protection in accordance with each society's system of cultural values. While the non-binding text does not deny the necessity of care and rehabilitation, provided sometimes also in institutional settings, it emphasises the importance of dignity, autonomy and the right to make own decisions about care and the quality of life.

Among the existing specific Treaties, the **UN Convention on the Rights of Persons with Disabilities (UN CRPD)** comes closest offering a legal framework for the protection of the rights of older people with care and support needs. According to the UN, more than 46% of older persons (aged 60 years and over) have disabilities, and more than 250 million older people experience moderate to severe disability worldwide. Essentially, older people with care or support needs have some form of impairment or disabling condition that make them covered under the UN CRPD. The UN CRPD includes several provisions which highlight the inter-sectionality of ageing and disability (e.g. Article 5 on equality and non-discrimination, Article 9 on

accessibility, Article 19 on living independently and being included in the community, Article 25 on health).

In the context of this Working Paper, the General Comment on living independently and being included in the community (Article 19 CRPD), issued by the CRPD Committee holds particular relevance.¹ It provides a detailed interpretation of the right to live independently and being included in the community, and it underlines that these apply to all age groups. Article 19 of the CRPD calls on States to take effective and appropriate measures to facilitate the full inclusion and participation of persons with disabilities in the community, access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, as well as equal access to community services and facilities (CRPD/C/GC/5).

The United Nations Economic Commission for Europe (UNECE) considers population ageing as one of the most important phenomena of our time that brings wide-ranging challenges and opportunities. UNECE, therefore, works towards implementing the United Nations' policy framework on ageing in the European region, through maintaining an intergovernmental platform. Finding innovative and sustainable solutions to help older people with care or support needs to continue living at home independently is critical in the context of both demographic change and budgetary constraints (UNECE, 2018). The UNECE suggests the following strategies to promote the independence of oldest-old persons (UNECE, 2018):

- strong coordination between a wide range of stakeholders in the community, including formal and informal actors;
- a customized, person-centred approach to the assessment of needs and mechanisms aimed at identifying need and abuse among oldest-old persons;
- greater use of community engagement and resources with 'bottom-up' approaches, making the most of multidisciplinary stakeholders and intergenerational exchange;
- the engagement of oldest-old persons and their families in designing their home environment, monitoring their wellbeing, as well as using technology to maintain communication with individuals outside the home.

¹ General comment No. 5 (2017) on living independently and being included in the community, CRPD/C/GC/5.

EU level

The **EU Charter for Fundamental Rights** (Charter) recognises and respects the rights of older people to “lead a life of dignity and independence and to participate in social and cultural life” (Article 25, Charter). The Charter also sets out a range of civil, political, economic and social rights relevant for older people, such as the rights to non-discrimination, social security, health care and education. Older people are also protected against discrimination in the labour market across the EU, under the EU Employment Equality Directive (Directive 2000/78/EC). The horizontal Equal Treatment Directive that would guarantee EU wide protection for older people, among other groups in areas like housing, social protection, access to goods and services has been stalled at the EU Council since 2008. Nevertheless, it is primarily the Member States’ responsibility to protect the rights of older people in their national constitutions.

The **European Pillar of Social Rights** adopted in 2017 serves as a compass to deliver social rights to EU citizens more efficiently. Principle 18 on Long-term Care explicitly recognises that “everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services”. This was the first time that the right of older people with care and support needs to home care and community-based services is formally recognised in an EU policy document. The European Commission is currently working on an Action Plan to implement the principles of the Pillar more systematically.

Civil society organisations also play an active role in promoting and protecting the rights of older people at EU and Member States level. In 2010, **AGE Platform Europe** developed a *European Charter of the rights and responsibilities of older people in need of long-term care and assistance*.² While this dedicated Charter is not a legal document, it aimed to become a reference document setting out the fundamental principles and rights that are needed for the wellbeing of all those who are dependent on others for support and care due to age, illness or disability. It complements existing national measures and raises awareness on the fundamental rights of older people, including the right to high quality and tailored care.

To sum up, in the approaches on LTC provision, there has been a significant shift in recent years from a conventional medicalised model to care towards active ageing and eventually a model of care based on human rights. In line with a human rights approach to ageing, there is a need to provide older people with choices regarding the type of care, or support services they wish to use and make a wide range of care service options available to them in the community (Schulmann et al., 2018).

² The European Charter https://www.age-platform.eu/sites/default/files/European%20Charter_EN.pdf (last accessed 31 August 2020).

