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Barriers and supporters of home care implementation for the elderly in developing countries: A scoping review

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***Abstract*---**Home care is an approach that has the potential to support aging in place, but its implementation faces various barriers at the individual, family, health worker, community, organizational, financing, and policy levels. This scoping review aims to map evidence on barriers and supporting factors for the implementation of home care for older adults in developing countries in the literature over the past ten years. The scoping review uses the Joanna Briggs Institute (JBI) framework and the PRISMA-ScR reporting principles. The population is older adults, the concept is home care/home-based care/community-based care and related services, and the context is developing countries or low- and middle-income countries (LMIC). The literature search was directed at PubMed/MEDLINE, Scopus, CINAHL, ScienceDirect, Web of Science, and Google Scholar for

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publications from 2016–2026. The evidence mapping indicates that the main barriers include limited health workers, lack of competence and training, limited resources, transportation and geographic distance, financing, weak regulations and referral systems, burden on family caregivers, low health and digital literacy, and coordination issues between organizations. Supporting factors include leadership, cross-sector collaboration, family and community involvement, community health workers, training and supervision, financing, home modifications, technology support, and integration of home care with primary health care services.

Keywords--- home care, home-based care, aging in place, barriers, supporting factors, developing countries, scoping review.

Introduction

Population aging is one of the largest demographic changes in recent decades. This change is occurring not only in developed countries but is also accelerating in low- and middle-income countries. In developing countries, the growth of the elderly population coincides with resource constraints, unequal access to health services, urbanization, changing family structures, and an increase in chronic diseases.

Elderly people often require ongoing care due to multimorbidity, reduced mobility, disabilities, functional impairments, and the need for support in daily activities. Therefore, healthcare for the elderly cannot focus solely on disease treatment but also needs to maintain functional ability, independence, safety, and quality of life.

The WHO places functional capacity at the center of *the healthy aging approach*. Health and social services need to be developed to enable older adults to maintain their ability to live independently and participate in social settings. Home care is one form of care that allows older adults to receive healthcare and support at home. Home care can include nursing, rehabilitation, chronic disease monitoring, education, assistance with daily activities, caregiver support, and referral coordination.

Literature shows that home care is closely related to the concept of *aging in place*. Older adults generally desire to remain in familiar environments, but this choice requires formal and informal support. A scoping review of home care utilization revealed that social factors such as age, health, economic status, home ownership, spouse, children, informal caregivers, social networks, rural/urban location, and the availability of community services can influence home care utilization.

In developing countries, the issue is even more complex. A scoping review of older adults' access to primary healthcare in LMICs revealed that barriers and enablers primarily relate to service availability, service organization, affordability, acceptability, and appropriateness. Home care and telehealth are reported as approaches that can facilitate older adults' access to primary healthcare.

In Nigeria, a study of 1,180 older adults showed that *aging in place* was a strong preference, particularly in rural communities. Factors such as older age and the presence of support at home were associated with a preference for remaining at home. However, researchers also warned of the risk of older adults becoming *stuck in place* if they remained at home without adequate support services. In Indonesia, a study of *community care services* for the elderly in Sleman showed that leadership was a critical factor in the development of community home care services. Limited funding and the need for support from others were obstacles, while collaboration with village governments, midwives, community health centers, academics, and the community supported the program's sustainability.

Barriers include limited knowledge and confidence of health workers, safety risks, limited resources, relationships with patients, lack of policies, and immature rehabilitation systems. Supporting factors include teamwork, home modifications, network support, training, leadership, and resource availability. In Thailand, a *community-integrated intermediary care model* demonstrated that a combination of formal and informal services can strengthen family-based care systems. The model integrates community training, home training, caregiver capacity building, *respite care*, home visits, primary care, community health volunteers, and local government. In sub-Saharan Africa, studies of *community health workers* indicate that resources, community attitudes, governance, geographic barriers, and service capacity are barriers. Conversely, closeness to the community, a positive work attitude, support, and collaboration are supporting factors.

Based on this evidence, it can be seen that barriers and enablers of home care are distributed across various levels. However, this evidence has not always been specifically mapped in the context of developing countries, incorporating the perspectives of older adults, caregivers, healthcare workers, organizations, communities, and health systems. Therefore, this scoping review was conducted to comprehensively map the barriers and enablers of home care for older adults in developing countries based on the literature over the past ten years. This scoping review aims to map the characteristics of research on home care for older adults in developing countries, identify barriers to home care implementation, identify enablers of home care implementation, and identify research gaps regarding home care for older adults in developing countries.

