

Appendix 1: Detailed search strategy

Appendix 1.1: Search strategy in PubMed in Jan 2022

Search number	Query	Results
1	((("old"[Title/Abstract] OR "older"[Title/Abstract] OR "elderly"[Title/Abstract] OR "senior"[Title/Abstract] OR "Aged"[Title/Abstract] OR "geriatric*"[Title/Abstract] OR "vulnerable group"[Title/Abstract]) AND ("Cost"[Title/Abstract] OR "Funding"[Title/Abstract] OR "Insurance"[Title/Abstract] OR "organization*"[Title/Abstract] OR "institute*"[Title/Abstract] OR "Training"[Title/Abstract] OR "skill*"[Title/Abstract] OR "Worker*"[Title/Abstract] OR "Staff"[Title/Abstract] OR "care provider*"[Title/Abstract] OR "quality indicator*"[Title/Abstract] OR "Policy"[Title/Abstract] OR "Guideline*"[Title/Abstract])) AND (((Long-term care[Title/Abstract]) OR ("Formal care"[Title/Abstract] OR "informal care"[Title/Abstract])) AND ("Home care"[Title/Abstract] OR "home-based services"[Title/Abstract] OR "Social home care"[Title/Abstract] OR "Home healthcare"[Title/Abstract] OR "Community Health Service*"[Title/Abstract])))	493
2	("old"[Title/Abstract] OR "older"[Title/Abstract] OR "elderly"[Title/Abstract] OR "senior"[Title/Abstract] OR "Aged"[Title/Abstract] OR "geriatric*"[Title/Abstract] OR "vulnerable group"[Title/Abstract]) AND ("Cost"[Title/Abstract] OR "Funding"[Title/Abstract] OR "Insurance"[Title/Abstract] OR "organization*"[Title/Abstract] OR "institute*"[Title/Abstract] OR "Training"[Title/Abstract] OR "skill*"[Title/Abstract] OR "Worker*"[Title/Abstract] OR "Staff"[Title/Abstract] OR "care provider*"[Title/Abstract] OR "quality indicator*"[Title/Abstract] OR "Policy"[Title/Abstract] OR "Guideline*"[Title/Abstract])	277,481
3	((Long-term care[Title/Abstract]) OR ("Formal care"[Title/Abstract] OR "informal care"[Title/Abstract])) AND ("Home care"[Title/Abstract] OR "home-based services"[Title/Abstract] OR "Social home care"[Title/Abstract] OR "Home healthcare"[Title/Abstract] OR "Community Health Service*"[Title/Abstract])	1,660
4	"Home care"[Title/Abstract] OR "home-based services"[Title/Abstract] OR "Social home care"[Title/Abstract] OR "Home healthcare"[Title/Abstract] OR "Community Health Service*"[Title/Abstract]	23,704
5	(Long-term care[Title/Abstract]) OR ("Formal care"[Title/Abstract] OR "informal care"[Title/Abstract])	26,284

