Exploring overnight social care for older adults: a scoping review

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Abstract

Purpose - Demand for care at home is growing because of the increase in life expectancy, an ageing population and the chronic conditions that often accompany longevity. Daytime care at home services have been widely reported on, but less is known about overnight care at home. This scoping review gathered evidence about overnight social care for older adults in their own homes.

Approach – Recent studies were identified through searches in three electronic databases. Studies published in English between January 2016 and June 2022 exploring overnight care at home for older adults were eligible for inclusion. An additional Google search identified-home care services within the UK currently providing overnight support.

Findings - The review retrieved five relevant papers, highlighting the paucity of research in this area. A narrative review of the literature identified common themes that suggested domiciliary night care staff play an integral role in meeting the overnight care and support needs of older adults who wish to be cared for at home. Despite the limited evidence base in this area, the Google search for UK domiciliary services who provide overnight support identified several active programmes.

Originality/value - To the best of our knowledge, this is the first scoping review exploring the provision of overnight social care to older adults in their own homes. The review highlights the need for further research to inform commissioning and practice development.

Keywords – Care at home, Community care, Domiciliary care, Night care, Support, Scoping review

Paper type - Literature review

Introduction

Older adults have the right to reside at home for as long as possible if this is their wish (United Nations, 1991). The familiar surroundings of the home can support the maintenance of activities of daily living (ADLs) and help to promote self-esteem and dignity (Holmberg *et al.*, 2012). Older adults living with dementia and frailty related to old age can need assistance with personal care (Age UK, 2022). Traditionally home support services, also known as domiciliary or community care services, assisted with domestic and household tasks, but the emphasis more recently has been on providing personal care (Dempsey *et al.*, 2016) including attending to a person's toileting needs, pressure care and positioning, bathing, dressing, and the administration of medication(s) (Age UK, 2022). This type of care plays a vital role in supporting older adults' health, well-being, and independence (Older People's Commissioner for Wales, 2020).

Demand for care at home has grown significantly with the growth in the global population of older adults and is likely to increase further (Roland *et al.*, 2021). Adults aged 65 years and over accounted for almost two-thirds (n=548,000) of the total number of adults in England (n=839,000) who received long-term support arranged by local authorities (LAs) in 2019-2020 (National Audit Office, 2021). Publicly funded social care support is generally means-tested in the UK but varies depending on how health, social, and community care services are financed and organised in the devolved nations. LAs are responsible for commissioning social care based on older adults' means and/or needs other than in Northern Ireland where home care is provided free of charge by health and social care trusts to adults aged over 75 years (Roland *et al.*, 2022). Many countries are making care at home a national priority for policy and practice development (Hatcher *et al.*, 2019). For example, a current Government inquiry in Sweden proposes to introduce a dedicated care contact person to coordinate and improve access to home care services (Ministry of Health and Social Affairs, 2021). Similarly, the Australian Government has pledged to reform the country's care system to recognise people's preferences to stay in their own home as they age (Department of Health and Aged Care, 2022).

Some older adults need support overnight to live well in their own home. In an early report, an extended-hours overnight service in America was found to be cost-effective and successful in preventing visits to the hospital emergency department. The availability of this night care was viewed positively by the people engaging with the service (Tennant and Narayan, 1997). Similarly, in Sweden evening and night "patrols" were seen as an important part of old-age care. Care workers involved in these patrols stated that without the service, more older adults would need to move into care homes, and the safety and quality of life of those who wished to remain at home would be compromised (Malmberg *et al.*, 2003).

Whilst there is a good deal of research exploring experiences of daytime care, overnight support has received limited attention. This scoping review explored what recent research had been conducted into night care as part of an evaluation of a night care service operating in North Wales.

Methods

Scoping reviews help map existing literature on a topic and can determine whether the body of literature is large or diverse in nature, or if there are gaps in the research knowledge (Peters *et al.*, 2015). Arksey and O'Malley's (2005) framework guided the review. The five stages involve identifying the research question(s); identifying relevant studies; study selection; charting the data; and collating, summarising, and reporting results. The Preferred Reporting of Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) was adopted to report the results (Tricco *et al.*, 2018).

