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POLICY NETWORK

Mitigating the Impact of the COVID-19 Outbreak: A Review of International Measures to Support Community-Based Care

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1. Key findings

- Community-based care faces unique challenges during the COVID-19 pandemic compared to other parts of the long-term care continuum.
- Several countries have taken steps to prevent the spread of COVID-19 infections in community-based care including the closure of adult day centres and other service providers.
- Continuity of care is of utmost importance. A disruption of care and support could have serious negative impacts on individual health and well-being due to increased risk of loneliness and social isolation.
- The dispersed nature of community based care suggests that direct governmental action and oversight may be more difficult to provide than for residential care settings such as care homes or nursing facilities.
- Efforts to maintain continuity of care in community-based care include government financial support to home care workers; recruitment of volunteers and family members to act as paid carers; and the provision of remote psychological supports to home care workers.
- Some countries have taken steps to move patients and home care workers to residential care settings. The redistribution of home care workers and individuals in need of care to residential care settings is likely to produce unintended results and may not be a suitable option for all populations such as persons living with dementia.
- Few countries are specifically reporting data on infections and deaths among users of home care. An exception to this is Australia.
- Overall evidence of national measures to support community-based care is still lacking for most countries.

2. Introduction

This report provides a brief overview of the policy responses and practice measures used internationally to respond to the impact of COVID-19 on the provision of community-based care. The data provided here is largely collected from the country reports on the COVID-19 long-term care situation, which are published on the [LTCcovid.org](https://ltccovid.org) website. At the time of writing, these countries include Australia, Austria, Brazil, China, England, Germany, Hong Kong, Ireland, Israel, Italy, Netherlands, Slovenia, South Korea, and the United States.

This report, as with all LTCcovid reports, is a “live” document, this means that it will be regularly updated and expanded as new information becomes available. The authors would welcome comments and additional information that can be used in future updates.

The definition of community-based services varies by country. Within this international context, we define it as services that are provided in non-residential care centers either in one’s home or through services in the community, such as adult day centers. Formal community-based care services are an important component of the long-term care continuum (LTC) in many countries. This is an important approach to care as it enables many people to continue to live in their own homes and communities who otherwise might have to utilize higher levels of care that may be unnecessary, undesirable, or too costly.

Continuing to provide community-based care faces unique challenges during the COVID-19 outbreak. Measures to reduce the risk of infection are likely to result in a lack of access to usual formal care and unavailability of unpaid care can have significant implications for the wellbeing and health of care users and their family caregivers. A sudden reduction in routine care as a result of COVID-19 could have serious negative impacts on individuals and families. Efforts to prevent disruptions to care in this context are essential. Further, many care workers provide services to multiple people across multiple settings. This increases the risk of the spread of infection amongst carers and the individuals they support.

Governments may have less direct regulatory control over care that is provided in an individual’s home or non-residential settings such as adult day centers, which may not subject to the same level of governmental regulation as residential care homes. Nevertheless, reducing the spread of COVID-19 and ensuring continuity of care within community-based care are two essential outcomes that demand the attention of policymakers. Several countries have already taken clear steps to support these outcomes, while measures taken by other countries remain unknown at this time. Non-governmental actions such as community or voluntary approaches to support care also appear to be taking place. This report provides an overview of the known measures to support community-based care that are in-use or are under discussion.

3. Impact of COVID-19 on people who use or provide community-based care

There is still very little information about the impact of COVID-19 (and the measures taken to prevent its spread) is having on people who use or provide community-based care. Future updates of this report will include evidence as it emerges.

There is data on the number of deaths linked to COVID-19 of publicly funded users of community based social care services for Australia where, out of 99 deaths linked to COVID-19

by the 19th of May 2020, 13 of those who died were people who used publicly subsidized home care services (22 were care home residents)¹.

In England, data published by the Office of National Statistics from the Care Quality Commission (CQC) shows that, by the 8th of May, there had been 593 deaths linked to COVID-19 and 3,763 excess deaths (compared to the previous 3 years) of people who receive domiciliary care from a home care agency registered with the CQC².

4. Measures to Prevent the Spread of COVID-19 in Community-Based Care

Where possible, the date when policies were announced has been recorded but, if this information was not available, the date of the country report is used, as indicated by *. This table will be updated and expanded as more information becomes available.

