HomeCareGiver – Final Report

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Introduction

A best practice is commonly defined as a technique or method that, through experience and research, has proven reliably to lead to the desired result. These practices need to be shared and adopted to benefit more people. The main rationale for documenting and sharing "best practices" is to enable persons and organizations working in the health sector to avoid reinventing the wheel; to improve performance and avoid the mistakes of others. In this way, there is the opportunity to acquire knowledge on lessons learned, how to improve and adapt strategies and activities through feedback, reflection and analysis, and implement large-scale, sustained and more effective interventions. We defined 2 questionnaires: one for Organizations, to learn from the experiences of others and one way of doing this is to compare activity with other successful activities to highlight areas where you could improve; another one for users, to improve the client-centred experience so that they feel recognised and respected by nurses and so that they can experience autonomy with respect to the way assistance is provided. The first figure (Figure 1) represents the structure of the Organizations' questionnaire; the second figure (Figure 2) represents the structure of the users' questionnaire. The main objective of this project is to identify, evaluate and implement best practices through the criteria listed in the following paragraphs.
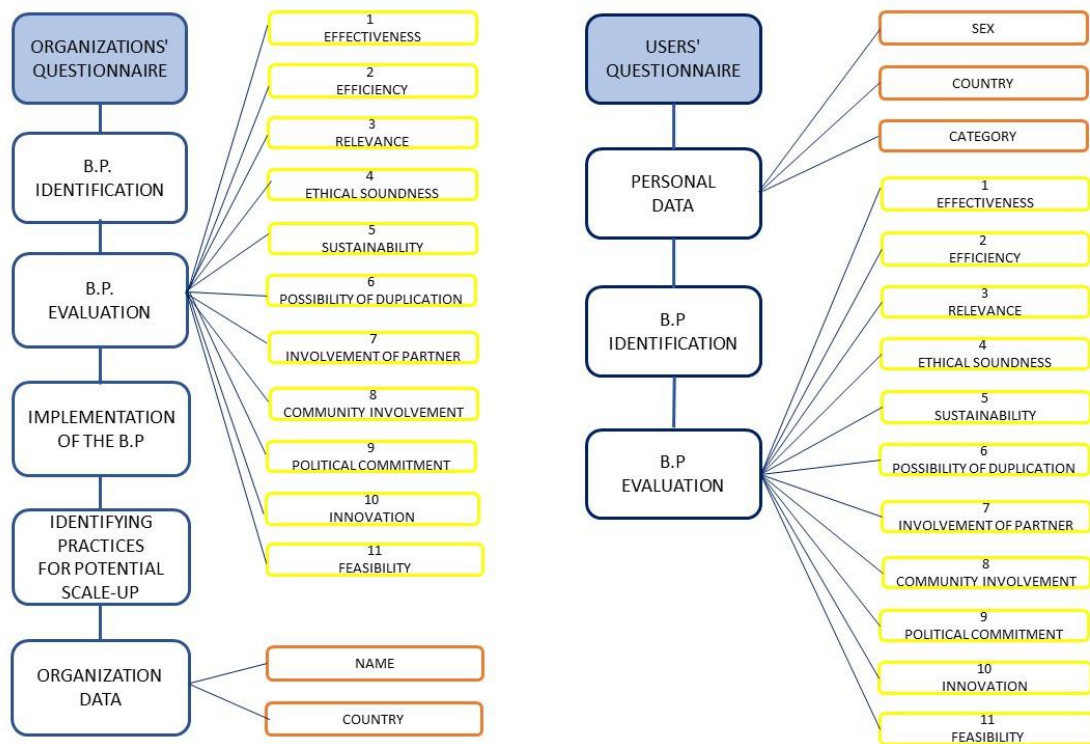
Figure 1. Structure of Organization's questionnaire - Figure 2. Structure of User's questionnaire

1 First questionnaire: "Organizations"

1.1 Structure of the questionnaire and composition of the sample

The questionnaire for Organizations (structures for the care of the elderly, the disabled and people who need care) was filled out through the Google Forms platform and consists of 5 sections:

-Best Practice Identification (which best practice is evaluated among Good Enviromental Practices, ÖJAB home care, Apotti, Empowering educational partnership ''Local hug''; which problem addesses this B.P., which themes applies among Eldery, Disabled and Staff; all best practice categories that apply among the Service delivery, Management, Social/Cultural advocacy, Leadership, Governance);

-Best Practice Evaluation: identifying best practices involves judgement, which requires prior analysis using the following set of criteria:

1- **Effectiveness:** a fundamental criterion, the practice must work and achieve results that are measurable;

2- **Efficiency:** the proposed practice must produce results with a reasonable level of resources and time;

3- **Relevance:** the proposed practice must address the priority health problems in the WHO African Region;

4- **Ethical soundness:** the practice must respect the current rules of ethics for dealing with human populations;

5- **Sustainability:** the proposed practice, as carried out, must be implementable over a long period with the use of existing resources;

6- **Possibility of duplication:** the proposed practice, as carried out, must be replicable elsewhere in the country or region;

7- **Involvement of partnerships:** the proposed practice must involve satisfactory collaboration between several stakeholders;

8- **Community involvement:** the proposed practice must involve the participation of the affected communities;

9- **Political commitment:** the proposed practice must have support from the relevant national or local authorities;

To the criteria listed above, two other criteria have been added to identify best practices:

10- **Innovation:** the proposed practice must introduce change;

11- **Feasibility:** the proposed practice must be achievable

By definition, a best practice should meet at least the effectiveness, efficiency, relevance and ethical soundness criteria, in addition to one or more of the other criteria. A best practice need not meet all the above criteria, because it can be anything that works to produce results without using inordinate resources, in full or in part, and that can be useful in providing lessons learned.