Section 2: Non-residential community-based services to support older people living in their homes

Definition of non-residential community based social services for older people

As it was mentioned above, this Working Paper is focusing on **non-residential community-based services** that include **home care and other health and social services**, provided in the community. The NRCB services are services that are included in the overall concept of long-term care but is limited to formal support, also to services which are not provided in healthcare facilities, nursing homes and facilities which are not based in the community.

The Common European Guidelines on the Transition from Institutional to Community-based Care (European Guidelines) defines community-based care as “a range of services that enable individuals to live in the community. It encompasses mainstream services, such as housing, healthcare, education, employment, culture, and leisure which should be accessible to everyone regardless the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance, respite care and others” (European Expert Group, 2012).

The non-residential community-based services include two main type of services: **homecare services** and **other services provided at the community level** and outside of a large residential facility.

Home care generally refers to a range of services, delivered at the home of an individual with care or support needs, however the term is understood and practiced very differently across countries and sectors (Genet, et al., 2012). Most definitions include older people with care needs, adults with disabilities and high support needs, as well as people with chronic diseases who need support (e.g. during recovery from cancer). Not only the term ‘home’ may leave lack of clarity, but also the type of service provided in someone’s home environment, i.e. if informal care provided by relatives (e.g. personal care, or housekeeping) is part of home care or not. The EURHOMAP study³ has defined **home care** as “professional care provided at home to adult people with formally assessed needs, which includes rehabilitative, supportive and technical nursing care, domestic aid and personal care, as well as respite care provided to informal caregivers” (Genet et al., 2011). The OECD includes primarily

³ More information about the EURHOMAP project is available at: https://webgate.ec.europa.eu/chafea_pdb/health/projects/2006115/summary (last accessed 2 September 2020).

long-term care services in their definition of **home care**, which can be preventive, acute, rehabilitative, or palliative in kind (Lundsgaard, 2005). The WHO considers not only long-term care, but also short-term care provided at home (Genet et al., 2012).

As a response to the increasing demand, home care may include a range of health and social care services (e.g. such as domestic aid, personal care and technical aid, as well as nursing services) (Hutten & Kerkstra, 1996; Burau & Blank, 2007). Home health care covers mostly technical, supportive and rehabilitative services and possibly also personal-care services, depending on the characteristics and boundaries of both systems in a country (Genet et al., 2012).

Other **non-residential community-based services** could be provided not directly in the home of the individual, but in the community. Such services could be provided in facilities that are accessible for older people such as day care centres, out-patient clinics, convalescent centres. The services provided in the community include adult day programmes (i.e. inclusion programmes, health related activities and programmes), transportation services, counselling and support groups, respite care and support services for carers, food services.

List of non-residential community-based services for older people in the EU context

NRCB services that can support older people with care needs in their own environment are situated at the intersection between the health care system and the social system in almost all EU countries (WHO, 2008). Thus, they cover a broad range of health and social services, which are often distinguished as home nursing (health) and domestic aid (social). Nevertheless, the organisation and financing of health and social care systems are different in countries, therefore no universal list can be drawn up. WHO provides a non-exhaustive list of the range of community-based services provided by the health and social care system (Table 1).

Table 1. Types of home care services provided by health and social care sectors

Home care services provided by health care systems
Rehabilitation
Supportive nursing care
Health promoting nursing care
Disease-preventive nursing care
Technical nursing care both for chronic and acute conditions (e.g. changing stomas or putting on prostheses)
Hospital-at-home schemes

Hospice-at-home service
Occupational therapy
Physiotherapy
Home care services provided by the social service sector
Household duties (e.g. shopping, cooking, cleaning and administrative paperwork (such as filling in forms and paying bills),
Activities such as socializing or going for walks and delivering personal care (help with bathing and dressing, etc.)
Respite care for informal carers
Counselling and advice

Source: WHO, 2008.

The European Guidelines also provide a non-exhaustive list with descriptions of non-residential community-based services for all target groups, including some that are specifically suitable for older people with support needs (Table 2).