4.1. Guidance for home care workers

Several governments have provided specific guidance for care provided in community-based settings. The intent is to help carers provide care in ways that reduce the risk of spreading infection as well as help workers who are caring for people already infected with COVID-19. In Germany, the Robert Koch-Institute (RKI) recommends the use of mouth and nose coverings when providing domiciliary care (irrespective of the care tasks) as well as monitoring the care workers' health (e.g. temperature checks).^{3,4} In Ireland there is specific guidance for home care workers on the use of (PPE) and on care for someone diagnosed with COVID-19, while Israel

¹ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsoccurringupto1may2020andregisteredupto9may2020provisional#deaths-of-recipients-of-domiciliary-care-in-england>

³ Lorenz-Dant K (2020) Germany and the COVID-19 long-term care situation. Country report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 15th April 2020. [cited 2020 Apr 20].

⁴ Robert Koch Institut. Wann ist das Tragen eines Mund-Nasen-Schutzes in der Öffentlichkeit zum Schutz vor SARS-CoV-2 sinnvoll? [Internet]. 2020 [cited 2020 Apr 20].

and Slovenia have provided guidance for workers who care for home-based individuals that includes how to maintain social distancing.^{5,6,7}

Guidance for home care workers

England: The Government provides information for domiciliary carers regarding the use of protective equipment in different circumstances including when the person with care needs their support or one of their household members presents COVID-19 related symptoms. The Action Plan advises that all social care workers and their family should be able to access COVID-19 testing.⁸

Germany: The RKI recommends that non-residential care settings should not provide care for people who have tested positive for COVID-19. The RKI recommends the use of mouth and nose protection providing domiciliary care as well as the monitoring of the care workers' health. Care workers should have access to further protective equipment if they provide care to a person with fever and respiratory disease. If care staff have respiratory disease they should stay at home. Federal states have picked up on the guidelines and also provide additional rules and recommendations. In Berlin, for example, care and support that does not require physical contact should be performed following hand disinfection and by maintaining 2m distance (22nd April).

Ireland: HSE issued guidelines for health and social care workers who visit people's homes. It covers providing routine home care for people who are not suspected, those who are discovered to have symptoms and providing planned home care for people who have suspected or confirmed COVID-19. It also covers the use of PPE (16th March). Updated guidance is that surgical masks should be worn by healthcare workers when providing care within 2m of a patient, regardless of the COVID-19 status of the patient (23rd April).

Israel: Provided guidance for workers who care for home-based individuals (4th May*).

The Netherlands: The Dutch government published guidelines to ensure the continuation of care for individuals who are completely dependent on domiciliary care or day care, and with no social network to support them (16th April). For those individuals who can fall back on their own social network and non-essential home care activities are currently postponed. One or two regular informal care-givers are allowed to visit those that require care from 29th April.

Slovenia: The government published recommendations for cleaning and waste management in domestic care of people with or suspected COVID-19. The NIJZ published recommendations called *Epidemic of new viral disease COVID-19 and elderly* (20th April*).

⁵ Pierce M (2020) The impact of COVID-19 on people who use and provide Long-Term Care in Ireland and mitigating measures. Country report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14th April 2020.

⁶ Tsadok-Rosenbluth R (2020) Report: Contagion and deaths related to COVID-19 in Israel in sheltered housing and long-term care institutions – lessons to be learned. 11th April. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

⁷ Oven A (2020) The impact of COVID-19 on people who use and provide long-term care in Slovenia and mitigation measures. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

4.2. Closures of day care and community centres

To help prevent the spread of COVID-19, some countries have taken the step of closing their adult day care and community centers for older adults. China has closed all adult day centers and community centers, while Hong Kong is continuing to provide services only for individuals with very high needs, so they are operating at reduced capacity.^{9,10} To fill emerging service gaps, some non-profit providers have started offering 'online day care' including activities and counselling.¹¹ Across Germany, day and respite centres have closed [11]. While closing or restricting these services may limit the chance of exposure to COVID-19 for vulnerable populations and reduce the rate of infection, it may also place increased burden on family caregivers with few other options for care. In instances where services are reduced or suspended, alternative service delivery and support must be considered.

Closures of day care and community centres

China: All community-based service facilities such as day care centres are suspended during the lockdown period to ensure social distancing (18th April*).

Germany: Across Germany, day and respite centres have closed. Services in many federal states, however, are available for people in emergency situations (i.e. if the unpaid carers are key workers, when no alternatives can be organized, if this loss of care would pose (health) risk for the person with care need or if there is a medical prescription for a specific type of care).