-Implementation of the BP: participants are asked the degree of agreement/disagreement (1 totally disagree, 5 totally agree) with respect to a series of items concerning the implementation and innovation of Best Practice.

-Identifying practices for potential scale up: "deliberate efforts to increase the impact of successfully tested health innovations in pilot or experimental projects to benefit more people and to foster policy and programme development on a lasting basis";

-<u>Organization data</u>: name of the Organization, name of contact person, role in the organization, Country, Region and City.

The number of respondents to the questionnaire is 43. In the third figure you can see that the Country with the largest number of respondents to the questionnaire is Spain (25,6%), followed by Austria (23,3%), Macedonia north (20,9%), France (18,6%), Italy (11,6%).
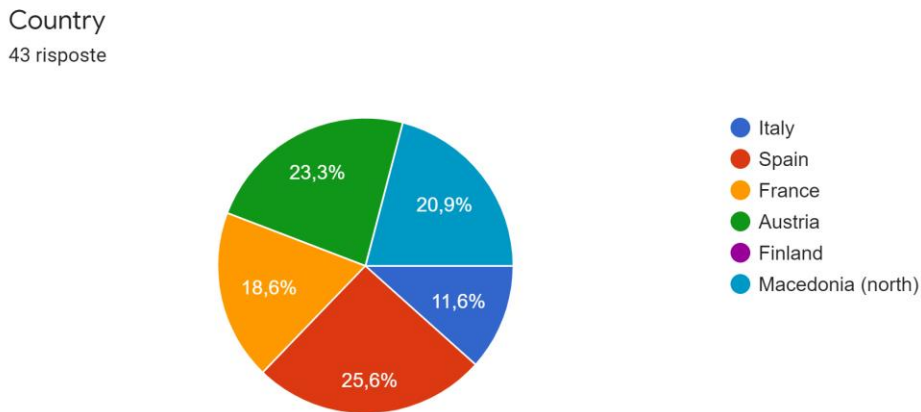

Country
43 risposte

- Italy
- Spain
- France
- Austria
- Finland
- Macedonia (north)

Figure 3. Pie chart of Country

43 organisations replied to the questionnaire questions. The names of the Organizations are given in appendix A.

1.2 Descriptive analysis of the identification of best practices

In the following image (Figure 4) are shown the Best Practice evaluated by the Organizations. The most valued "best practice" is ÖJAB home care (44,2%), the second is Good Enviromental Practices (25,6%), the third is Empowering educational partnership ''Local hug'' (16,3%) and the last one is Apotti (14,0%).

1. Which best practice are you evaluating?
43 risposte

- Good Enviromental Practices
- ÖJAB home care
- Apotti
- Empowering educational partnership ''Local hug''

Figure 4. Pie chart of Best Practice's Evaluation

Organisations have been asked to talk about the problems related to their best practices. From the following picture (Figure 5), looking at the larger words, it is possible to understand what the issues that have emerged the most. the issues that have been most addressed concern: care, support of people with disabilities; Environmental Pollution; receiving home care; the suitability of the elderly in their homes.

Figure 5. Wordcloud of the Best Practices'problems

In the pie chart shown below (Figure 6), there are the themes applied by organizations. The most applied theme is the "Elderly" (41%), the second most applied theme is the "Disabled" (30%) and finally the "Staff" (29%), for a total of 70 responses, given multiple choice demand.
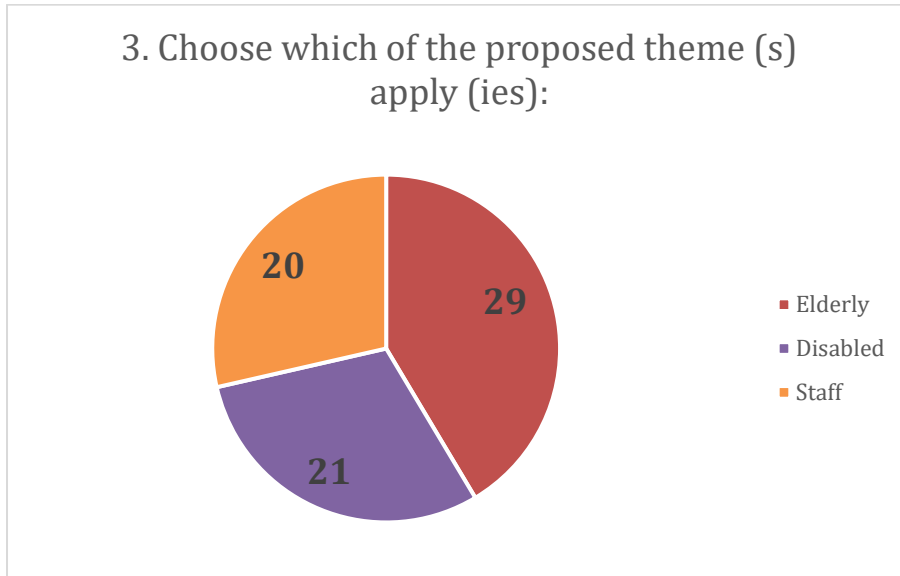