An *a priori* protocol was developed with contributions from three reviewers, as stipulated in relevant guidance (Peters *et al.*, 2015). The protocol set out predefined objectives, methods, and study inclusion and exclusion criteria. As is common in scoping reviews, all research designs were included, and study quality was not assessed (Levac *et al.*, 2010).

In the initial protocol the inclusion criterion stipulated interventions delivering *social care at home overnight*. This led to the inclusion of only two studies. On reviewing the retrieved literature, we broadened this criterion to include overnight nursing services delivered in peoples' own homes, as the papers' findings and recommendations were transferable and relevant. Scoping reviews can broaden in scope as the review progresses (Peters *et al*., 2015).

Identifying the research question(s)

The study, funded by European Social Funds (ESF), formed part of a Knowledge Economy Skills Scholarship (KESS2) project. Discussions between the review team and the LA project partner developed the following review questions:

RQ1:   What types of support are available for older adults (aged 65 years and over) needing overnight social care in their own homes?

RQ2:   What are the gaps in our understanding of overnight social care at home?

Identifying relevant studies

Search terms were developed iteratively following an initial literature search using combinations of database-specific subject headings or thesaurus terms. Key terms and concepts were combined using Boolean logic and operators, and truncation was employed to allow for different endings. The search terms used were: "home", "community", "domiciliary", "care", "support", "assist", "visit", "health", "help", "night" and "overnight". Two search limiters were applied hierarchically. A published date limiter of 1st January 2016 reflected the wide-

ranging reforms made to the delivery of social care in the UK through the introduction of the Care Act (2014) in England and the Social Services and Wellbeing (Wales) Act (2014). The fundamental principles of the Acts aim to promote people's wellbeing by offering a greater choice of services providing personalised, outcomes focused support. Studies not published in English were excluded due to the time-limited nature of the review.

A separate search strategy was employed to identify services providing social care at night for people in their own home operating within the UK. An advanced Google search, with no date restrictions, was conducted on 30th August 2022 using the search terms "night service" *(Exact words)* and "local authority" *(any words).* The first 100 items were screened.

Study selection

Three electronic databases were selected for their relevance to the research subject area, with guidance from an experienced academic support librarian: CINAHL (EBSCO), Applied Social Sciences Index Abstracts (ProQuest), and Social Science Premium Collection (ProQuest). Database searches conducted on 6th June 2022 yielded 39 results which were exported to RefWorks to assist with the screening process. After automatic and manual removal of duplicates, 29 records remained. Retrieved papers were screened based on the criteria set out in Table 1. As the study population's age was not always included in the title or abstract, this criterion was applied manually at the full text screening stage. Three studies and two commentary articles met the inclusion criteria; the latter were included as they provided additional evidence. Hand searches of the reference lists of three studies did not identify any additional studies. The PRISMA-ScR diagram is shown in Figure 1.

Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria	Rationale
Between 1 January 2016 and 6 June 2022	Before 1 January 2016	This enabled the assessment of more recent services which are likely to have greater relevance for current UK social care services. The dates reflect when key legislation came into force in England and two of the UK's devolved nations: the Care (England) Act 2014, Public Bodies (Joint Working) (Scotland) Act 2014 and the Social Services and Well-being (Wales) Act 2014
Published in English in any country	All other languages	Studies not published in English were not included due to the time-limited nature of the review
Adults aged 65 and over	Children and adults under 65 years	Most people who use care at home services are older adults; 65 and above is the age widely used to define an older person in the UK (Office for National Statistics, 2019)
Overnight care at home	Care provided by unpaid carers Mental health services Nursing and residential care homes Hospital care	This review focuses on overnight care at home provided by paid practitioners
All study designs and commentaries	None	The review explored the whole body of literature