6	(Long-term care[Title/Abstract]) AND (((("Home care"[Title/Abstract] OR "home-based services"[Title/Abstract] OR "Social home care"[Title/Abstract] OR "Home healthcare"[Title/Abstract] OR "Formal care"[Title/Abstract] OR "informal care"[Title/Abstract] OR "Community Health Services"[Title/Abstract]) AND (old[Title/Abstract] OR older[Title/Abstract] OR elderly[Title/Abstract] OR senior[Title/Abstract] OR Aged[Title/Abstract] OR geriatrics[Title/Abstract] OR vulnerable group[Title/Abstract])) AND (Cost[Title/Abstract] OR Funding[Title/Abstract] OR Insurance[Title/Abstract] OR organization[Title/Abstract] OR institute[Title/Abstract] OR Training[Title/Abstract] OR skill[Title/Abstract] OR Workers[Title/Abstract] OR Staff[Title/Abstract] OR Care providers[Title/Abstract] OR Quality indicators[Title/Abstract] OR Policy[Title/Abstract] OR Guideline[Title/Abstract]))	499
7	(("Home care"[Title/Abstract] OR "home-based services"[Title/Abstract] OR "Social home care"[Title/Abstract] OR "Home healthcare"[Title/Abstract] OR "Formal care"[Title/Abstract] OR "informal care"[Title/Abstract] OR "Community Health Services"[Title/Abstract]) AND (old[Title/Abstract] OR older[Title/Abstract] OR elderly[Title/Abstract] OR senior[Title/Abstract] OR Aged[Title/Abstract] OR geriatrics[Title/Abstract] OR vulnerable group[Title/Abstract])) AND (Cost[Title/Abstract] OR Funding[Title/Abstract] OR Insurance[Title/Abstract] OR organization[Title/Abstract] OR institute[Title/Abstract] OR Training[Title/Abstract] OR skill[Title/Abstract] OR Workers[Title/Abstract] OR Staff[Title/Abstract] OR Care providers[Title/Abstract] OR Quality indicators[Title/Abstract] OR Policy[Title/Abstract] OR Guideline[Title/Abstract])	2,831
8	(("Home care"[Title] OR "home-based services"[Title] OR "Social home care"[Title] OR "Home healthcare"[Title] OR "Formal care"[Title] OR "informal care"[Title] OR "Community Health Services"[Title]) AND (old[Title] OR older[Title] OR elderly[Title] OR senior[Title] OR Aged[Title] OR geriatrics[Title] OR vulnerable group[Title])) AND (Cost[Title/Abstract] OR Funding[Title/Abstract] OR Insurance[Title/Abstract] OR organization[Title/Abstract] OR institute[Title/Abstract] OR Training[Title/Abstract] OR skill[Title/Abstract] OR Workers[Title/Abstract] OR Staff[Title/Abstract] OR Care providers[Title/Abstract] OR Quality indicators[Title/Abstract] OR Policy[Title/Abstract] OR Guideline[Title/Abstract])	344

Set	Results	Save History / Create AlertOpen Saved History
# 1	289	"Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Community Health Services" (Title) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Topic) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic) and "Formal care" OR "informal care" OR (long-term care) (Topic)
# 2	1,106	"Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Community Health Services" (Topic) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Topic) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic) and "Formal care" OR "informal care" OR (long-term care) (Topic)
# 3	7,987	"Long-term care" OR "Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Community Health Services" (Topic) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Topic) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic) and "Formal care" OR "informal care" OR (long-term care) (Topic)
# 4	98	"Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Formal care" OR "informal care" OR "Community Health Services" (Title) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Title) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker*

		OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic) and "Long-term care" (Topic)
# 5	1,294	"Long-term care" OR "Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Formal care" OR "informal care" OR "Community Health Services" (Title) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Title) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic)
# 6	3,614	"Long-term care" OR "Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Formal care" OR "informal care" OR "Community Health Services" (Title) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Topic) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic)
# 7	4,933	"Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Formal care" OR "informal care" OR "Community Health Services" (Topic) and "old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group" (Topic) and "Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*" (Topic)

Appendix 1.3: Search strategy in Embase in Jan 2022

No.	Query Results	Results
#1.	'home care'/exp	83,322
#2.	'home care':ti,ab	23,812
#3.	'home-based services'	218

#4.	'home-based services':ti,ab	211
#5.	'home healthcare':ti,ab	1,771
#6.	'community health services'/exp	132,674
#7.	'community health service*':ab,ti	1,744
#8.	'long-term care'/exp	2,052,689
#9.	'long-term care':ab,ti	28,315
#10.	'formal care'/exp	11
#11.	'formal care':ti,ab	795
#12.	'informal care'/exp	55
#13.	'informal care':ab,ti	2,506
#14.	old	1,816,812
#15.	old*:ti,ab	2,406,882
#16.	'elderly'/exp	3,442,945
#17.	'elderly':ti,ab	385,006
#18.	'senior':ti,ab	53,756
#19.	'aged'/exp	3,442,945
#20.	'aged':ti,ab	923,456
#21.	'geriatric'/exp	91
#22.	'geriatric*':ti,ab	88,934
#23.	'vulnerable group':ab,ti	4,103
#24.	#15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23	5,863,822
#25.	'cost'/exp	377,844
#26.	'cost*':ti,ab	950,172
#27.	'funding'/exp	63,906
#28.	'funding*':ti,ab	103,115
#29.	'insurance'/exp	383,144
#30.	'insurance*':ti,ab	145,202
#31.	'organization'/exp	827,973
#32.	'organization*':ti,ab	505,177
#33.	'institute'/exp	150
#34.	'institute':ab,ti	267,275
#35.	'training'/exp	98,196