Figure 6. Pie chart of themes applied

From the following figure (figure 7) we note "Management" is among the most applied categories (33), followed in order by "Service delivery" (31), "Social/ Cultural advocacy" (17), "Governance" (11), "Leadership" (5) and in the end "home help" (1), "provision and services, management" (1) and "psychological and social support" (1).
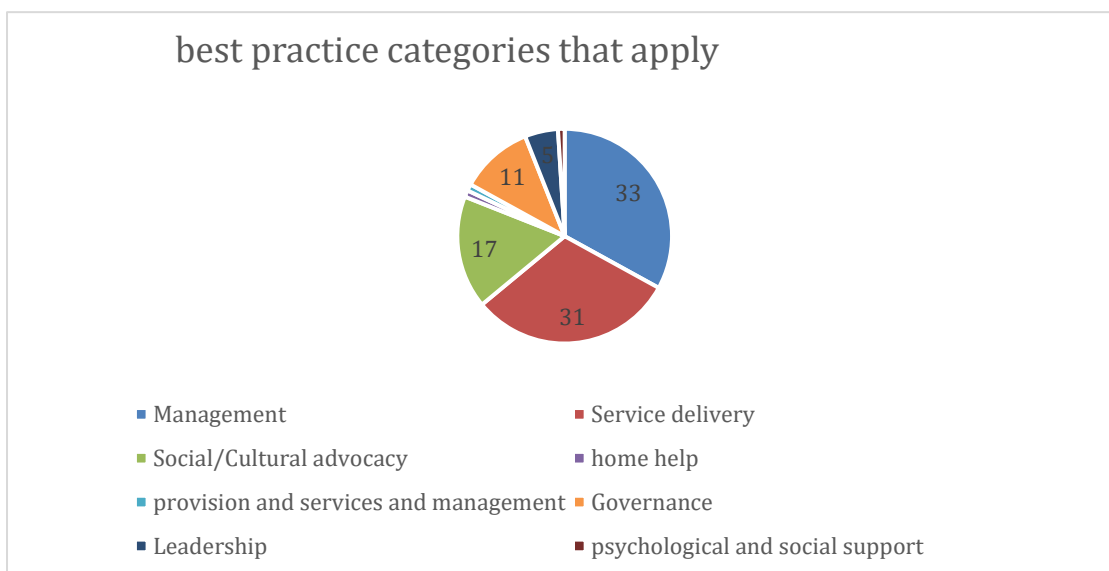

Figure 7. Pie chart of Best Practice categories applied

1.3 Best Practice Evaluation

Figure 8 shows the distribution of responses to each item in the "Best Practice Evaluation" section. The graph shows on the right side, in red, the positive answers, on the left side, in blue, the negative answers. On the far right, in light grey, there are the neutral answers. Participants were asked to choose a value from 1 (The characteristic is not represented in the BP at all) to 5 (The characteristic is well represented in the BP). In the table below the figure 8 there is the item corresponding to each tag. First of all, it can be noted that all items have a positive response rate greater than 60%. The characteristics best represented in the Best Practices are EVA 5 (Sustainability); among the first positions there are EVA 1 (Effectiveness), EVA 3 (Relevance), EVA 4 (Ethical soundness), EVA 8 (Community involvement). Among the characteristics not represented at all there is EVA 10 (Innovation).
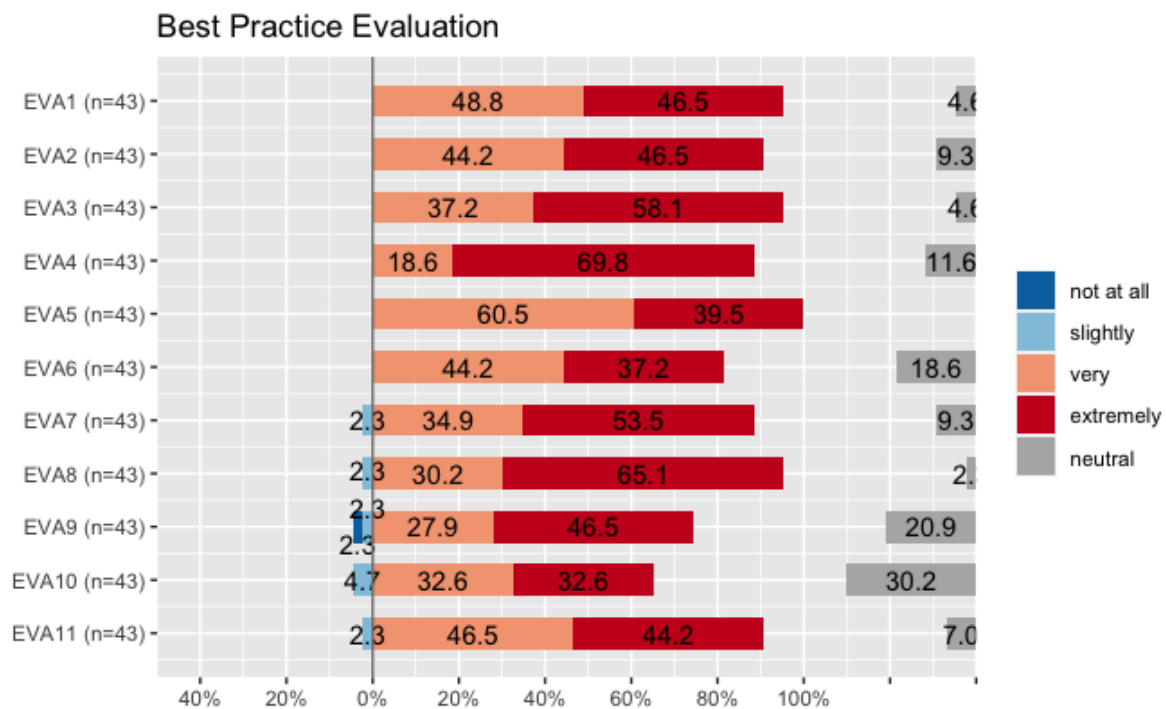

