IMPACT OF COVID-19 PANDEMIC AND MEASURES ON UNPAID CARERS

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UNPAID CARERS ARE A CRUCIAL SOURCE OF SUPPORT FOR PEOPLE WITH CARE NEEDS AROUND THE WORLD

- Many people with long-term care needs receive care and support from unpaid family members
  - In countries with existing long-term care support structures unpaid carers continue to play an important role:
    - 4.7 million unpaid carers in Germany,
    - 5.4 million unpaid carers in England,
    - 41 million unpaid carers in the United States
  - In countries with emerging long-term care systems almost all care is provided by unpaid carers (2)
- Unpaid carers save care systems money:
  - In England around £132 billion
  - in the United States about $470 billion
WHO ARE UNPAID CARERS

Gender & Age
• Across countries: the majority of unpaid care is provided by women (8, 9, 10)
  • More older men care for their partners (8)
  • Older carers providing long hours (8, 10)

Socio-economic status
• Unpaid carers often experience low socio-economic status (9)
• More likely to be working part-time or to leave employment & experience difficulty re-entering the labour force (3,9)
  • Reduced income, pensions & savings (3)

Physical and mental health
• The provision of unpaid care is associated with poor mental (depression, anxiety, stress, burden) and physical health and lower quality of life (3,8,9)
THE IMPACT OF COVID-19 ON UNPAID CARERS

Intensity of care

- 70% provide more care (on average +10 more hours) (4)
- 35% provide more care due to reduce or close local services (4); reports of stopped or reduced care packages (5), domiciliary care workers and unavailable migrant worker (7)
- Respite options unavailable (5)

Financial implications

- 81% incur higher costs (e.g. on food, household bills) (4)
- 38% of surveyed carers are worried about their financial situation (4)
THE IMPACT OF COVID-19 ON UNPAID CARERS

Personal well-being

- 55% feel overwhelmed and are worried about burnout (4)
- 87% of carers are worried about what would happen to the person they support if they become unable to care (4)
- Loss of control, routine, community (6)
- Worry about risk for the person they support if people don’t adhere to distancing & hygiene rules (6)
- Feeling overwhelmed from news (6)
- 33% of carers unable ‘to look after their own health and wellbeing’ (4)
- 44% of carers were ‘lonely and cut off from people’ Poor mental health (social isolation) (4)
- Bereavement (4)

=> Development of methods to deal with the situation: finding moments for themselves, things they enjoy, develop a new routine, virtual social connection (6)

=> 57% of carers remained in contact with friends and family (4)
MEASURES TO SUPPORT UNPAID CARERS

Interventions for people with care needs that support unpaid carers
- Formal paid care (paid home care, personal assistants, day care, respite care)
- Other unpaid carers
- Services for the person with care needs (meals-on-wheels)
- Assistive technology that enables independence

Interventions and services for unpaid carers
- Training (skills & education)
- Psychological support (counselling, psychological interventions)
- Support groups
- Support to maintain in labour force: anti-discrimination, flexible working hours, compassionate leave, care leave
- Financial assistance (cash benefit/ carer allowance)
- Assistive technology to deliver interventions

(Brimblecombe et al., 2018)
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EXAMPLES OF MEASURES USED TO SUPPORT UNPAID CARERS DURING THE COVID-19 PANDEMIC

1. Guidance and resources for unpaid carers: technical and educational guidance, guidance for specific groups (people with dementia, people with learning disabilities)

2. Virtual support
   - To facilitate social contact
   - Virtual interventions: virtual carer groups, games, exercises
   - Psychological support: counselling, videos
   - Virtual training for unpaid carers
   - Helplines

3. Emergency support structures: advice, information, systems
4. Financial support:
   • reimbursement for days taken off to provide emergency care/ furlough
   • financial support to reimburse (other) unpaid care (carer allowance)
   • scheme to enable reduced working hours
   • financial support for people with low-income

5. Healthcare provider responsibility: monitoring, tele-health

6. Support with navigating restrictions: identification as unpaid carer (shopping)

7. Testing: access to priority testing
WHAT IS FALLING SHORT OR MISSING?

• Accessible and clearly communicated information
• Exemptions for unpaid carers to purchase limited number of items
• Access to PPE
• Prioritise testing of unpaid family carers
• Help with contingency planning for emergency situations
• Increase of financial support
• Recognition of the main unpaid carer on medical notes
• Increase funding for remote support interventions
• Unpaid carers of people with dementia, people with learning disabilities and people with autism may require specific support.
• Considering respite options for when it will be safe to do so
REFERENCES


(7) Hassenkamp, M. (2020) Zu Hause mit Mama, Spiegel Politik. Available at: https://www.spiegel.de/politik/deutschland/corona-krise-und-pflegende-angehoerige-mit-mama-zu-hause-a-e37737b2-ef29-41bf-b0c8-58e68620107d