Figure 1: PRISMA-ScR flow diagram for the scoping review process
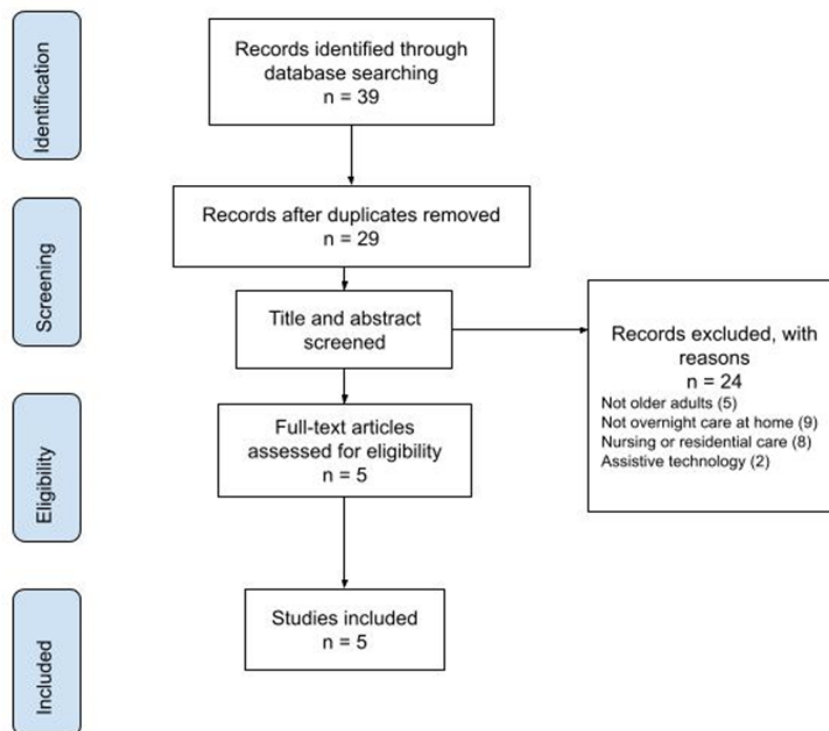
Charting the data

Data was extracted from each included paper by one reviewer and charted in tabular form to document the study details (Table 2). The study characteristics relevant to the review question included: author(s), year of publication, country of origin, aims/objectives, study population and sample size, methodology, and key findings.

Additional search for UK-based night care service

Although the original intention was to consider local authority services, the Google search retrieved several relevant private organisations offering overnight care at home. A description of the overnight services offered by twelve private or council-funded care organisations and four LAs are detailed in Table 3. Results excluded from retrievals as they were not relevant to the research question included historic tendering and service commissioning documents, and 'other night services' such as transport, housing, support for homeless people, and the night-time economy.

Collating, summarising, and reporting results

Two of the studies were conducted in Sweden, another in the UK, and the two commentaries described the work of specific UK services. The small number of retrievals informed the selection of a narrative synthesis to identify recurring themes. The home care providers in the UK offering night care were categorised into privately-owned care agencies offering services nationwide (n=6), private services providing care within one LA area (n=6), and state-provided LA services (n=4).