Hong Kong: Day care centres for older people have suspended their services but remain open to serve those in special needs, but at a much reduced capacity. Older people centres that provide active ageing activities and caregiver support services are all closed to the general public, but staff continue to report duty to provide urgent support services to older people or caregivers in the community (27th April*).

Ireland: Reduction in the provision of community-based home help hours. The decision to temporarily cancel home help hours is related to public health measures of physical distancing (28th April*).

Italy: The National Government established the closure of all day care homes for people with disabilities (17th March).

South Korea: The Korean Ministry of Health and Welfare recommended the closure of social welfare facilities from the 28th February. This includes senior welfare centres and senior day/night care centres. The KMOHW has requested staff members in such facilities to work as usual during the closure. On 1st April, the closure of social welfare facilities was extended again. Currently, 99.3% of social welfare facilities are closed (7th May*).

⁹ Shi C, Hu B, Feng M, Wong G. (2020). Report from Mainland China: Policies to Support Long-Term Care During the COVID-19 Outbreak. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

¹⁰ Wong K, Lum T, Wong G (2020) Report from Hong Kong: Long-Term Care Responses to COVID-19 by Increased Use of Information and Communication Technology. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

¹¹ Ibid.

4.3. Changes in delivery of home-based services

Rather than discontinuing services and care entirely, another approach for reducing the spread of infection is changing the way services and supports are delivered in homes and community-based care settings. This allows vital services to continue albeit in a modified format. In Hong Kong for example, providers are changing how they deliver services. Re-usable containers for meal delivery are no longer used with disposable containers being used instead. Other non-essential services have either been stopped or reduced.¹² This approach attempts to strike a balance between providing essential services while reducing the further spread of COVID-19.

Changes in delivery of home-based services

Australia: Home care providers have stopped group services (e.g. bus outings, group exercise classes) and have been given the flexibility to redirect the funds to other services such as ensuring clients have access to meals and groceries and undertaking phone/video call social interactions with their clients (24th March). \$59.3 million has been allocated to meals on wheels for home-delivered meals and emergency food supply boxes (31st March).

Germany: The Federal Ministry of Health announced that quality assessments for ambulatory and residential care have temporarily been suspended.

Hong Kong: All essential home support services such as visiting nurse services, meal deliveries, escort to medical appointments and management continue, but providers are given more flexibility on how those services are delivered. For example, changing re-usable containers in meal delivery services to disposable containers. Other non-essential services have been stopped or delivered at a much reduced capacity (27th April*).

South Korea: The KMOHW plans to actively run a social safety net to assist those in need while social welfare facilities are shut down, such as flexible delivery of emergency aid and support, implementation of temporary assistance programs for low-income families and provision of pay in advance for those participating in government employment programs (7th May*).

5. Measures to ensure continuity of care and staff wellbeing

5.1. Measures to support care providers

The additional demands placed on care providers to obtain necessary protective equipment, reduce the load of domiciliary visits per care workers and to replace care workers who have to go into isolation or are unable to work as they themselves or a household member are vulnerable. Care providers may find it difficult to sustain their services during this period and may require financial support to stay operational.

¹² Wong K, Lum T, Wong G (2020) Report from Hong Kong: Long-Term Care Responses to COVID-19 by Increased Use of Information and Communication Technology. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.

Ensuring financial ability of service providers to maintain care

Germany: In Germany, the long-term care insurance system will provide rescue packages for care providers to afford necessary additional protective equipment and to fund additional domiciliary and residential carer workers needed to meet demand.

5.2. Recognition of care staff as essential workers

Most countries have imposed some level of internal travel restrictions to stem the rate of infection. However, the need to provide essential services continues regardless of these restrictions. What are essential services and who are considered essential workers often remains up to local or regional jurisdictions. An important measure to ensure the continuity of community-based care is to deem carers who work in this setting essential workers. Ireland is one country that has explicitly included community based and home care workers as essential.¹³ The United States has also listed home care workers as essential in guidance from the federal government, although the areas under stay home orders vary by state and locality.¹⁴

Recognition of care staff as essential workers

England: Care workers have been recognised as key workers. This means that their children can continue to attend school if they cannot be looked after at home. Supermarkets will be asked to include care workers in the dedicated shopping hours for health care workers (15th April).