Figure 8. Best Practice Evaluation Scale

Table of Best Practice Evaluation Items

TAG	ITEM
EVA 1	Effectiveness
EVA 2	Efficiency

EVA3	Relevance
EVA 4	Ethical soundness
EVA 5	Sustainability
EVA 6	Possibility of duplication
EVA 7	Involvement of partnerships
EVA 8	Community involvement
EVA 9	Political commitment
EVA 10	Innovation
EVA 11	Feasibility

1.4 Best Practice Implementation

Figure 9 shows the distribution of responses to each item in the "Best Practice Implementation" section. Participants were asked to choose a value from 1 (Totally disagree) to 5 (Totally agree). In the table below the figure 9 there is the item corresponding to each tag. The item with which the participants were most in agreement is IMP 5 (The practice use a participatory approach to involve the community/clients); among the first positions there are IMP 3 (The best practice is in line with national health policy, plans, and current priorities), IMP 6(The project have mechanisms to review, share progress, and incorporate new learning into the implementation process). The item with which the participants most disagreed is IMP4(The health system have key local actors or stakeholders with the capacity to implement the project without technical support).
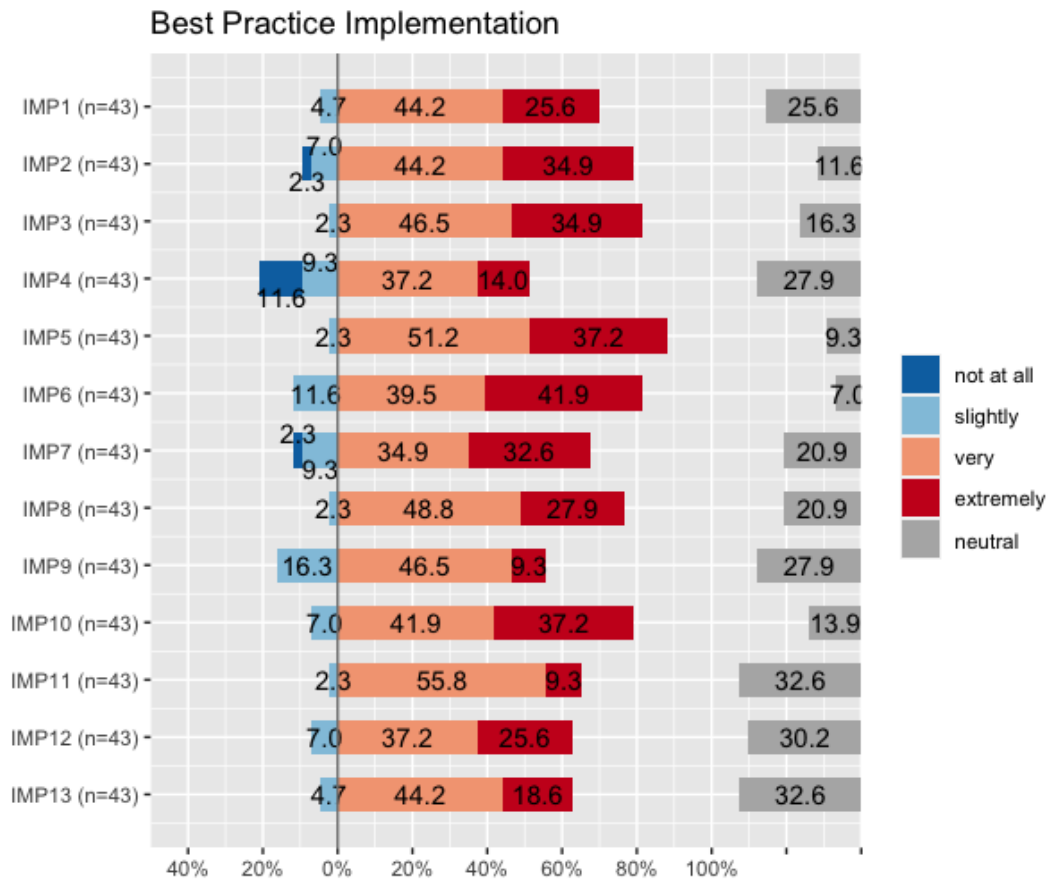
Figure 9. Best Practice Implementation Scale

Table of Best Practice Implementation Items

TAG	ITEM
IMP 1	The opportunities and constraints of the health system, national policies, and other institutional factors have been considered prior to designing how the practice will be implemented. (e.g. project, partner organizations, the regional/local policy subsystems, other external organizations and policy subsystems)
IMP 2	Special target groups are reached with this practice to ensure that equity is taken into account. (e.g. populations disadvantaged because of ability to pay or access health care, or other disparities for other reasons such as religion, language group, illiteracy, social status, other)

IMP 3	The best practice is in line with national health policy, plans, and current priorities.
IMP 4	The health system have key local actors or stakeholders with the capacity to implement the project without technical support.
IMP 5	The practice use a participatory approach to involve the community/clients.
IMP 6	The project have mechanisms to review, share progress, and incorporate new learning into the implementation process.
IMP 7	There is political commitment for implementing this practice.
IMP 8	The practice could be replicated or scaled up in a different setting.
IMP 9	There are plans to advocate for changes needed in policies, regulations, and other health systems components to institutionalize the project.
IMP 10	You're expecting others who are currently not applying the practice to eventually apply the practice.
IMP 11	The project has been tested at service delivery points and institutions similar to where it will be scaled up.
IMP 12	There is an understanding among donors and key stakeholders about the relative advantage and outcomes of the practice to ensure continuous engagement of support. (e.g. financial)
IMP 13	Costing has been done to plan for scale up and sustainability.