Table 2: Characteristics of included papers

First author, year & country of origin	Aims and objectives	Population and sample	Design and method	Significant findings
Andersson *et al.* (2017) Sweden	To analyse the challenges of intimacy in night-time home care services	Home care workers (health care assistants and home carers) providing 84 episodes of care to a frail, older population	Observational. Shadowing of two teams over two nights	Differences in night-time and daytime care practices were observed, and the limited access night-time care workers had to support was noted. The authors concluded that familiarity between the older person and night-time care worker lessens the risk of objectifying the older person, although challenges remain in maintaining a person's dignity in intimate care provision
James *et al.* (2019) Sweden	To describe stakeholders' views about creating a sense of security during evenings and nights among older adults in receipt of home care	Home care staff in rural and urban areas of a large municipality. 80 participants: people receiving home care (n=18); family members (n=5); health care assistants (n=40); registered nurses (n=10); unit managers (n=4); night shift managers (n=3)	A Participatory Appreciative Action and Reflection (PAAR) project comprising face-to-face interviews and focus group discussions.	The findings indicated that continuity of care, living in a familiar environment, honouring self-determination, and an equal relationship between the older adult and the care worker are some of the conditions that promote older adults' sense of security at night. The authors concluded that older adults should be included in discussions to identify the conditions necessary for their sense of security during evenings and nights, thus helping them to continue living in their own homes
Ward *et al.* (2021) United Kingdom	To evaluate a nurse-led night service and how it supports the needs of individuals (and their family/ carers) to remain at home, avoiding hospital admissions	Current and former family carers (n=38), and a convenience sample of staff members (n=9)	Semi-structured interviews (face-to-face and telephone)	Unnecessary overnight hospital admissions were prevented through staff supporting individuals and family carers to choose their place of death. This was done through night-time phone calls and visits. Individuals felt supported at night and anxieties were alleviated
Gundry (2021) United Kingdom	Launching a community night nursing service	Older adults with frailty, end of life care, people living with cancer *Sample size not applicable*	Commentary	The service has reportedly benefited people by supporting them in their choice of care and providing continuity, reduced hospital admissions and facilitated early hospital discharges. However, it was noted that staff recruitment had been challenging
Penfold (2016) United Kingdom	Out of hours at-home rapid response nursing service	People with palliative or end of life needs *Sample size not applicable*	Commentary	This piece highlighted how addressing the shortfall in nursing support available at night for people living at home had meant that support was now available at a time when it was most needed. The service described complemented a daytime service seeking to prevent unnecessary hospital admissions

Table 3: Characteristics of operational UK services providing overnight care

Organisation	Location & population served	Night care options and services offered								
		24-hr care	Live-in care	Night care	Personal care	Social companionship	Complex care	Palliative care	Holiday care	Hospital to home
JHN Healthcare	Nationwide Older adults and adults	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aspire Home Care Services Ltd.	as above	✗	✓	✓	✓	✗	✗	✗	✗	✗
Provident Healthcare NI	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pragmatic Healthcare Services	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
KASE Care	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Solace Care Solutions	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓

Local services

Organisation	Location & population served	Services
HSL Care	South Manchester and Stockport areas Adults and children	**24-hour, live-in and night care** personal care, companionship, food and medicines assistance, respite care, dementia care (minimum eight hours waking night)
Haven Home Care	South Wales Older adults and vulnerable adults	**Night care** personal care, social/sitting calls (from one hour), sleeping night (minimum nine hours), waking night (minimum ten hours)
CL Lifestyles Home Care	Somerset *Age not specified*	**Short-term wrap around 24-hour and night care** end of life care, dementia care, home from hospital support (one night to a few nights), ad hoc visits or between 1 to 4 nights per week
Willowbrook Homecare	Lancashire Older adults	**24-hour emergency and night care** personal care, assistance with medication, respite care, Roving Nights & Crisis Support (East Lancashire only) 10pm - 7am
Right at Home	Bromley Older adults	**24-hour, live-in and night care** personal care, medication administration, companionship, respite care, hospital to home, sleeping or waking nights
Nayland Care	Ipswich, Suffolk & Essex Adults	**24-hour and night care** personal care, companionship, palliative care, medication support, complex care, respite care, waking night dementia care, minimum visit length 30 minutes

LOCAL AUTHORITY

Organisation	Location & population served	Services
Monmouthshire County Council (Community Night Support Team)	Monmouthshire Vulnerable adults	**Night care (10pm - 7am)** personal care, continence management, medication administration, wellbeing checks, palliative care, scheduled and unscheduled visits, reassurance and/or ad-hoc phone calls, Careline response
Wirral Council	Wirral Adults	**Mobile nights and night sitting** personal care out of hours
Manchester City (Local Care Organisation)	Manchester Aged 16 and over	**District Nursing evening and night service (5pm - 8am)** nursing care, palliative care and symptom control, rapid response assessment, continence promotion, medication administration
Essex Partnership University NHS Foundation Trust	South-East Essex Housebound individuals	**Evening (6pm – 9pm) and night nursing service (9pm – 8am)** nursing care