Ireland: Home care, home help and other community services were included among the list of essential workers who are permitted to travel to and from work (27th March).

United States: The US federal government has listed home care workers as essential in guidance from the federal government, although the areas currently under stay home orders vary by state and locality. Most states have also listed LTC workers as essential service providers (24th April*).

5.3. Providing care for people who can no longer access usual care in their own home

Due to the impact of COVID-19 as well as the typical progression of care need, there currently may be a lack of capacity in residential settings for individuals who are no longer able to be cared for in their own home. Opening new facilities and re-opening old facilities is one option to increase care capacity, although one that is challenging given scarce resources and staff availability. Austria has attempted to increase bed capacity through this approach.¹⁵ However,

¹³ Department of the Taoiseach (2020) List of essential service providers under new public health guidelines. Gov.ie. [cited 2020 Apr 20]. Available from <https://www.gov.ie/en/publication/dfeb8f-list-of-essential-service-providers-under-new-public-health-guidelin/#human-health-and-social-work-activities>

¹⁴ Cyber Security and Infrastructure Security Agency (2020) Guidance on the Essential Critical Infrastructure Workforce. Cisa.gov. [cited 2020 Apr 20]. Available from <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>

¹⁵ Leichsenring K, Schmidt AE, Bauer A (2020a) Report: Planning for expected shortages in migrant and family care in Austria. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20].

there is concern as to whether this option will work for all people. Specifically, individuals living with Alzheimer’s disease and related dementias (ADRD) or people whose family members wish to remain close to them and are unable to reach them are not well suited to this approach.¹⁶

Additional care home capacity
<i>Austria:</i> Increasing bed capacity through opening new facilities and re-opening old facilities. Concerns about whether would work for individuals with Alzheimer’s disease and related dementias (ADRD) or people whose family members wish to remain close to them (28 th April*).
Additional services for people who were using day care or other services that have closed
Redeployment to temporary home-based and resident care (individuals)
<i>China:</i> Older adults living alone with intensive care needs, whose family carer is in quarantine, or whose family carer is a healthcare worker, are being provided with home-based services or temporary residential care (18 th April*).
Financial support for people with care needs
<i>Germany:</i> People with care needs whose usual domiciliary care or replacement care cannot be provided will be able to reimburse another person to provide the necessary care for up to three months through their long-term care insurance.
Virtual care
<i>Australia:</i> Clients who stop service will receive ongoing phone welfare checks (24 th April*). \$10m has been allocated to the Community Visitors Scheme (CVS), focusing on telephone and virtual friendships to older socially isolated people (28 th March).
<i>Hong Kong:</i> Staff in older people centres call members by phone regularly, usually weekly, to provide social and emotional support (27 th April*).

5.4. Additional workforce supports

5.4.1. Recruitment of volunteers, additional staff, and family members as carers

Care arrangements for individuals may change rapidly when an individual’s home care worker may no longer be able to provide care if they are stricken with COVID-19. There is a need to rapidly fill the care gap when one arises whatever the cause. When shortages of staff occur, measures are needed to ensure continuity of care. Recruitment of new workers is one approach that can help. However, volunteers and family members can also stand in as carers. South Korea has taken steps to address worker shortages by utilizing volunteers and paying family members to preform care at the same wage as professional carers after they receive two hours of training.¹⁷

Available at <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>

¹⁶ Ibid.

¹⁷ Lyu Jy (2020) Report: The South Korean approach to managing COVID-19 outbreaks in residential care settings and to maintaining community-based care services. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20]. Available at <https://ltccovid.org/2020/03/26/report-the-south-korean->

Recruitment of volunteers, additional staff, and family members as carers

Austria: Regional governments have taken action to secure the provision of care from migrant care workers. For example, the regional government of Lower Austria chartered a flight to bring 250 migrant care workers from Bulgaria and Romania to provide care in its region. Later on, trains from Romania to Austria were organized to facilitate the travel of personal carers notwithstanding the continuing travel restrictions. Both these actions were accompanied by criticism due to costs for quarantine, tests, accommodation etc. (15th May*).