Method

This study used a *scoping review design*. The JBI methodological framework was used to ensure alignment between the research question, inclusion criteria, literature search, data extraction, and synthesis. Reporting was designed following PRISMA-ScR.

Table 1
Population–Concept–Context (PCC) framework used

Component	Operational definition
Population	Elderly/older adults, especially those aged ≥60 years
Concept	Home care, home-based care, home health care, home rehabilitation, domiciliary care, community-based care
Context	Developing countries/LMICs
Focus	Barriers, enablers, implementation, access, acceptance, quality, sustainability

The literature is limited to publications **January 1, 2016–August 27, 2026**. Databases used/planned are PubMed/MEDLINE, Scopus, CINAHL, Web of Sciencem, ScienceDirect, Google Scholar, and WHO Global Index Medicus. **Search Strategy** ("older adult*" OR elderly OR aged OR "older people") AND ("home care" OR "home-based care" OR "home health care" OR "home rehabilitation" OR "domiciliary care" OR "community-based care") AND (barrier* OR facilitator* OR enabler* OR challenge* OR implementation OR access OR utilization) AND ("developing countr*" OR "low-income countr*" OR "middle-income countr*" OR LMIC OR "low and middle income").

Inclusion criteria included discussing the elderly population, studies conducted in developing countries/LMICs, discussing home care or home/community-based services, discussing barriers, enablers, implementation, access, acceptability, quality, or sustainability, published between 2016–2026, available in English or Indonesian, and primary research articles, program evaluations, or reviews relevant to evidence mapping. Exclusion criteria included only discussing the young adult population, only discussing hospital care, only discussing nursing home/residential care, not having a relationship to home services, not explaining barriers/enablers or implementation factors, and editorials, letters to the editor, opinion pieces, or news stories

Results and Discussion

Results

4.1 Literature Mapping

An initial mapping of relevant literature for the period 2016–2026 yielded clusters of evidence originating from Asia, Africa, and Latin America. The strongest evidence comes from China, Thailand, Indonesia, Brazil, Nigeria, South Africa, and LMIC studies more broadly.

For comparison, a scoping review of older adults' access to primary healthcare in LMICs published in 2024 identified 30 studies from their own search and selection process. Most of the studies were conducted in Brazil, and access factors included availability, affordability, acceptability, appropriateness, and information. The review also identified home care and telehealth as factors that can facilitate access.

Table 1
Mapping of Relevant Studies

No	Author/Year	Country/Context	Design	Focus	Main findings
1	Morton et al., 2018	South Africa	Qualitative	Volunteer home-based caregivers	Lack of training, supervision, monitoring, policies and clarity of scope of practice
2	Dovie, 2019	Ghana	Socio-policy analysis	Elderly care	Geriatric infrastructure is limited and the service system is inadequate.
3	Sumini et al., 2020	Indonesia	Qualitative case study	Community home care	Leadership, collaboration and community participation are important factors
4	Rajão & Martins, 2020	Brazil	Policy/data analysis	Home care	Inequality in supply, access and utilization of services
5	Yao et al., 2020	China	Qualitative	Home-based medical care	Safety, competence, technology and system risks are barriers
6	Mah et al., 2021	International	Scoping review	Social factors/home care utilization	Social factors influence the use of home care at various levels
7	Wang et al., 2021	China	Qualitative	Home rehabilitation	Barriers: security, relationships, awareness, resources, policies
8	Liu et al., 2021	China	Cross-sectional	Home health care	Lack of manpower and regulation are problems
9	Thongcharoen et al., 2022	Thailand	Cluster RCT	Community-integrated care	Caregiver training, home visits, respite care and

No	Author/Year	Country/Context	Design	Focus	Main findings
					collaboration to support care
10	Wang et al., 2023	China	Qualitative	Home rehabilitation	16 barriers and 13 facilitators were found
11	Cadmus et al., 2023	Nigeria	Mixed-method	Aging in place	Home assistance and home ownership support aging in place
12	Salim et al., 2024	LMIC	Scoping review	PHC access	Availability, affordability, acceptability, appropriateness and home care play a role
13	Zhang et al., 2025	China	Qualitative	Home-based health care	Resources, organizational structure, information and planning become obstacles
14	Huang et al., 2026	Developing countries	Rural studies	Gerontechnology/aging in place	Affordability and usability are key technology issues for rural seniors.