Description of services

Palliative care — specialised care aimed at optimising quality of life for people with terminal illness

Holiday care — UK and overseas holiday breaks, accompanied by an HCA

Hospital to home — working in partnership with district nursing and occupational therapy services to support people back into familiar surroundings

Respite care — planned or unplanned care during the day or outside normal working hours to provide informal carers with a break

Dementia care — regular planned visits at home or assistance in the community to visit friends and family

Home from hospital support — extra reassurance during the day or night to settle back home

Roving Nights and Crisis — night-time short- and long-term support following illness, hospital discharge, and respite care

Support — in-person visits to the homes of vulnerable older adults to check on their safety

Wellbeing checks — 24-hour instant response for pendant alarm users

Careline response — access to a range of qualified professionals within two hours to address both health and social care needs

Rapid response assessment

Findings

Several themes were identified from the articles regarding the conditions which help older adults to feel supported whilst receiving care in their own homes at night.

Importance of familiarity
Older adults interviewed by James *et al.* (2019) identify that being cared for in a familiar environment allows them to maintain the habits and routines important in promoting well-being at home. Another prerequisite for maintaining habits and routines is care staff being known to the person receiving care (James *et al.,* 2019). This was found to be particularly important in maintaining a person's dignity in the context of intimate care provision (Andersson and Kalman*,* 2017). Trusted relationships developed over time were shown to benefit the older person by providing continuity of care (Gundry, 2021; James *et al.,* 2019). Whilst scheduled visits at night mean that care-workers and older adults are known to each other, this is less likely for unscheduled or emergency visits. Much then depends on the carefully orchestrated routines of the staff who provide care and their familiarity with one another (Andersson and Kalman, 2017). Difficulties in recruiting and staff shortages were found to pose a threat to the care relationship and continuity of care (Gundry, 2021; James *et al.,* 2019).

Supporting people in their choice of care
The important role overnight care at home services play in helping to meet people's wishes to remain at home was consistently reported and was found to be particularly true at the end of life. Ward *et al.* (2021) interviewed unpaid carers and nursing staff and found evidence that a hospice-at-home service had a positive impact on supporting people with a terminal condition to make care decisions. Recognising the need for synergy between community and acute care they found that communication between the people in need of care and support at home, out-of-hours services, and other health and social care providers was essential.

Avoiding unnecessary hospital or care home admission, facilitating late in the day hospital discharges, and relieving the burden on emergency services are seen as positive outcomes for overnight care at home services (Gundry, 2021; Penfold, 2016; Ward *et al.,* 2021). However, Ward *et al., (*2021) recognised that out-of-hours staff need to be sufficiently skilled to recognise the occasions when care needs can only be met in hospital. Andersson and Kalman (2017) suggest an obstacle to this is that night-time home care staff are an often-overlooked group who are afforded minimal supervisory and peer support.

Relieving the sense of loneliness
A key strength of overnight care at home services is reported as their ability to manage the concerns of the person with care and support needs and their unpaid carers. These individuals were found to be at their most vulnerable at night (Gundry, 2021) because they feared that timely care could not be accessed out-of-hours (Ward *et al.,* 2021). Overnight care at home services can reduce anxiety and feelings of loneliness by providing a safety net for both the person with care and support needs and their unpaid carers (Gundry, 2021; James *et al.,* 2019; Penfold, 2016; Ward *et al.,* 2021). However, Ward *et al.* (2021) recommend that services need to provide greater assurance to people that calling a service during the night is appropriate and welcome.

Home care providers in the UK
Six nationwide services were found in the UK providing overnight assistance with ADLs to adults (including older adults). Support is available in the form of 24-hour care, live-in care or sleeping and waking night services. All these services were noted to offer companionship, echoing the theme of relieving loneliness identified in the retrieved articles.