England: A media campaign to attract 20,000 people to work in social care over the next three months has been started. It aims attract returners but also people who may be looking for a new career and those looking for short-term work opportunities. The scheme should be facilitated through a new online platform through which interested people can access initial training and job opportunities. It has been established that people who have been furloughed from other sectors (receiving 80% of their income) can undertake paid employment in social care. Returning social care workers can temporarily be put back on their occupational registries (15th April).¹⁸

Brazil: Almost 400,000 healthcare professionals have registered to voluntarily work on the front line responding to the COVID-19 pandemic. The federal, state and municipal governments have opened emergency calls to contract healthcare staff to replace those who had been infected or part of vulnerable groups in hospitals and community health services (28th April).

Germany: In several federal states, such as Bavaria, Bremen and Rhineland-Palatinate, people with health and care qualifications not currently employed in a care related profession are encouraged to register on dedicated online platforms. In Bavaria, relevant volunteers currently employed in other jobs may be freed from their employment duty and continue to receive their normal income to undertake relevant care work.

Ireland: Community Call is a governmental national volunteering initiative which aims to coordinate community activity and direct it to where it is needed. It aims to organize the large number of volunteers who have come forward to assist in their community during COVID-19 (2nd April).

5.4.2. Pay and condition improvements to boost staff numbers

Offering financial incentives to carers is one way to increase the number of staff and ensure the continuity of the care in community-based settings. Financial incentives for the long-term care workforce have been issued in Australia. This includes nearly 100 million AUD for the home care sector including a \$800 after tax per quarter (up to two quarters) payment for home care workers.¹⁹ In Austria, the national government has allocated an additional 100 million euros to the social care sector, with a one-off payment of 500 euros for migrant care workers who

[approach-to-managing-covid-19-outbreaks-in-residential-care-settings-and-to-maintaining-community-based-care-services/](#)

¹⁸ Department of Health and Social Care (2020) COVID-19: Our Action Plan for Adult Social Care. 15 April. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

¹⁹ Low LF (2020) Report on the COVID-19 Long-Term Care Situation in Australia. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20]. Available at <https://ltccovid.org/wp-content/uploads/2020/04/LTC-COVID-in-Australia-2nd-April-2020.pdf>

remain in Austria and continue to provide home care. Regional governments within Austria have also provided additional financial support for migrant home carers of 1,000 euro per month.^{20, 21} These payments represent a significant boost in reimbursement to a workforce that typically receives comparatively low wages.

<p>One-off payments</p> <p><u>Australia:</u> Financial incentives for the long-term care workforce, including a \$800 per quarter (up to two quarters) payment for home care workers.</p> <p><u>Austria:</u> The Austrian Government has allocated 100 million euros to the social care sector, with a one-off payment of 500 euros for migrant care workers who decided to stay in Austria in order to continue caring. Regional governments have provided additional financial support for migrant home carers of 1000 euros per month.</p> <p><u>Germany:</u> In Schleswig-Holstein and Bavaria care workers will receive a one-off bonus payment.</p> <p><u>Wales:</u> Care workers in Wales will receive a £500 cash bonus.²²</p>
<p>Increased minimum wage for care staff</p> <p><u>Scotland:</u> In Scotland care workers will receive a 3.3% pay increase backdated to 1 April.²³</p> <p><u>Germany:</u> The German government announced that the minimum wage of care workers (the amount varies by qualification) will be increased in four steps from 1 May 2020 to 1 April 2022. In addition, care workers will get additional paid leave.</p>
<p>Improved work conditions (including sick pay, etc)</p> <p><u>England:</u></p> <ul style="list-style-type: none"> On 27 April the Department of Health and Social care announced a new life assurance scheme for care workers providing ‘hand-on personal care’ for people with COVID-19. If an eligible worker dies due to COVID-19, their families are eligible to receive £60,000.²⁴ Care workers who cannot work because they are shielding or belong to a high-risk group can be furloughed. This scheme enables care workers to maintain 80 per cent of their income.²⁵

²⁰ Leichsenring K, Schmidt AE, Bauer A (2020a) Report: Planning for expected shortages in migrant and family care in Austria. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20]. Available at <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>

²¹ Leichsenring K, Staflinger H, Bauer A (2020b) The situation of ‘24-hour care’ From the perspective of migrant caregivers in Austria. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20]. Available at <https://ltccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/>

²² BBC News (2020) Coronavirus in Wales: Social care workers to get £500 bonus. 1 May 2020. Available at <https://www.bbc.co.uk/news/uk-wales-52502325>

²³ Scottish Government (2020) Pay rise for social care staff. 12 April.