Table 2
Study Extraction Data

Studies	Population	Form of home care	Obstacle	Supporters	Level
Morton et al. 2018	Community caregiver	Home-based care	Lack of training, supervision, monitoring, policies	Mentoring, policy, integration	Power/organization
Dovie 2019	Ghanaian Elderly	Elderly/community care	Limited geriatric infrastructure	Development of social services	System
Sumini et al. 2020	Community elderly	Community home care	Funding and dependence on other parties	Leadership, collaboration, participation	Community/organization
Rajão & Martins 2020	Service users	Home care	Supply and access inequality	National program	System
Yao et al.	Provider	Home medical care	Safety,	Development	Provider

Studies	Population	Form of home care	Obstacle	Supporters	Level
2020			competence, technology	of home care system	
Mah et al. 2021	Older adults	Formal home care	Social, economic, rurality factors	Social network, caregiver, insurance	Individual-community
Wang et al. 2021	Nurse	Home rehabilitation	Safety, awareness, resources, policy	Teamwork, home modification, network, training	Provider/organization
Liu et al. 2021	Provider/caregiver	Home health care	Lack of manpower, regulation	Policy development	System
Thongcharoen et al. 2022	Dependent elderly + caregiver	Community-integrated care	Caregiver burden	Training, home visits, respite care	Family-community
Wang et al. 2023	Nurse	Home rehabilitation	16 barriers	13 facilitators	Multi-level
Cadmus et al. 2023	1,180 elderly	Aging in place	Risk without support	Help at home, home ownership	Individual-family
Salim et al. 2024	LMIC Elderly	PHC/home care	Availability, affordability	Home care/telehealth	System
Zhang et al. 2025	CHW/provider	Home-based health care	Resources, planning, information	Evidence, adaptability, incentives	Organization
Huang et al. 2026	Rural elderly	Gerontechnology	Affordability, usability	Technology acceptance	Individual/technology

CHARACTERISTICS OF HOME CARE

Based on literature mapping, home care for the elderly in developing countries does not have a uniform format. Services can be provided by nurses, doctors, rehabilitation personnel, community health workers, community health workers, formal caregivers, or family members. Services identified include home visits, home nursing, home-based medical care, home rehabilitation, chronic disease monitoring, caregiver education, home physical exercise, *respite care* , home environmental modifications, telehealth, social support, and referral coordination.

THEME 1: LIMITED RESOURCES

Limited resources are one of the most consistent barriers. Resources include the number of health workers, medicines, medical equipment, vehicles, transportation costs, health worker time, communication facilities, technology, and program budgets.

A study of CHWs in sub-Saharan Africa found that resources, geographic barriers, governance, and service capacity were barriers, while proximity to the community and organizational support were enabling factors. In home health care

services in Beijing, a shortage of health workers was also a significant issue. This situation limited the ability of community health care facilities to expand home care services. Limited resources can lead to *service rationing* , where services are provided only to the elderly with the most severe needs, while others are excluded.

THEME 2: COMPETENCY AND TRAINING OF HEALTH WORKERS

Home care for the elderly requires specialized competencies. Home care workers must be able to perform functional status assessments, chronic condition assessments, fall risk assessments, caregiver education, therapeutic communication, basic rehabilitation, medication management, danger sign detection, referral coordination, and technology utilization.

Wang et al.'s research showed that nurses reported a lack of knowledge and confidence in providing home rehabilitation. Conversely, training, teamwork, network support, and home modifications were identified as contributing factors. These findings suggest that expanding home care without improving the competency of healthcare workers could potentially create patient safety issues.

THEME 3: FAMILY CAREGIVER BURDEN

Families are a key component of home care in many developing countries. They assist with daily activities, medication administration, nutritional support, mobility, health check-ups, communication with healthcare professionals, and decision-making.

However, dependence on family can also create *caregiver burden*. The Thai model demonstrates that caregiver training, home visits, needs assessments, home modifications, and *respite care* can be mechanisms to reduce the gap between older adults' needs and family capabilities.