The six organisations serving a local area provide comparable services to the national organisations with the addition of emergency care response and short-term wrap around services in three instances. One organisation has a *Roving Domiciliary Care Night Service* whereby care workers carry out unscheduled care visits and can link people with a crisis response service. Another service provides short-term home from hospital support, essentially helping people to settle back into the home after an in-patient stay. Outcomes noted include avoiding unnecessary admissions to hospital or residential care, and cost savings to the local authority, although no details are provided about how these outcomes are measured.

The four overnight LA services support people in their own home with personal care or provide night nursing services which aim to keep people out of hospital and in a familiar setting when they experience a deterioration in health. Scheduled and unscheduled personal care visits are made by two teams of home care workers in Monmouthshire. They also undertake wellbeing checks and provide additional telephone reassurance to manage anxieties. The Council collates feedback from people using the night service, but other outcome measurements were not described. Wirral County Council's mobile night service provides personal care visits out of hours, and a separate night sitting service for people who need more intensive support. Registered nurses and healthcare assistants in Manchester and Essex deliver evening and overnight nursing support to people who are housebound and in need of urgent support to avoid hospitalisation.

Discussion

The findings show services that provide overnight care in people's homes exist, but they have not been widely reported on. That there were only three studies retrieved from the last eight years suggests that knowledge about overnight care at home services has not grown at the same rate as the demand for services. Of note is that each study adopted a qualitative approach, and the small samples were selected through purposive and/or convenience sampling methods.

The emergent literature suggests there may be clear benefits to older adults and their families having access to overnight care in the community, with one paper suggesting that people and their families who live in areas without home-based night services may be disadvantaged (Ward *et al.,* 2021). Key staff members observed at work or quoted in the qualitative studies include health care assistants (HCAs) and nursing assistants. Evidence from a recent review (Fee *et al.,* 2020) suggest that HCAs can make an important difference to people and their families in terms of supporting them to remain at home if this is their preferred place of care.

The qualitative evidence included in the review talk to the importance of familiarity, supporting older adults and their families to make decisions about where they wish to receive care, and how overnight services offer vital reassurance out-of-hours which may help prevent unexpected hospital admissions. These aspects of care – relational care, promoting choice and providing emotional support – are recognised as hallmarks of good-quality daytime domiciliary care (Dempsey *et al.,* 2016), but further evidence is needed to ascertain whether these are also the main hallmarks of good-quality overnight domiciliary care.

Family members were included as study participants in two studies (James *et al.,* 2019; Ward *et al.,* 2021), and were quoted in another article (Penfold, 2016). Unpaid carers have an integral role to play in supporting their relatives to live well at home and know best the routines and habits of their relatives and what is important to them. It would be valuable to explore their perspectives on care and support provided by overnight services and what, if any, improvements can be made.

The review of services currently operating in the UK demonstrate much variation across all service types. A recent report into new models of care at home found that innovative care

delivery is not widespread but implemented on a local level and that few successful approaches are shared or scaled-up (Sanders, 2021). Further research is necessary to compare the outcomes of private versus state-funded care services, and to examine the feasibility of sharing or scaling-up successful approaches.

Strengths and limitations of the review

To the best of our knowledge this is the first scoping review to explore overnight social care at home for older adults. Its findings, and especially the gaps in knowledge identified, are of national and international relevance and offer insights to inform future research. The review's methodology can be replicated, although the Google search results will have been influenced by the browser cookie record. The limitations of the review mainly relate to its scope. Search terms were revised slightly for each database due to the disparity around the terminology used globally to describe *care at home* and *home care workers*. The inclusion of other search terms may have increased the number of retrievals. Similarly, extending the publication date to pre-2016 may have yielded more results. Whilst limiting the review to English language articles may have prevented us from having a more global perspective, the inclusion of two international studies increased the relevance of findings.