²⁴ Department of Health and Social Care (2020) COVID-19: Our Action Plan for Adult Social Care. 15 April. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

²⁵ Ibid.

- In addition, Statutory Sick Pay can be provided from the first day of sickness or isolation, following the Social Care Action Plan. Universal Credit and Working Tax Credit have also been increased.²⁶

5.5. Non-profit sector and community-led responses

Non-governmental organizations (NGOs) provide much needed services and supports to individuals who need support. They may step in and fill gaps in certain areas when there is additional need during the COVID-19 outbreak. In Hong Kong, some NGOs are providing emergency support to older people in the community through assessments by professional teams, provision of medication refills, household cleaning, and the delivery of hygiene supplies.²⁷

Non-profit sector and community-led responses

Germany: Organisations such as the Germany Alzheimer’s Society and other charitable organisations and interest groups call for recognition of family carers, financial support, protective equipment and prioritized testing (6th May*).

Hong Kong: Some NGOs are providing emergency support to older people in the community. This include providing tablet computers to older people, sensory stimulating activities at home, special emergency support campaigns and delivery of surgical masks and anti-epidemic packs (27th April*).

5.5.1. Redeployment of home care workers to residential care

Care workers may be redeployed from different sectors of the long-term care continuum in order to ensure continuity of care. In Ireland, home care workers are being re-deployed to residential care settings.²⁸ This approach may have unintended consequences, however, as it reduces the number of workers available in community-based care.

Redeployment of home care workers to residential care

Ireland: Home care workers are being re-deployed to residential care settings – these measures have been agreed with HCCI, who reported that between 700 and 1,000 home care workers are expected to be redeployed to work in nursing homes under the agreement (28th April*).

Germany: In the federal state of Rhineland-Palatinate care staff can be allocated to work in ambulatory and residential care settings to enable greater flexibility planning.

²⁶ Ibid.

²⁷ Wong K, Lum T, Wong G (2020) Report from Hong Kong: Long-Term Care Responses to COVID-19 by Increased Use of Information and Communication Technology. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE. [cited 2020 Apr 20]. Available at <https://ltccovid.org/2020/03/27/report-from-hong-kong-long-term-care-responses-to-covid-19-by-increased-use-of-information-and-communication-technology/>

²⁸ Pierce M (2020) The impact of COVID-19 on people who use and provide Long-Term Care in Ireland and mitigating measures. Country report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14th April 2020. [cited 2020 Apr 20]. Available at https://ltccovid.org/2020/04/15/the-impact-of-covid-19-on-people-who-use-and-provide-long-term-care-in-ireland-and-mitigating-measures/#_ftn30

5.6. Psychological support for care workers

Caregivers often report negative psychological outcomes including isolation, anxiety, and depression due to the demands of caregiving. Financial pressures from income-related losses from leaving the workforce or reduced employment to provide care are often exceedingly high and can also cause psychological distress. The pandemic is compounding and exacerbating the already highly stressful aspects of caregiving. In response, in Austria a national telephone line, counselling services and online support networks have been organised for migrant care workers.

Psychological support for carers

Austria: The national Chamber of Commerce has set up a telephone line and counselling services for care workers. There are difficulties in identifying counsellors in relevant languages, such as Bulgarian, Slovak, Polish or Hungarian. There have also been social media awareness initiatives by migrant care workers and online support networks.

China: Psychological support services for older people requiring care and their family carers were strengthened, with prompt assessment and intervention (18th April*).

England: Care workers should be able to access a text message service to receive support with coping. Care workers have been given access to a support package on a dedicated website that is also available for NHS workers. In addition, care workers should get access to a confidential support line that was established for NHS workers.²⁹

Germany: The Senate of Berlin provides a list of sources of support and advice for family carers (29th April*).

Ireland: Care Alliance Ireland have set up an online Family Carer Support Group on Facebook in a closed group format. This is facilitated by a number of health and social care professionals with social work and counselling qualifications, as well as by volunteer current and past carers sharing their experience (28th April*).

5.7. Dedicated information and training for care workers

Care workers providing care in the community are in need of information and training around hygiene standards and preventive measures.

Information schemes for care workers

Germany: The medical service of the health and long-term care insurances in Berlin-Brandenburg offers an advisory telephone services for care providers around COVID-19.

²⁹ Department of Health and Social Care (2020) COVID-19: Our Action Plan for Adult Social Care. 15 April. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

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