Table 2. List other community-based services

Type of service	Description
Personal assistance	In case of personal assistance, users have full control over their assistance (e.g. by employing and training the assistant)
Housing adaptations	Inaccessible housing has a negative impact on the quality of life of people with support needs and their families. The lack of accessibility or adaptations is often the reason why people have to leave their home and move to a residential setting
Technical aids and assistive technologies	‘Assistive technologies’ refer to a variety of products and services that allow or make easier the implementation of certain tasks by the user, or improve his/her safety. Progress in electronic devices and information systems (smart homes) provide effective support to the independent living for people with declining health or increased support needs, preventing falls and self-neglect and empowering older people to live in maximum autonomy, safety, security and dignity.
Individual level advocacy	Advocacy can be provided by a trained person, who, on the basis of an understanding of a client’s needs and wishes, will advise, assist and support that client to make a decision or claim an entitlement and who will, if appropriate, go on to negotiate or make a case for them.

Crisis intervention and emergency services	Various activities aiming at supporting an individual or a family to overcome a difficult situation which has a damaging effect on their well-being, e.g. individual and family counselling, crisis resolution teams.
Short breaks	Designed to give older people and their carers a break from their usual routine or caring role. The service could be provided in various locations, for example in a community setting or in the person's home. Breaks can have different durations from a few hours to several days.
Befriending	Support provided by trained volunteers to older people, and families, either for an agreed period of time, or on an on-going basis. The service offers an opportunity to individuals and families to overcome their isolation and get more fully involved in the community and social life. Matching volunteers and users are considered to be the key success of the service.
Home help and home-care services	Home help consists of home visits to assist with household tasks, such as shopping, cleaning, cooking, laundry or minor maintenance. Home-care services include assistance with daily routine tasks such as getting up, dressing, bathing and washing or taking medicines.
Day care centres	Provide advice, support, meals and some aspects of personal care, as well as social and cultural activities. For older people with support needs day care centres can play a key role in combatting loneliness and isolation.
Meals on wheels	Distribution of meals to older people in their homes.
Home nursing	Home visits by nurses or other health personnel to assist with medical care, such as dressing wounds, medication and various forms of therapy.

Source: European Guidelines, 2012.

New trends in supporting independent living for older people

A recent Policy Brief of UNECE specifically addresses innovative social services and supportive measures for ensuring the independent living of older people (UNECE, 2018). Based on the definition of Eurofound, *innovation* can be defined as “a way of compensating for the ineffectiveness of both the state and the economy, but not merely a new way of tackling social challenges, rather inventions in the areas of social services and support when they provide sustainable benefits for the service users” (Eurofound, 2013).

UNECE proposed a framework for identifying innovation in the area, where measures are considered innovative if they (UNECE, 2018):

- Suggest a new way of identifying need, integrating service provision or use technology for the purpose of supporting independent living;
- Promote the integration and/or collaboration of heterogeneous stakeholders in these areas and thus promote multi-disciplinary approach;
- Create structures and processes that are sustainable and could potentially realise regular employment opportunities;
- Involve oldest-old individuals as end-users and co-producers of services or products.

In order to ensure the independent living of older people through sustainable solutions, UNECE suggests focusing on innovation in identifying the needs of older people, in integrating formal service provision with informal support and in technology and design (UNECE, 2018).

Section 3: The framework to identify good practices in the context of non-residential community-based services

This section presents the conceptual framework through basic principles, assessment criteria and transferability requirements of a good practice in the context of NRCB services for older people. The chapter also describes the steps in collecting information about the good practices and the necessary stages of policy transfer as well as two practical tools.

The conceptual framework is based on the first Working Paper, *Literature review: Definitions, models and dimensions of good practices* (Sandu & Birtha, 2020) drafted as a part of the project. It adjusts the models presented in the paper to the specific context of provision of CBS for older people with care and support needs. The presented framework and tools will be used to collect and present information about good practices.

The literature review (Sandu & Birtha, 2020) provides a comprehensive overview of different definitions used to define “good practices” and to distinguish these from “promising practices” or “best practices”. The main factors in the determination of good/promising practices referred to proven results, positive impact and replicability. As the literature suggested avoiding using the term “best practice”, as it somewhat

implies that the presented solution is best regardless of the context, the conceptual framework will include only “good” and “promising” practices, with the following context-specific definitions in mind:

A *good practice** in the context of provision of non-residential community-based services for older people ***is a transferable practice that has been evaluated, showed good results and has a proven impact on the well-being of the older people***

Source: adapted from UN, 2008.

A *promising practice* in the context of provision of non-residential community-based services for older people ***is a transferable practice that has been evaluated, showed good results, but there is no proven impact on the well-being of the older people yet.***

Source: adapted from Farkas, 2006.