THEME 4: GEOGRAPHY AND TRANSPORTATION

Geographical distance is a significant barrier, especially in rural areas. Issues identified include distance from the elderly's homes, difficult roads, lack of vehicles, transportation costs, staff travel time, and the vast service area.

Home care can theoretically reduce travel barriers for seniors to healthcare facilities. However, these barriers translate into the need for transportation for healthcare workers to reach the seniors' homes.

THEME 5: LEADERSHIP AND COORDINATION

Research in Sleman, Indonesia, shows that **leadership** is a crucial factor in the development of community home care. Home care services require coordination between community health centers, village governments, cadres, midwives, nurses, doctors, hospitals, families, community organizations, and academics. Without leadership and coordination, programs can become dependent on specific individuals and difficult to sustain.

THEME 6: POLICIES AND REGULATIONS

Policy is a key determinant. Policy barriers include the absence of home care standards, unclear authority for staff, an unclear financing system, the absence of quality indicators, a weak referral system, limited legal protection, and suboptimal integration of social and health services.

Research in China shows that a lack of regulation is a major obstacle to the development of home health care. In South Africa, community-based caregivers

also face challenges regarding policy, scope of practice, monitoring, and supervision. Therefore, home care policies must address minimum standards, competency, safety, documentation, referrals, financing, and protection for older adults.

THEME 7: DIGITAL TECHNOLOGY

Digitalization opens up new opportunities for home care. Technology can be used for teleconsultations, telemonitoring, medication reminders, caregiver communication, interprofessional consultations, digital documentation, vital sign monitoring, and health education.

However, technology also creates *a digital divide*. Rural seniors may experience limited internet access, limited devices, costs, low digital literacy, and difficulty using applications.

A recent study of gerontechnology in rural communities in developing countries emphasized that affordability and usability are significant challenges. Therefore, technology should **complement home care**, not replace direct contact between healthcare professionals and older adults.

THEME 8: AGING IN PLACE

Aging in place is an important concept in the development of home care. Research by Cadmus et al. in Nigeria showed that older adults prefer to remain at home, especially when there is assistance available. Among rural participants, the presence of assistance at home increased the likelihood of choosing *to age in place*. Among urban participants, home ownership was a significant factor. However, *aging in place* does not automatically mean a better quality of life. There are risks:

Aging in place without support = aging in place becomes "stuck in place."

Therefore, *aging in place policies* must include: home care, caregiver support, rehabilitation, transportation, home safety, primary care, and social support.