#36.	'training':ti,ab	643,609
#37.	'skill'/exp	99,365
#38.	'skill*':ti,ab	302,613
#39.	'worker'/exp	40,754
#40.	'worker*':ti,ab	265,291
#41.	'staff':ti,ab	251,781
#42.	'staff'/exp	19,892
#43.	'care provider*':ab,ti	82,529
#44.	'quality indicator*':ti,ab	13,866
#45.	'quality indicator'/exp	25
#46.	'policy'/exp	310,853
#47.	polic*:ab,ti	390,159
#48.	'guideline'/exp	142
#49.	'guideline*':ti,ab	639,452
#50.	#25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49	4,521,911
#51.	#1 OR #2 OR #4 OR #5 OR #6 OR #7	214,408
#52.	#8 OR #9 OR #10 OR #11 OR #12 OR #13	2,064,720
#53.	#24 AND #50 AND #51 AND #52	4,477
#54.	#53 AND ('Article'/it OR 'Article in Press'/it OR 'Conference Abstract'/it OR 'Conference Paper'/it OR 'Review'/it) AND ([aged]/lim OR [very elderly]/lim)	3,148

Appendix 1.4: Search strategy in Scopus in Jan 2022

History Count	Search Terms	Results
1	(((TITLE-ABS ("Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Community Health Services")) AND (TITLE-ABS ("old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group"))) AND (TITLE-	651 document results

History Count	Search Terms	Results
	ABS ("Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*")) AND (TITLE-ABS ("long-term care" OR "Formal care" OR "informal care")) AND (LIMIT-TO (SRCTYPE , "j") OR LIMIT-TO (SRCTYPE , "p")) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re") OR LIMIT-TO (DOCTYPE , "cp")) ...View More	

Appendix 1.5: Search strategy in CINAHL in Jan 2022

#	Query	Limiters/Expanders	Last Run Via	Results
S1	TI ("Home care" OR "home-based services" OR "Social home care" OR "Home healthcare" OR "Community Health Services") AND AB ("old*" OR "elderly" OR "senior" OR "Aged" OR "geriatric*" OR "vulnerable group") AND AB ("Cost*" OR "Funding" OR "senior" OR "Insurance" OR "organization*" OR "institute*" OR training OR skill* OR worker* OR staff OR "Care provider*" OR "Quality indicator*" OR "Polic*" OR "Guideline*") AND AB ("long-term care"	Expanders - Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	143

	OR "Formal care" OR "informal care)			
--	--------------------------------------	--	--	--

Appendix 2: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Page1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Page1, Abstract section
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Page 3, line 106-109
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Page 3, line 109-111
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	NA
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	Page 4, line 136-148
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Page 4, line 128-134
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	supplementary file1
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Page 4, line 137-142

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Page 5, line 154-161
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Page 5, line 158-161
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	NA
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Page 4, line 149-151
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Figure1
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Figure1
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	NA
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Table 1
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Figure 2
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Page 14, line 519-527
Limitations	20	Discuss the limitations of the scoping review process.	Page 15, line 578-589
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Page 16, line 589-599
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Page 17, Funding section

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. [doi: 10.7326/M18-0850](https://doi.org/10.7326/M18-0850).

Appendix 3: Additional information on home care areas

Focused domain	Additional information
Governing	<p>The Aged Care Act 1997, Disability Services 1986 and HC Standards 2013 in Australia (1), the Exceptional Medical Expenses Act and Social Support in the Netherlands (2), Act No. 448/2008 in Slovakia (3); Pflege-Weiterentwicklungsgesetz in Germany (4); Social Work Act 1968 (5) and Regulation of Care Act 2001 in Scotland (2); Policy H-280.991 in the USA (6) and Act on the Affairs of the Elderly, no. 125/1999 in Iceland (7) are some laws were approved many years ago. The Nurse practice act (NPA) is defined by every state and is about the scope of practice for nurses in the USA (8).</p> <p>In Sweden, governing is at three levels. The central government is responsible for legislation, policymaking, determining subsidies and supervision. At the regional level, county councils are responsible for hospital and primary health care. Municipalities are in charge of HC at the local level (2, 9, 10).</p> <p>In Slovakia, the Ministry of Labour, Social Affairs and Family is qualified to set national priorities, determine fines for violations, and supervise social service providers. Preparing and approving services are managed by lower-level management (municipalities and regions) (3).</p> <p>The Home Support Program (HSP) administered by the Australian federal government is the main support for older Australians who require HC (1).</p> <p>In Austria, there are three models of HC: In the bottom-up model, local nursing home associations organize and manage HC; In the top-down model, public authorities organize and manage HC; In the third model, the public and private sectors provide care in partnership with each other (11).</p> <p>Municipalities of Japan are responsible for insuring the elderly, and determining the budget and insurance levels (12). To better manage LTC in Japan, Community General Support Centers (CGSCs) were established by municipalities in 2005 to provide HC independently. LTCI policy provides an opportunity to advance the role of communities in caring for seniors through empowerment-oriented community development and involves clients in the empowerment process (13).</p>