A practice is ***transferable*** if the possibility of transferring was considered at design, implementation, and documentation phases and certain requisites for transfer are met by the host part. It is important to note that replication would require some quantitative and qualitative data showing positive outcomes over a period of time (FAO, 2016).

A ***good practice*** can be considered for ***policy transfer*** if it adequately fulfils the specific dimensions, identified through the literature review, including replicability, adaptability, innovativeness and well documented information about the practice itself.

Assessment of good practice in service provision

The basic principles of service implementation, in the context of supporting the independent living of older people with care needs, is based on relevant literature (European Guidelines, UNECE; 2018, Schulmann et al.; 2017a; BIRTHA et al., 2019 etc.), and defines four principles of service planning and implementation:

1. Non-discrimination
2. Participatory approach
3. Person-centred approach
4. Inclusiveness and gender sensitivity

These principles are prerequisites of a good practice and they also need to be understood and respected during policy transfer. *Non-discrimination* means that different groups of older people are not discriminated against in terms of their ability to access mainstream services and facilities (European Guidelines, 2012). Notably, some groups of older people may face multiple discrimination, for example on

grounds of ethnicity or sexual orientation, thus adequate non-discrimination legislation should guarantee that support is available for everyone on an equal basis with others. *Participatory approach* indicates that support services are on the one hand facilitating the better inclusion of older people in the community and tackling their isolation, and on the other hand are designed, implemented and evaluated with the direct involvement of the beneficiary group and their families. A *person-centred approach* implies that the needs and preferences of the service user and families are at the centre during the planning, provision and evaluation of support services. Services that are tailored to the individual situation represent a shift away from previously dominant service-centred approaches. *Inclusiveness and gender sensitivity* should be cross-cutting issues to reflect the diversity of older people with care and support needs and service provision to be designed and delivered in a gender sensitive way.

The basic assessment criteria to determine whether a practice is a good or promising one in the context of NRCB service delivery were defined based on the existing good practice models presented in the literature review paper (Sandu & Birtha, 2020). The existing models have been designed by development organisations to facilitate internal and external knowledge sharing and policy transfer processes. Almost all models use the OECD DAC principles for the evaluation of development assistance to establish if the practice is good or promising.

These criteria are:

1. Relevance
2. Coherence
3. Effectiveness
4. Efficiency
5. Impact and
6. Sustainability

The 'coherence' criterion was added to the OECD DAC framework in 2019 (OECD, 2019), but will not be considered in the context of service delivery due to potential duplications with the relevance criteria.

The **relevance of NRCB services for older people** is the extent to which the service responds to the particular needs of older people with care or support needs. The relevance of community-based services (CBS) can be approached from different perspectives: the relevance of available and provided services to the particular characteristics of beneficiaries (age, culture, gender, social class, ethnicity, disability etc.), the relevance of provided services to a beneficiary's individual needs (needs assessment compared to service offer), relevance to the choice of service (eligibility criteria, offer of service versus demand).

The relevance could be measured by assessing, among others:

- a) the nature of care/support provided to match individual needs
- b) the type of available services in a community (e.g. integrated care)

- c) number of persons above 65 years of age in a community that receive services
- d) demographic characteristics of beneficiaries such as educational attainment, house-hold composition, gender, dependency level

Effectiveness of NRCB services for older people is the extent to which the service achieved the planned goals, including any differential results across groups.

Effectiveness can be measured by assessing:

- a) beneficiary satisfaction/user satisfaction
- b) the quality of care
- c) involvement in decision-making about service planning and management, increase of self-determination, participating in more activities or social interactions
- d) decrease in the degree of informal support and of caregiver's burden

Efficiency of NRCB services for older people is the assessment of whether the service delivers results in an economic and timely way, by looking at how resources are used. Efficiency could be measured by assessing the:

- a) use of human resources (e.g. efficiency of the case managers)
- b) use of technical resources
- c) use of resources available at the community level (e.g. volunteer work, informal support)
- d) use of financial resources

A cost-benefit analysis could also be carried out in the context of efficiency analysis. A common approach is to calculate the costs of the *non-intervention*, under the assumption that in the absence of NRCB services, older people in need may use healthcare or residential care services and compare these costs with the costs of community-based service delivery (costs of CBS versus cost of hospitalization/institutionalization). It should also be considered in the calculation of costs that due to the lack of adequate service provision, a family member often provides informal care which results in loss of income and potential risk of social exclusion.