1.5 Best Practice Identification

Figure 10 shows the distribution of responses to each item in the "Best Practice Identification" section. Participants were asked to choose a value from 1 (Totally disagree) to 5 (Totally agree). In the table below the figure 9 there is the item corresponding to each tag. The item with which

the participants were most in agreement is IDE 7 (The opportunities and constraints of the political, policy, health sector and other institutional factors have been considered in designing the project), the second one is IDE 6 (The norms, values and operational culture of the implementing agency have been taken into account in the design of the project). The item with which the participants most disagreed is IDE 9 (There is provision for early and continuous engagement with donors and technical partners to build a broad base of financial support for scaling up).
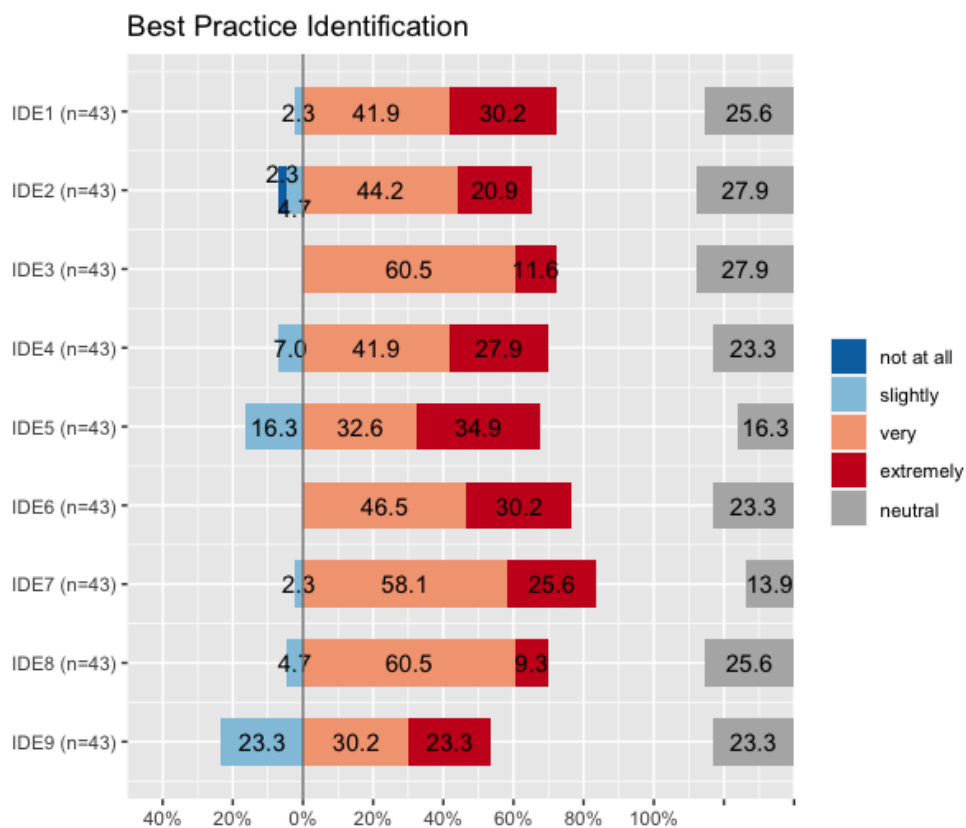

Figure 10. Best Practice Identification Scale

Table of Best Practice Identification Items

LABEL	ITEM
IDE 1	Input about the project is being sought from a range of stakeholders (e.g. policy-makers, programme managers, providers, NGOs, beneficiaries)

IDE 2	Individuals from the future implementing agency are involved in the design and implementation of the pilot.
IDE 3	The project have mechanisms for building ownership in the future implementing organization.
IDE 4	The project is being designed in light of agreed-upon stakeholder expectations for where and to what extent interventions are to be scaled up.
IDE 5	The project has identified and taken into consideration community, cultural and gender factors that might constrain or support the implementation of the innovation.
IDE 6	The norms, values and operational culture of the implementing agency have been taken into account in the design of the project.
IDE 7	The opportunities and constraints of the political, policy, health sector and other institutional factors have been considered in designing the project.
IDE 8	The package of interventions has been kept as simple as possible without jeopardizing outcomes.
IDE 9	There is provision for early and continuous engagement with donors and technical partners to build a broad base of financial support for scaling up.

2 Second questionnaire: "Users"

2.1 Structure of the questionnaire and composition of the sample

The questionnaire for Users (Beneficiaries: elderly, disabled, Family members, Sector worker, Person interested in the topic) was filled out through the Google Forms platform and consists of 3 sections:

- <u>Personal data</u>: sex, age, qualification, occupation, country, city, type of assistance received, the name of the organization from which you receive home care services, the category you belong.