<p>LTC, eligibility and financing</p>	<p>In England, eligibility criteria for publicly funded HC are more restrictive than in the past, and services are provided to people with broader needs. NA is carried out by local authority care managers, who categorize needs into four levels (14, 15).</p> <p>In Iceland, qualification is evaluated by experts in geriatric care during an official process (7).</p> <p>In Belgium, care provided by nurses is mainly funded by public insurance, while family care is mainly funded by community taxation (16).</p> <p>In Singapore, one of the best ways to finance health care services that face financial constraints is the medical savings accounts that China and the US got the idea from Singapore (17). The ElderShield program is voluntary private insurance where premiums can be paid with MediSave or with private funds and offer LTC insurance with separate payments (17). Citizens with a MediSave Account when they turn 40 are automatically enrolled in the ElderShield plan. Cash benefits of ElderShield Basic Plans are available when individuals cannot perform 3 of the six activities of daily living (ADLs) and older people with cognitive impairments are eligible for benefits even when they are physically able to perform ADLs. People can enroll in one of three private for-profit insurance, basic and supplemental ElderShield plans (5). Any funds left unused in a person's medical savings account upon death are automatically inherited by that person's heirs and—most importantly—on a tax-free basis (17).</p> <p>Since the introduction of the Israel LTCI in 1988, few reforms have been made. It is means tested model and administered by the National Insurance Institute. The dependency test has three components: level of need to perform ADL, need for supervision due to cognitive, psychological, or physical limitations, and living alone (18).</p> <p>Integrated care in Japan consists of four main elements: self-help (Jijo) provided by the individual or relatives, mutual assistance (Go-jo) provided through local health volunteers, and social solidarity care (Kyo-jo) provided by social security (10, 41).</p>
<p>Benefits</p>	<p>Social care services in Italy include Integrated Domiciliary Care (nursing care, physiotherapy and visits by specialists and GPs and based on NA; free of charge), Home help (personal care based on needs and means-tested; the need for co-payment)), Companion payment (cash benefit, based on NA; Financing by central government through taxation) (19).</p> <p>Subsidies through public funds are grants to voluntary welfare organizations (VWOs), means-tested subsidies to service providers, and it is based on the monthly per capita household income (MPCHI), and other subsidies disbursed directly to LTSS recipients (\$\$120 per month, US\$88) in Singapore (5). Significant public subsidies are allocated directly to the expensive hospital and pharmaceutical services, with higher subsidies provided to low-income citizens. These public revenues are mainly through income tax (17).</p>
<p>Marketization and free choice system</p>	<p>In Ireland, the market has permeated the care system. Most private providers are publicly funded but also provide services in the "private pay" market (paid for out of pocket by families). However, the government's role is essential to private providers' growth and survival. Funding allocated to the private sector has increased, while funding for HSE care has simultaneously decreased. The Irish Private HC Association (IPHCA) was established to eliminate VAT and standardize care (20).</p>