Impact of NRCB services for older people is the extent to which the service improved the wellbeing of the beneficiaries, including intended or unintended effects on the society. The impact of social services could be measured through assessing:

- a) increase of quality of life (e.g. WHO-QOL or EQ5D self-reported surveys) and healthy life expectancy for the users
- b) reduction of dependency level, increased self-care, functional ability and autonomy, improved personal safety
- c) change in the rates of (unplanned) hospitalization and the rate of admission to residential care homes, less reliance on the acute health care system

The methods for assessing impact could cover various tools, but channels through which the voice of the beneficiaries of the services could be integrated in the assessment should be prioritised (e.g. user satisfaction survey, qualitative interviews with beneficiaries, focus groups etc.). Further data collection (interviews with informal carers) or the analysis of relevant quantitative health care data could support the impact assessment. It is important to note that measuring impact in this context is particularly challenging as the wellbeing of the service user and the quality of the service might not correlate. For instance, despite the best quality of service, some users' wellbeing can decline, due to worsening physical or mental conditions. It is therefore recommended to always include risk adjustment to correct for potential bias.

Sustainability of NRCB services for older people is the extent to which the continuity of the service is guaranteed or the benefits of the interventions will likely last. The assessment of sustainability involves the analysis of resilience, potential trade-offs and risks, as well as assessment of medium and long-term benefits of the intervention. The sustainability factors could be clustered into three main groups (Ceptureanu et al., 2018):

- a) programme/service factors
- b) organisational factors
- c) community factors

Programme/service factors refer to: the competencies of the provider to coordinate the service, degree of staff involvement and integration, funding of the service and the transparent use of funds. Organisational factors refer to strong leadership, the organizational system and stability, the financial management and diversification of income sources, prioritization capacity, human resources and their capacities as well as skills and strategic planning. Community factors in relation to sustainability refer to community capacity and support, the availability of information and service supporting network.

Transferability of services

The general requirements of policy transfer refer to pre-conditions that are key for transfer of good practices, therefore while exporting a practice to another context the following aspects should be considered:

1. Replicable and adaptable
2. Innovative
3. Well-documented

Replicability means that specific elements of the good practice can be applied in another context and the same or similar outcomes can be expected. Since national

and local contexts always differ, good practices should be *adaptable*, so that the elements can be changed to fit another context (i.e. upscaling). *Innovation* in terms of supporting the independent living of older people is defined as “providing new solutions to pressing social demands while making better use of available resources” (UNECE, 2018; BEPA, 2011). A good practice therefore should offer new ways of providing adequate, person-centred support to older people in their own home environment, by overcoming barriers with the best use of existing resources, including available workforce, technology etc. In order to enable policy transfer, relevant information about the design and implementation of the service should be *well documented* and made accessible, including impact assessment or evaluation reports.

The following pre-conditions should be considering before importing a good practice:

1. Legal and regulatory framework
2. Political commitment
3. Management
4. Technical conditions

A legal and regulatory framework that establishes and regulates the development of NRCB services is a key prerequisite for providers to be able to create such support. Legislative and regulatory reform is often needed to introduce new types of services (e.g. respite care) or new professions (e.g. case manager). *Political commitment* towards fulfilling the fundamental rights of older people refers to a favourable policy environment to invest, experiment and improve existing health care and social services, available for older people with support needs in the community. *Management* and strong leadership are needed at different levels and should be characterised by the willingness to work in partnership with different stakeholders during the development and implementation of support services. *Technical conditions* refer to the existence of the necessary technology, material conditions and equipment to support the independent living of older people. Technology can play a significant role in achieving and sustaining the independence of older people in different ways, including monitoring their health status, facilitating their social contacts, or improving their mobility or sensory abilities with assistive devices, e.g. hearing aids, emergency buttons or lifters (UNECE, 2018).