The North Wales service being evaluated as part of a wider project was not identified in the first hundred results of the Google search, and there will be other services providing overnight social care at home which were similarly not identified. This implies that services may not be well-advertised as providing overnight care and that overnight care services may be difficult to find.

Recommendations for policy, practice, and future research

Improved integration and communication between secondary (hospital) care and community services could realise the potential of overnight care at home services to facilitate early hospital discharge and avoid unnecessary hospitalisation. In the review, there was evidence that this is already happening in places (Gundry, 2021; Ward *et al.*, 2021), but a national approach would make this more widespread.

To ensure workforce retention and growth in the overnight care sector there needs to be clear policy regarding staff well-being so that they are afforded adequate supervision. Similarly, in practice, overnight care at home staff should be supported by robust training programmes to maintain their skills and develop their practice in response to an increase in the number of older adults living at home with complex needs.

The review has identified a knowledge gap about what constitutes good care at night. Further research is needed about how to build trusting relationships between older adults and overnight home care workers. This will require qualitative studies, and the perspectives of unpaid carers and other family members should be sought alongside those of older adults and those who deliver night-time support.

The review also identifies a need for mixed qualitative/quantitative research to evaluate the outcomes and impacts of overnight care at home. Randomised studies are needed to evidence claims of delayed care home admissions and averted hospital admissions.

Conclusion

As the number of people aged 65 and over is projected to double worldwide by 2050 (United Nations, 2019), understanding what services are in place for older adults overnight, and who

is engaging with them will be important to inform the future planning, delivery, and sustainability of home care. Future research must understand what is important to older adults and their families to strengthen the evidence-base around the impact and value of such services and the outcomes need to be evidenced in rigorous mixed methods (quantitative/qualitative) studies.

Acknowledgements

References

Age UK (2022). *"Getting help at home"* [Online]. Available from https://www.ageuk.org.uk/globalassets/age-uk/documents/information-guides/ageukig23_getting_help_at_home_inf.pdf [accessed 1 September 2022].

Andersson, K. and Kalman, H. (2017). "Strategies to handle the challenges of intimacy in night-time home care services", *European Journal of Social Work,* Vol. 20 No. 2, pp. 219-230.

Arksey, H. and O'Malley, L. (2005). "Scoping studies: towards a methodological framework", *International Journal of Social Research Methodology,* Vol. 8 No. 1, pp. 19-32.

Dempsey C., Normand C. and Timonen V. (2016). "Towards a more person-centred home care service: a study of the preferences of older adults and home care workers", *Administration,* Vol. 64 No. 2, pp. 109-136.

Department of Health and Aged Care (2022). *"Changing aged care for the better"* [Online]. Available from https://www.health.gov.au/initiatives-and-programs/aged-care-reforms/changing-aged-care-for-the-better [accessed 30 August 2022].

Fee A., Muldrew D., Slater P., Payne S., McIlfatrick S., McConnell T., Finlay D. and Hasson F. (2020). "The roles, responsibilities and practices of healthcare assistants in out-of-hours community palliative care: a systematic scoping review", *Palliative Medicine,* Vol. 34 No. 8, pp. 976–988.

Gundry, M. (2021). "Launching and maintaining a successful night service: how a community night nursing service is helping ease pandemic pressures on a local healthcare system", *Primary Health Care (2014+),* Vol. 31 No. 3, p.11.

Hatcher, D., Chang, E., Schmied, V. and Garrido, S. (2019). "Holding momentum: a grounded theory study of strategies for sustaining living at home in older persons", *International Journal of Qualitative Studies on Health and Well-being,* Vol. 14 No. 1, p. 1658333.

HM Government (2014a). *Care Act 2014* [Online]. Available from https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted [accessed 22 July 2022].

Holmberg, M., Valmari, G. and Lundgren, S.M. (2012). "Patients' experiences of homecare nursing: balancing the duality between obtaining care and to maintain dignity and self-determination", *Scandinavian Journal of Caring Sciences,* Vol. 26 No. 4, pp. 705-712.