	<p>In Sweden, the System of Choice in the Public Sector (LOV) law is about free choice between private and public service providers (2).</p> <p>The majority of HCWs in USA are women and 28% are immigrants, which is much higher in some states such as New York (34). The commodification of care and the employment of migrant caregivers in these countries have made the role of the family in care coordination more prominent (26).</p>
Workforce training	<p>From 2014 in Scotland, it is mandatory for HC managers to meet the requirements for registration with the SSSC (Scottish Social Services Council and hold a Scottish Vocational Qualification (SVQ) In Australia, HCWs take continuing professional development (CPD) courses while on the job, but there is still a training gap between them and those in other occupations. The required training items for Registered Nurse ‘Enrolled Nurse ‘Community Care Worker, Allied Health Assistant included dementia training, palliative care, management and leadership training, wound management, mental health and wellness (48).</p> <p>inadequate and low-quality provision, unavailability of qualified workers, insufficient financial commitment from the government, and poor monitoring of standards are among the main challenges of China LTC (31).</p>
Quality assurance of care	<p>Belgium, Finland, Sweden and Netherlands pay special attention to the importance of the quality of social care, while Iceland and Italy do not mention the importance of high-quality HC (50).</p>
supporting caregivers	-

1. Palesy D, Jakimowicz S, Saunders C, Lewis J. Australian home care work: An integrative review. *Home health care services quarterly*. 2018;37:113-39.
2. Kiersey R, Coleman A. Approaches to the regulation and financing of home care services in four European countries. Dublin: Health Research Board. 2017;112.
3. Radvanský M, Páleník V. The slovakian long-term care system: Centre for European Policy Studies; 2010.
4. Riedel M. Financial support for informal care provision in European countries: a short overview. *Health and Ageing Newsletter*. 2012;27:1-4.
5. Graham WCK, Bilger M. Financing long-term services and supports: Ideas from Singapore. *The Milbank Quarterly*. 2017;95(2):358-407.
6. Lepore M. Financing long-term services and supports. *Generations*. 2019;43(1):10-7.
7. Sigurdardottir SH, Kristmundsson OH, Hrafnisdottir S. Care of Older Adults in Iceland: Policy Objectives and Reality. *Journal of Social Service Research*. 2016;42(2):233-45.
8. Owen TR, Wilkins MJ, Kilpatrick B. Critical Elements of Home Health Service Provision for Life Care Planners. *Journal of Life Care Planning*. 2015;13(4):11-20.
9. Theobald H, Szebehely M, Saito Y, Ishiguro N. Marketisation policies in different contexts: Consequences for home-care workers in Germany, Japan and Sweden. *International Journal of Social Welfare*. 2018;27(3):215-25.

10. Szebehely M, Trydegard GB. Home care for older people in Sweden: a universal model in transition. *Health & Social Care in the Community*. 2012;20(3):300-9.
11. Österle A, Bauer G. Home care in Austria: The interplay of family orientation, cash-for-care and migrant care. *Health and Social Care in the Community*. 2012;20(3):265-73.
12. Rhee JC, Done N, Anderson GF. Considering long-term care insurance for middle-income countries: comparing South Korea with Japan and Germany. *Health policy (Amsterdam, Netherlands)*. 2015;119(10):1319-29.
13. Inaba M. Aging and Elder Care in Japan: A Call for Empowerment-Oriented Community Development. *Journal of gerontological social work*. 2016;59(7-8):587-603.
14. Glendinning C. Home care in England: Markets in the context of under-funding. *Health and Social Care in the Community*. 2012;20(3):292-9.
15. Genet N, Boerma WG, Kringos DS, Bouman A, Francke AL, Fagerström C, et al. Home care in Europe: a systematic literature review. *BMC health services research*. 2011;11(1):1-14.
16. Van Eenoo L, Declercq A, Onder G, Finne-Soveri H, Garms-Homolová V, Jónsson PV, et al. Substantial between-country differences in organising community care for older people in Europe - A review. *European Journal of Public Health*. 2016;26(2):213-9.
17. Saltman RB, Yeh MJ, Liu Y. Can Asia provide models for tax-based European health systems? A comparative study of Singapore and Sweden. *Health economics, policy, and law*. 2020:1-18.
18. Asiskovitch S. The Long-Term Care Insurance Program in Israel: Solidarity with the elderly in a changing society. *Israel Journal of Health Policy Research*. 2013;2(1).
19. Gori C. Home care in Italy: a system on the move, in the opposite direction to what we expect. *Health & social care in the community*. 2012;20(3):255-64.
20. Mercille J, O'Neill N. The growth of private home care providers in Europe: The case of Ireland. *Social Policy & Administration*. 2021;55(4):606-21.