Table 3. Conceptual framework for identifying a good practice in the context of NRCB service delivery

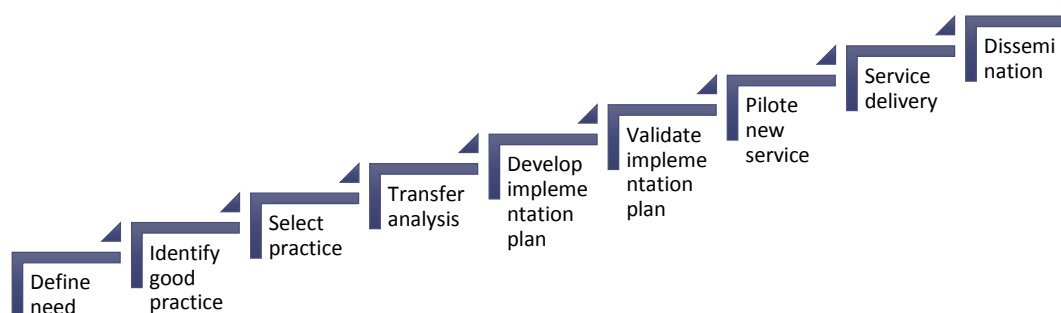
Dimensions		Criteria	Measures
I. Assessment of good practice in service provision	Basic principles of good practice in service provision	Non-discrimination Participatory approach Person centred approach Inclusiveness and gender-sensitivity	<ul style="list-style-type: none"> • Professional plan/code of conduct • Individual care plan/Case management
	Assessment of good practice in service provision	Relevance	<ul style="list-style-type: none"> • The nature of care/support provided to match individual needs • The type of available services in a community (e.g. Integrated care) • Number of persons above 65 years of age in a community that receive service • Demographic characteristics of beneficiaries such as educational attainment, house-hold composition, gender, dependency level
		Effectiveness	<ul style="list-style-type: none"> • Beneficiary satisfaction/user satisfaction • The quality of care • Involvement in decision-making about service planning and management, increase of self-determination, participating in more activities or social interactions • Decrease in the degree of informal support and of caregiver’s burden, including
		Efficiency	<ul style="list-style-type: none"> • Use of human resources (e.g. Efficiency of the case managers) • Use of technical resources • Use of resources available at the community level (e.g. Volunteer work, informal support) • Use of financial resources
		Impact	<ul style="list-style-type: none"> • Increase of quality of life (e.g. Who-qol or eq5d self-reported surveys) and healthy life expectancy for the users • Reduction of dependency level, increased self-care, functional ability and autonomy, improved personal safety • Change in the rates of (unplanned) hospitalization and the rate of admission to residential care homes, less reliance on the acute health care system
		Sustainability	<ul style="list-style-type: none"> • Programme/service factors • Organisational factors

			• Community factors
II. Transferability of services	General requirements for good practice export	<ul style="list-style-type: none"> • Replicable and adaptable • Innovative • Well-documented 	
	General requirements for good practice import	<ul style="list-style-type: none"> • Legal and regulatory framework • Political commitment • Management • Technical conditions 	

The process of transferring good practice

The nine steps presented in this subchapter should provide guidance to transfer/import or upscale good practices. The different steps were defined based on the good practice transfer framework of the European Assembly of Regions (Assembly of Euro Regions, 2013) and the template for transfer of good practices elaborated by the Food and Agriculture Organization of the United Nations (FAO, 2016), both discussed in the first Working Paper, *Literature review: Definitions, models and dimensions of good practices* (Sandu & BIRTHA, 2020). It is advised to perform each step in a consecutive order, to ensure a smooth and successful good practice transfer.

Figure 1. Good practice transfer process



Step 1. Define the need. Establishing the link between the need and the practice is the basic step of the good practice transfer. The need could be expressed at local, regional, or central levels, could be an emerging issue, a specific component of service delivery or a more complex need referring to a systemic change. The need should be in line with overarching strategic priorities and formulated in cooperation with service providers as well as beneficiaries. Context analysis defines the elements (legal, political, social, economic, geographical, cultural etc.) that could influence in a positive or negative way the implementation of the good practice in the new context (e.g. through SWOT analysis).

Step 2. Identify possible good practices and the particular characteristics of the practices to be transferred. The aims and impact of the selected practice should respond to the previously defined needs, be compatible with the context and financial possibilities. For this, the practice should be well documented, have measurable results and positive impact on the wellbeing of service users, in line with the criteria discussed above. In the process of identifying good practices, a broad range of stakeholders, including service users, service providers, subject experts, among others, should be involved (cf., participatory approach).

Step 3. Select the practice that will be transferred to another policy context. There are different approaches towards selecting the practice for transfer, one possibility is

to choose the practice(s) with proven positive impact and high transferability. The selection should be based on objective and transparent criteria, and by using a ranking system or be selected by a group of experts or a steering committee.