James, I., Norell Pejner, M. and Kihlgren, A. (2019). "Creating conditions for a sense of security during the evenings and nights among older persons receiving home health care in ordinary housing: a participatory appreciative action and reflection study", *BMC Geriatrics,* Vol. 19 No. 1, pp. 1-12.

Levac, D., Colquhoun, H. and O'Brien, K.K. (2010). "Scoping studies: advancing the methodology", *Implementation Science,* Vol. 5 No. 69.

Malmberg, B., Ernst, M., Larsson, B. and Zarit, S.H. (2003). "Angels of the night: evening and night patrols for homebound elders in Sweden", *The Gerontologist,* Vol. 43 No. 5, pp. 761-765.

Ministry of Health and Social Affairs (2021). *"Initiatives to improve security in care of the elderly"* [Online]. Available from https://www.government.se/articles/2021/12/initiatives-to-improve-security-in-care-of-the-elderly/ [accessed 30 August 2022].

National Audit Office (2021). *The adult social care market in England.* Available from https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf [accessed 4 June 2023].

Office for National Statistics (2019). *"Living longer: is age 70 the new age 65?"* [Online]. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerisage70thenewage65/2019-11-19#:~:text=In%20the%20UK%2C%2065%20years,age%20is%20out%20of%20date. [accessed 5 July 2022].

Older People's Commissioner for Wales (2020). *"Leave no-one behind: action for an age-friendly recovery"* [Online]. Available from https://olderpeople.wales/resource/leave-no-one-behind-action-for-an-age-friendly-recovery/ [accessed 6 July 2022]

Penfold, J. (2016). "Pals providing comfort and support throughout the night", *Primary Health Care (2014+),* Vol. 26 No. 8, p. 8.

Peters, M.D.J., Godfrey, C.M., Khalil, H., McInerney, P., Parker, D. and Soares, C.B. (2015). "Guidance for conducting systematic scoping reviews", *International Journal of Evidence-Based Healthcare,* Vol. 13 No. 3, pp. 141-146.

Roland, D., Forder, J. and Jones, K. (2022). "What is out there and what can we learn? International evidence on funding and delivery of long-term care", *Social Policy & Society*, Vol. 21 No. 2, pp. 261-274

Sanders, R. (2021). *"ESSS Outline: new models of care at home"* [Online]. Available from https://www.iriss.org.uk/resources/outlines/new-models-care-home [accessed 25 August 2022].

Scottish Government (2014). *Public Bodies (Joint Working) (Scotland) Act 2014* [Online]. Available from https://www.legislation.gov.uk/asp/2014/9/2014-04-02 [accessed 23 July 2022].

Tennant, J. and Narayan, M.C. (1997). "An innovative night service program in home care", *Home Healthcare Nurse*, Vol. 15 No. 5, pp. 318-324

Tricco, A., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., Lewin, S., Godfrey, C.M., Macdonald, M.T., Langlois, E.V., Soares-Weiser, K., Moriarty, J., Clifford, T., Tunçalp, O. and Straus, S.E. (2018). "PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation", *Annals of Internal Medicine,* Vol.169 No. 7, pp. 467-473.

United Nations (1991). *United Nations Principles for Older Persons* [Online]. Available from https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons [accessed 4 July 2022].

United Nations (2019). *"World Population Aging 2019"* [Online]. Available from https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf [accessed 22 July 2022].

Ward, A., Sixsmith, J., Spiro, S., Graham, A., Ballard, H., Varvel, S. and Youell, J. (2021). "Carer and staff perceptions of end-of-life care provision: case of a hospice-at-home service", *British Journal of Community Nursing, Vol. 26 No.* 1, pp. 30-36.

Welsh Government (2015). *Social Services and Well-being (Wales) Act 2014* [Online]. Available from https://gov.wales/sites/default/files/publications/2019-05/code-of-practice-in-relation-to-measuring-social-services-performance.pdf [accessed 14 July 2022].