SYNTHESIS OF BARRIERS AND SUPPORTERS

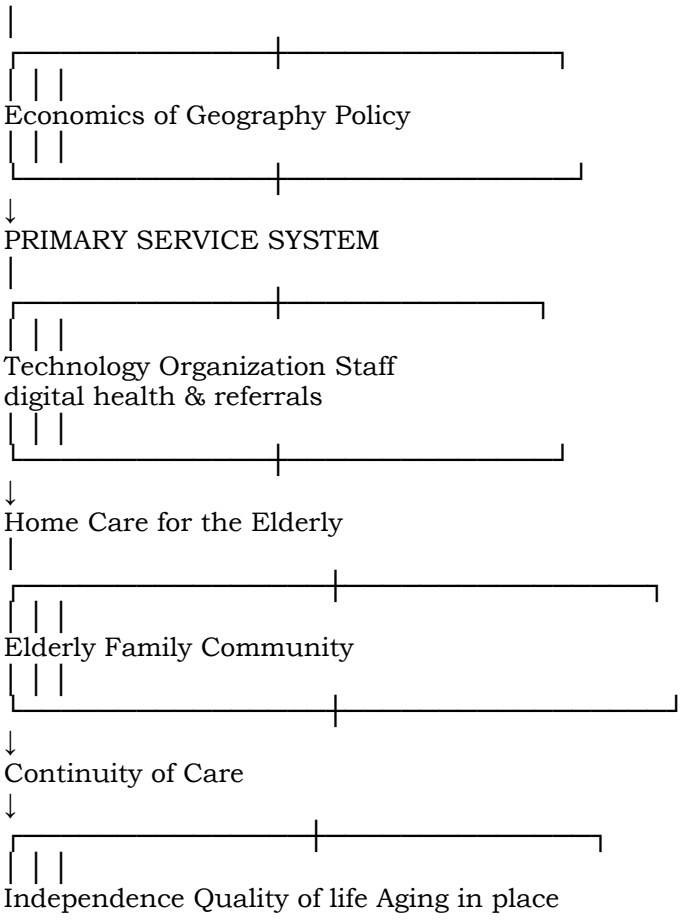
Table 3
Thematic Synthesis

Domain	Obstacle	Supporting factors
Individual	Disability, low literacy, digital limitations	Motivation, knowledge, acceptance
Family	Caregiver burden, lack of time	Family support, caregiver training
Geographical	Distance, transportation	Home visits, local CHWs
Health workers	Lack of manpower, lack of competence	Training, mentoring, supervision
Organization	Weak coordination	Teamwork, leadership
Resource	Medicines, tools, limited funds	Financing and procurement
Policy	Unclear regulations	Home care standards and policies

Domain	Obstacle	Supporting factors
Community	Stigma, lack of support	Cadres, CHWs, community leaders
Technology	Digital divide	Simple and affordable telehealth
House	Not safe, difficult access	Home modification
System	Fragmentation of services	PHC-home care integration
Social	Ageism	Age-friendly community

CONCEPTUAL MODEL OF HOME CARE FOR THE ELDERLY

Based on the synthesis, the resulting conceptual model is:



Discussion

The scoping review findings indicate that the success of home care for the elderly in developing countries cannot be explained by a single factor. Barriers emerge simultaneously at multiple levels.

At the individual level, health conditions, mobility, cognitive abilities, health literacy, and digital literacy can determine an older adult's ability to receive care. At the family level, caregiver availability and family capacity are crucial factors. At the healthcare workforce level, limited resources and competencies are key challenges. Research findings in China indicate that healthcare workers require knowledge, confidence, communication skills, and the ability to cope with unforeseen circumstances when providing care at home.

At the organizational level, leadership and teamwork play a significant role. Indonesian research shows that leadership and collaboration with stakeholders are crucial factors in sustaining community home care. At the system level, financing and regulation are fundamental factors. Home care requires operational resources often invisible in conventional healthcare financing, such as staff travel costs, visiting time, portable equipment, communication systems, and supervision.

This finding is consistent with a scoping review of older adults' access to primary care in LMICs, which found that availability, affordability, acceptability, appropriateness, and information were important dimensions of access.

Family-Centered Home Care

In developing countries, families play a greater role than in many developed countries. However, relying on families as the primary source of care without systemic support can increase physical, psychological, and economic burdens.
A more appropriate model is:

Family as caregiver → Family as care partner.
This means that families receive training, information, support and supervision from health workers.

Community-Based Workforce

Community health workers can act as a liaison between the health system and households. CHWs can assist with screening, education, monitoring, communication, referrals, caregiver support, and simple rehabilitation.
A scoping review of CHWs in sub-Saharan Africa showed that community engagement, positive work attitudes, support, and collaboration were facilitators of service delivery.

Integrated Care

Home care should not be a separate program.
The ideal model is **Health Center → Home care → Family → Community → Hospital → Rehabilitation → Return home.**
Thus, home care becomes part of *the continuum of care*.

Home Modification
Home is the primary environment for seniors. Modifications can include handrails, lighting, safe bathrooms, tripping reduction, appropriate bedding, and wheelchair accessibility.

Conclusion

Home care is an important strategy for meeting the needs of older adults in developing countries and supporting the concept of *aging in place*. However, its implementation faces multidimensional obstacles. The main obstacles are shortage of health workers, limited competency, lack of training, limited resources, transportation and geographical issues, financing, weak regulations, lack of coordination, caregiver burden, low health and digital literacy, and technological limitations.

Supporting factors include leadership, cross-sector collaboration, family involvement, community health workers, training, supervision, home modification, financing, referral systems, appropriate technology, and integration with primary care. Thus, developing home care for the elderly cannot simply be achieved through additional home visits. An **integrated, family- and community-based service model is needed**, supported by a strong health system and policies. The government needs to incorporate home care into its elderly care policies.

Conflict of interest statement
The authors declared that they have no competing interests.

Statement of authorship
The authors have a responsibility for the conception and design of the study. The authors have approved the final article.

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