- <u>Best Practice Identification</u> (which best practice is evaluated among Best Practices for family Reconciliation, Intergenerational meetings, Foster Care for Seniors (Affido Sociale), The Personalized Autonomy Allowance (PAA); which problem addesses this B.P., which themes applies among Eldery, Disabled and Staff; all best practice categories that apply among the Service delivery, Management, Social/Cultural advocacy, Leadership, Governance;

- <u>Best Practice Evaluation</u>: identifying best practices involves judgement, which requires prior analysis using the following set of criteria:

1- **Effectiveness:** a fundamental criterion, the practice must work and achieve results that are measurable;

2- **Efficiency:** the proposed practice must produce results with a reasonable level of resources and time;

3- **Relevance:** the proposed practice must address the priority health problems in the WHO African Region;

4- **Ethical soundness:** the practice must respect the current rules of ethics for dealing with human populations;

5- **Sustainability:** the proposed practice, as carried out, must be implementable over a long period with the use of existing resources;

6- **Possibility of duplication:** the proposed practice, as carried out, must be replicable elsewhere in the country or region;

7- **Involvement of partnerships:** the proposed practice must involve satisfactory collaboration between several stakeholders;

8- **Community involvement:** the proposed practice must involve the participation of the affected communities;

9- **Political commitment:** the proposed practice must have support from the relevant national or local authorities;

To the criteria listed above, two other criteria have been added to identify best practices:

10- **Innovation:** the proposed practice must introduce change;

11- **Feasibility:** the proposed practice must be achievable

By definition, a best practice should meet at least the effectiveness, efficiency, relevance and ethical soundness criteria, in addition to one or more of the other criteria. A best practice need not meet all the above criteria, because it can be anything that works to produce results without using inordinate resources, in full or in part, and that can be useful in providing lessons learned.

The number of respondents to the questionnaire is 120, as can be seen from the following figure (Figure 11) most of them are female (female 65.8%, male 34.2%).
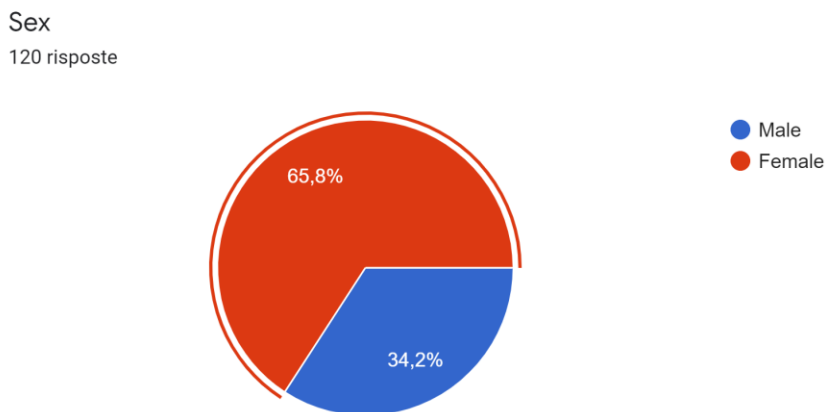
Sex
120 risposte

Figure 11. Pie Chart of sex

In the Figure 12, it is possible to notice that the Country with the largest number of respondents to the questionnaire is Austria (26,7%), followed by Spain (24,3%), Macedonia (23,3%), France (10,8%), Italy (9,2%), Finland (5,8%). The following figure (Figure13) shows the categories to which the participants in the questionnaire belong. The category to which most participants belong is that of sector worker (32,5%), followed by person interested by the topic (27,5%), user (22,5%), at the end family member (17,5%).
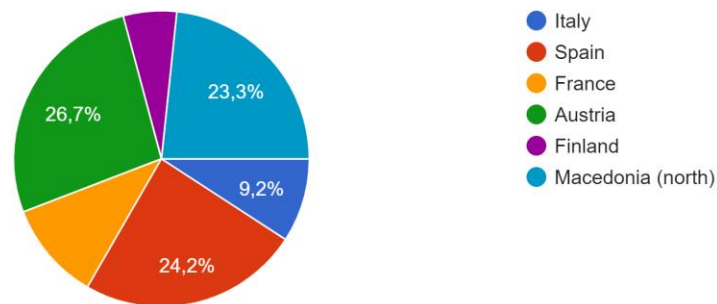
Country
120 risposte

- Italy
- Spain
- France
- Austria
- Finland
- Macedonia (north)

23,3%

9,2%

24,2%

26,7%

Figure 12. Pie chart of the Country

Choose the category you belong
120 risposte

- User
- Family member
- Sector worker
- Person interested in the topic
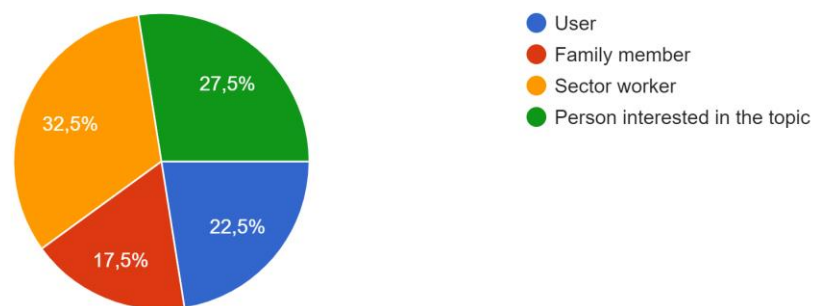
27,5%

32,5%

22,5%

17,5%

Figure 13. Pie Chart of categories of belonging

2.2 Descriptive analysis of the identification of best practices

In the figure 14, it is possible to see the Best Practice evaluated by Users. The most valued "best practice" is Foster Care for Seniors (27, 5%), the secondi is Intergenerational meetings (25,8%), the third is The Personalized Autonomy Allowance (PAA) (25,0%) and the last one is Best Practices for family Reconciliation (21,7%).