Step 4. Transfer analysis defines which elements of the good practice can be transferred, in light of the context analysis and how is best to plan the transfer. The transfer analysis will identify the stakeholders and their roles in transferring and implementing the good practice, as well as the necessary training and other resources they need (e.g. on new methodology, skill development; cf. principle of efficiency).

Step 5. Develop an implementation plan that follows the logic of the context analysis and provides the detailed steps of how to implement the policy transfer (e.g. breakdown of all tasks). The action plan will contain the implementation timeframe, the list and role of actors involved, the budget and the source of financing. The action plan will define the evaluation approach and indicators to monitor and assess progress.

Step 6. Validate the implementation plan by relevant stakeholders (e.g. through a steering committee), with special regard to representatives of older people's organisations and direct beneficiaries (cf., principle of inclusiveness). For the successful implementation of the good practice wide consensus among stakeholders and political commitment is needed, including the allocation of adequate financing.

Step 7. Pilot new service to test the service characteristics and accurately identify success and risk factors of good practice transfer. The piloting phase will facilitate the understanding of the practice and will show the added value over similar services. The pilot can potentially facilitate more effective distribution of resources, create knowledge, skills and training capacities which could be used for the scaling up. Based on the pilot results, the practice will be adapted and adjusted in order to improve results.

Step 8. Service delivery implements the transferred and contextualised good practice to beneficiaries with support needs living in their home environment. Appropriate and detailed documentation of the practice facilitates monitoring and evaluation activities, by collecting evidence on the implementation and the lessons learned to potentially improve similar policy transfer.

Step 9. Dissemination of the selected good practices for policy transfer can be published and made accessible through specialised databases, reviews and compendiums, web search or through discussions and exchange of information between different actors. The experiences and results of the piloting stage, as well as the concrete service delivery should also be shared with a broad range of stakeholders.

Tools to collect good practices

Two tools have been developed as part of this research project to facilitate the collection and evaluation of good practices of NRCB services for older people. The first tool is a **Checklist for identifying practices for potential up-scaling**, which will be used to identify if a practice is good enough and suitable for policy transfer (Annex 1). The checklist verifies if the basic criteria, principles, requirements and dimensions are fulfilled by the practice. The second tool is a **Good practice template** that collects detailed information about the practice itself for evaluation and dissemination purposes (Annex 2).

The two instruments have been developed based on the models presented in the first Working Paper, *Literature review: Definitions, models and dimensions of good practices* (Sandu & BIRTHA, 2020). The *Checklist for identifying practices for up-scaling* is building on the checklist presented in the UNECE Policy Brief on *Innovative social services and supportive measures for independent living in advanced age* (UNECE, 2018), and Annex 2 of the WHO *Guide to identify and document best practices in family planning programme* (WHO, 2018). The *Good practice template* was developed based on the literature review paper and it is an adaptation from a template presented by the *Asian Development Bank guide to identifying and sharing good practices* (ADB, 2017), the *Knowledge management toolkit* of the Swiss Agency for Development and Cooperation (SDC, 2009), and Annex 2 of the WHO *Guide to identify and document best practices in family planning programme* (WHO, 2018).

Conclusions

A practice can be qualified as good in one context and not bring the expected result in a changed context. When we look at transferring good practice in the context of service delivery for older people, there are several aspects that need to be considered:

- The practice should adhere to basic ethical principles of services provision, and in particular ensure non-discrimination, inclusiveness and gender-sensitiveness. The service should be person-centered to respond in a relevant way to the needs of each individual.
- General assessment criteria apply to the evaluation of good practice in a service provision context, the current framework considers the OEDC DAC evaluation criteria. The difficulty of assessing if a practice is good in the context of service provision for older persons is challenging due to the fact

that improvements in the situation of older persons and their wellbeing is hard to capture in the ageing context.

- Relevance in service provision refers to relevance of the service to the particular need, to individual characteristics and in line with the choice of each individual. Effectiveness refers to the extent a service will reach its goal depending on the nature of the service. Efficiency refers to providing the service in an economic and timely way. Impact will look at the extent the service contributed to improved wellbeing, quality of life of the beneficiaries and their families, as well as to society. And sustainability assesses the continuity of the service and the extent the benefits of the service are likely to last.
- Any practice that was assessed as good in the context of service provision would need additional considerations to see if it is transferable, with good documentation, adaptability to a new context, innovative elements, etc. While planning to import good practices pre-requisites of a successful transfer should be considered, such as: compatible legal and regulatory framework, political commitment, management, technical conditions, etc.
- The process of transferring a good practice also needs attention, the steps should be clear and followed in a logical order, with process adjustments and transfer reassessment at all stages.