1. What best practice are you evaluating?
120 risposte

- Best Practices for family Reconciliation
- Intergenerational meetings
- Foster Care for Seniors (Affido Sociale)
- The Personalized Autonomy Allowance (PAA)

25%
27,5%
25,8%
21,7%

Figure 14. Pie Chart of Best Practice evaluated by Users

Users have been asked to talk about the problems related to best practices that evaluate. From the following picture (Figure 15), looking at the larger words, it is possible to understand what the issues that have emerged the most. the issues that have been most addressed concern: care, people, eldery, home, life, need, help.

Figure 15. Wordcloud of Best Practice's Problems

The following figures show the themes applied and the categories applied. In figure 16, it can be seen that the most applied theme is "eldery" (86), followed by "disabled" (41), "staff" (35), "Users of Home Care Services" (6), "Youth" (5), "Family caregivers" (4), "volunteer families" (2) and "finance help" (2). In figure 17, it is possible to nitice that the most category applied is "Service delivery" (94), the second one is "Management" (68) and below "Governance" (54), "Social/cultural advocacy" (53), "Leadership" (23), "conciliazione lavoro-famiglia" (1), "social interaction" (1).
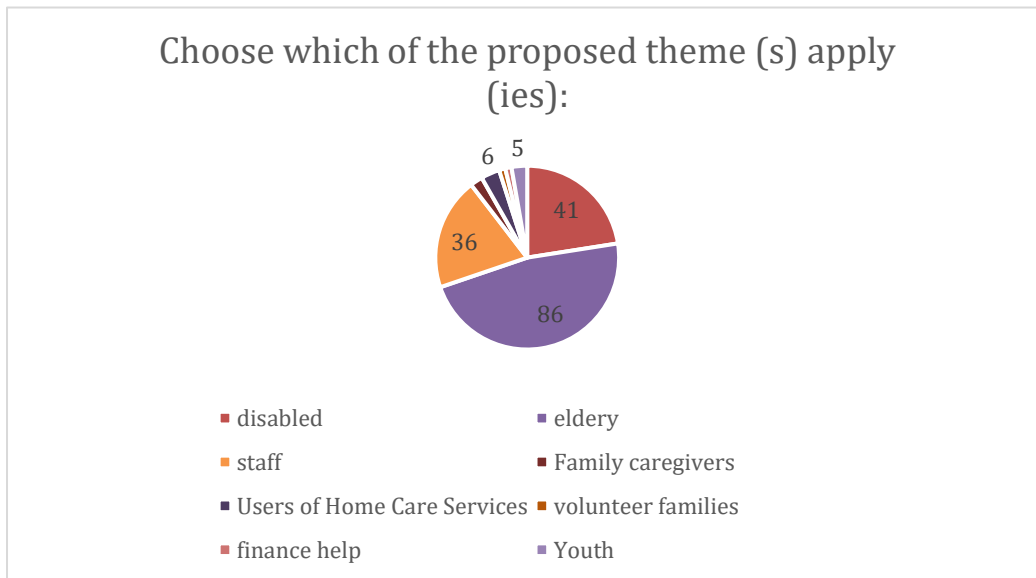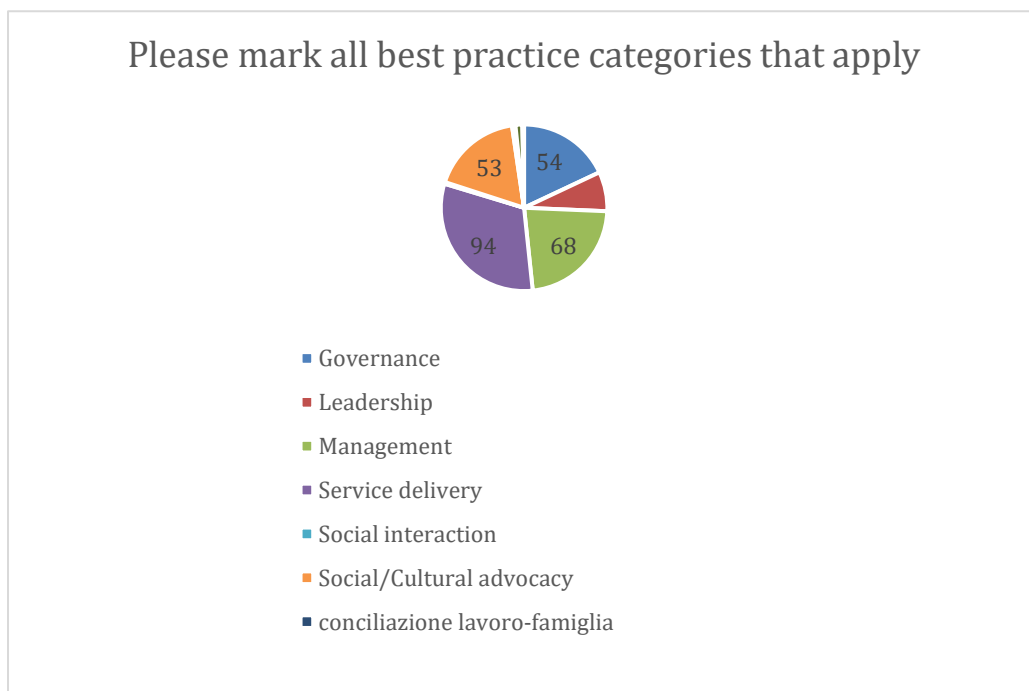