Annexes

Annex 1: Checklist for identifying practices for potential up-scaling

Criteria and principles	Areas	Very much	To some extent	Not at all	Not relevant
Relevance	Builds on needs assessment and eligibility criteria				
	Takes into account context specific challenges				
Effectiveness	Ability to respond to individual needs of beneficiaries				
	Sound evidence of results to improve the well-being of beneficiaries				
	Mechanism to identify and deter elder abuse				
Efficiency	Finance management (public and private)				
	Ability to employ skilled workforce to undertake service provision				
Sustainability	Un-interrupted service provision				
	Un-interrupted and guaranteed stable funding (from single, or multiple sources)				
	Environmental sustainability is considered in the design of the service				

Criteria and principles	Areas	Very much	To some extent	Not at all	Not relevant
Proven Impact	Evidence-based impact on the wellbeing of older people				
	Improved mobility, functioning, autonomy, safety for beneficiaries				
Replicability and up scaling	Awareness of the possibilities to expand and required conditions to do so				
	Understanding of strengths, weaknesses, opportunities and threats (SWOT)				
Innovation	Service offers a new, innovative approach to support individuals in the community				
	Usage of modern, innovative technical solutions (e.g. ICT) to promote autonomy				
Participatory approach	Person-centred approach in planning, implementation and monitoring of service				
	Strong links to the community (e.g. through volunteer work)				
	Connection with informal care (esp. with family members)				
	Links to advocacy for scaling up and funding				
Inclusiveness and non-discrimination	Promotes social inclusion				
	Empower older people (including oldest old)				
	Gender sensitive				

Criteria and principles	Areas	Very much	To some extent	Not at all	Not relevant
Documentation, monitoring, evaluation	Documentation of implementation steps, activities, and results				
	Information available and accessible online				
	Ex-ante, during implementation and ex-post monitoring and evaluation mechanisms				

Annex 2: Good practice template

Title	<i>Short and descriptive</i>
Organization	<i>Name of the provider</i>
Location	<i>Geographical location (town/(region)/country)</i>
Type of Service	<i>(E.g. day-care centre)</i>
Target group	<i>Specify the target group(s)</i>
Number of beneficiaries	<i>Specify the number of beneficiaries at present</i>
The overall goal	<i>The scope of the service</i>
Key words	<i>(E.g. dementia, ICT, mobile team)</i>
(Expected) outcomes/ results	<i>Present the planned or achieved outcomes (indicators). Main results to date (use data if possible)</i>
Context	<i>Describe the needs and problems the practice responds to, if part of a larger programme, briefly describe the programme itself.</i>
Service description	<i>Max. 500 words. Describe the key activities carried out, the key implementers and key collaborations, steps in service provision, type of provision (private, public, NGO, other type of structure).</i>
Service provision model	<i>Max. 500 words. Describe the tools and methods used by the service provision model.</i>
Involvement of the beneficiaries	<i>Max. 500 words. Describe how the end beneficiaries participate in the planning, implementation or evaluation of the service.</i>
Actors and stakeholders	<i>Max 300 words. Describe the involvement of organizations, partners in the implementation.</i>
Resources	<i>What resources and skills are needed to provide the service (human, financial, other resources) Describe the available funding sources and their adequacy, and training provided for the professionals, staff, informal carers etc.</i>
Costs	<i>Cost of the service (total cost and cost/per beneficiary, if possible).</i>

Changes in legal and regulatory framework	<i>Mention any legal or regulatory changes that were needed for successful implementation of the practice (policies, regulations, or any other document for institutionalisation).</i>
Success factors	<i>The conditions or elements that were key in the successful implementation of the practice.</i>
Lessons learned	<i>Describe positive and negative aspects, what worked well, what was difficult, what should be changed, or further improved. Mention any changes made as part of the service provision to reflect lessons learned.</i>
Innovativeness	<i>Describe any innovative elements of the service provision that could also inspire other providers.</i>
Community involvement	<i>Describe the way how the local community was involved in the planning, implementation or monitoring of the service provision (e.g. volunteer work).</i>
Any other relevant information	<i>Please share any other relevant information (e.g. formal recognition of the practice, pictures etc.).</i>
Link to resources	<i>(e.g. website of the provider)</i>
Contact details	<i>(Optional)</i>

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