Figure 16. Pie Chart of themes applied

Figure 17. Pie Chart of categories

2.3 Best Practice Evaluation: Users

Figure 18 shows the distribution of responses to each item in the "Best Practice Evaluation" section. The graph shows on the right side, in red, the positive answers, on the left side, in blue, the negative answers. On the far right, in light grey, there are the neutral answers. Participants were asked to choose a value from 1 (The characteristic is not represented in the BP at all) to 5 (The characteristic is well represented in the BP). In the table below the figure 18 there is the item corresponding to each tag. The characteristics best represented in the Best Practices are EVA 4 (Ethical soundness) and EVA 3 (Relevance). Among the characteristics not represented at all there are EVA 9 (Political commitment) and EVA 6 (Possibility of duplication).
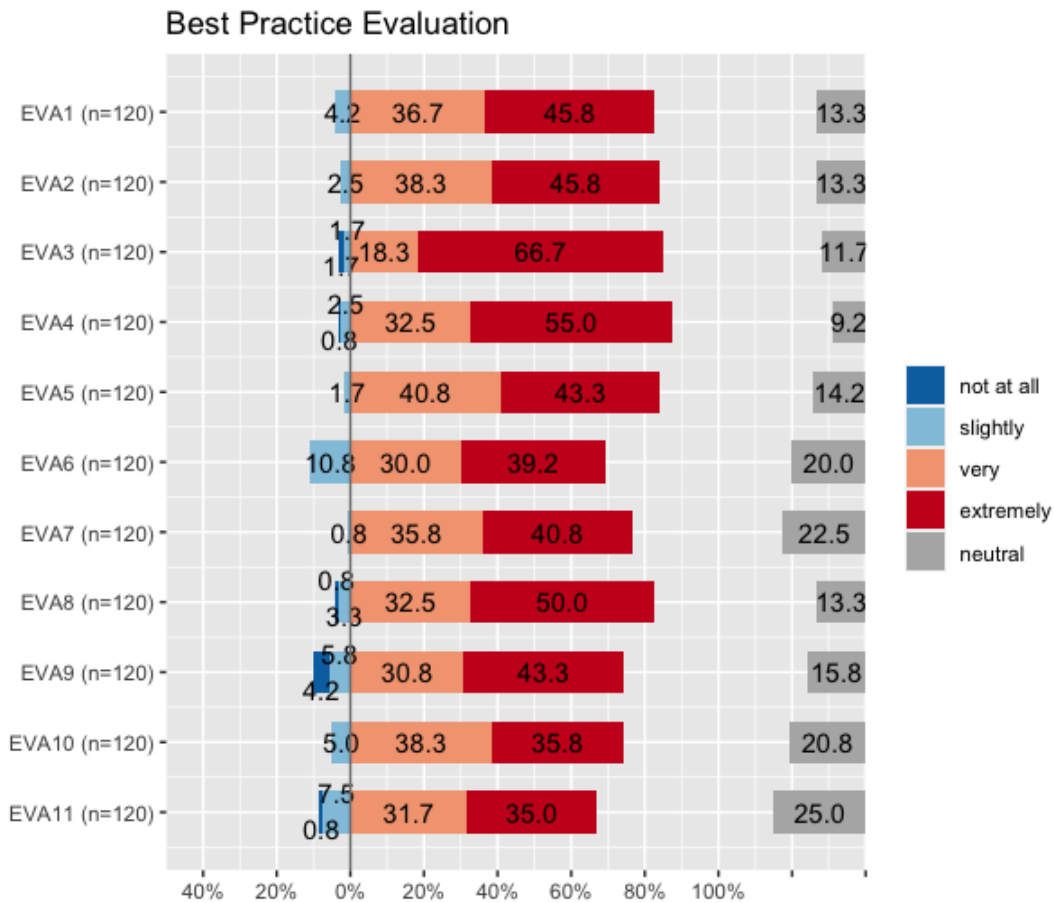

Figure 18. Best Practice Evaluation Scale: Users.

Table of Best Practice Evaluation Items

LABEL	ITEM
EVA 1	Effectiveness
EVA 2	Efficiency
EVA3	Relevance
EVA 4	Ethical soundness
EVA 5	Sustainability
EVA 6	Possibility of duplication
EVA 7	Involvement of partnerships
EVA 8	Community involvement
EVA 9	Political commitment
EVA 10	Innovation
EVA 11	Feasibility

Final considerations

In the light of the general objectives that the "home care giver" project has intended to pursue, it is possible to draw some final considerations on the results obtained.

Among the countries that participated the most at the questionnaires, there are Spain and Austria in the first place: Spain in first place for Organizations (25.6%) and Austria in second place (23.3%); vice versa for users: Austria in first place (26.7%) and Spain in second place (24.3%).

Regarding the Best Practice evaluation section, it is possible to note that the characteristics best represented in the Best Practices both from the point of view of the Organizations and from the users' point of view are: EVA 3 - Relevance - (Organizations 95.3%; Users 85%), EVA 4 - Ethical soundness - (Organizations 86.4%; Users 87.5%), EVA 5 - Sustainability - (Organizations 100%; Users 84.1%), EVA 8 - Community involvement - (Organizations 95.3%; Users 82.5%).

APPENDIX A

Name of the Organizations involved:

1. Asisttel
2. BPI
3. Cooperativa Fuori dal Sommerso
4. Cooperativa San Bernardo
5. Council of Municipalty of Kumanovo
6. E-Juniors
7. General Hospital Care
8. Hospital Eaubonne
9. Institute Curie
10. Kumanovski akcijasi (organisation for environment activism)
11. M3Cube Association
12. Red Cross Kumanovo
13. Poraka Nasa Kumanovo
14. Santa Clara Quality
15. Senior home residence Zafir Sajto
16. Social Centre Au Marie
17. Town Hall of the City of Paris
18. WeTechCare
19. OJAB