AN INQUIRY INTO THE LIVED EXPERIENCE OF COVID-19 IN THE HOME CARE SECTOR IN IRELAND

EXPERIENCES OF HOME CARE PROVIDER ORGANISATIONS

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TABLE OF CONTENTS

RESEARCH SUMMARY

An Inquiry into the Lived Experience of covid-19 in the Home Care Sector in Ireland: The Experiences of Home Care Provider Organisations is part of a three-wave research project that explores the health, social and economic impact of the pandemic on the home care sector in Ireland. This qualitative study sheds light on how those on the forefront of home care coped during one of the largest viral outbreaks in modern history. It explores the main challenges in the home care sector, policy responses to tackle covid-19, changes to workplace relationships, impact of the pandemic on the employees' health and wellbeing, and implications for the future. The study provides a valuable and timely insight into the multifaceted effects of covid-19 on the sector, including implications for policy and practice, as well as recommendations for optimal functioning into the future.

RESEARCH METHODS

A questionnaire consisting of ten open-ended questions was developed following a rapid literature review and internal consultations. The questionnaire was emailed to all twenty-three HCCI member brands, and eighteen providers responded. Qualitative thematic analysis was utilised to analyse the data, employing inductive approach and line-by-line coding in order to generate a list of overarching, main and subordinate themes.

KEY FINDINGS

- The biggest challenge was employee recruitment and retention prompted by the closure of schools and creches, difficult working conditions and frequent self-isolation of carers.
- Self-isolation of clients generated a 20-30 per cent decrease in home care services, with an estimated 10-40 per cent drop in revenue for the affected providers.
- The providers promptly implemented robust health and safety policies and a range of measures to reduce the traffic in clients' homes. i.e. smaller staffing pods, 'one carer' model, and phone assessment and monitoring.
- The pandemic had a positive impact on the workplace relationships having prompted strong team spirit and enhanced communication internally, and a strengthened partnership with the public health and social care services (HSE) externally.
- The study underscored high levels of stress in the workplace, with very prevalent mental and physical exhaustion. Many organisations provided a range of support to support their employees.
- The main concern about winter 2020/21 is a potential second wave with an immediate effect on the health care workforce. The importance of rapid testing, PPE provision and distribution, and potential further lockdowns with implication for childcare have also been identified as worrying.
- The pandemic also generated positive changes such as increased health and safety standards, and introduction of technology and artificial intelligence in the home care sector. Further, it may have a transformative effect on the societal perception of home care.

1. INTRODUCTION

1.1. ABOUT HOME AND COMMUNITY IRELAND (HCCI)

Founded in 2012, Home and Community Care Ireland (HCCI) is the national representative body for home care providers in Ireland. It includes over eighty members across the country, who between them employ over 10,000 frontline care staff and provide medical and non-medical support to more than 20,000 clients. Most of these clients are elderly people, though a significant volume of care is also provided to people with disabilities and those with complex needs (e.g. children). While HCCI represents many of the largest home care providers in the country, most of our members are small and medium-sized enterprises (SMEs).

The mission of the HCCI is to advocate for, and represent, a unified professional home care service in Ireland to enable independent living at home. HCCI does that through representation, leadership, good governance, and enforcement of the HCCI standards. In relation to the latter, upon admission to the organisation, all members are audited against the HCCI Standards and again every three years. HCCI strongly supports the introduction of a statutory scheme for home care with attendant regulation, ideally by the end of 2021.

1.2. CONTEXT: COVID-19

The covid-19 pandemic is an ongoing pandemic of coronavirus disease in 2019 caused by severe acute respiratory syndrome coronavirus. The virus was first identified in the city of Wuhan, China, in December 2019 and rapidly spread across the globe. Within a month after the first reported case, the World Health Organization (WHO) declared the novel coronavirus outbreak a public health emergency of international concern, which is the WHO's highest level of alarm, followed by a declaration of a global pandemic on the 11th March 2020.   What followed was a set of worldwide severe public health restrictions that encompassed travel restrictions, facility closures, quarantines, as well as national and reginal lockdowns. As of the 23rd September 2020 the WHO (2020) reported 31,375,325 confirmed cases of covid-19 globally, whereas the HSE Health Protection Surveillance Centre (2020) reported 33,110 confirmed cases in Ireland by the 22nd September 2020.

Covid-19, whilst very challenging, has been competently managed by the home care sector to date. The rate of virus peaked at 0.45% or 91 confirmed positive cases among the clients availing of home care provided by the HCCI member organisations. Carers have been hit harder with an average potential exposure rate to the virus of 8-10% of the workforce in any given week (though this has declined over time). Provider organisations have undergone enormous disruption to their operations, as will be explored in depth in this report.

2. RESEARCH PROBLEM

2.1. WHAT IS THIS RESEARCH ABOUT?

In light of the covid-19 pandemic and further reinforced by the calls for research (Holmes et al. 2020) on the experiences and effects of the pandemic across the whole population – and especially vulnerable groups such as the elderly – this research explores the impact of covid-19 on HCCI home care provider organisations. This project is part of a larger three-wave qualitative study that explores the health, social and economic consequences of the pandemic for the home care sector in Ireland, including home care provider organisations, frontline care staff and their clients – elderly people, disabled people and those with complex needs.

This first report focuses on the home care provider organisations and the identified priority areas generated by the covid-19 pandemic. It explores the main challenges experienced by the providers during the first wave of covid-19 in spring 2020, a range of policy approaches to tackle covid-19 in the home care sector, changes to internal and external workplace relationships, impact of the pandemic on the health and wellbeing of the staff, and implications for the future including positive changes resulting from the pandemic, as well as areas for improvement.

2.2. WHY IS THIS RESEARCH IMPORTANT?

The World Health Organisation highlighted that it is impossible to predict when the pandemic will cease, for the coronavirus may become another endemic virus and thus stay in our communities (BBC 2020). This research therefore provides a valuable, original and timely insight into the multifaceted effects of the covid-19 on the home care sector, including implications for policy and practice, as well as recommendations for optimal functioning into the future.

The findings of this study will inform the work of HCCI and policy debates among the relevant health bodies and partners including the Health Service Executive (HSE) and the Department of Health, with the potential to translate this knowledge into interventions relevant for the sector.

2.3. WHAT ARE THE RESEARCH QUESTIONS?

This exploratory research is seeking a detailed understanding of the impact of covid-19 on home care providers, including the effects it has had on the health, social and economic component of their work. The study was guided by the five overarching questions:

1. What were the main challenges that management experienced due to the pandemic?
2. Which policy approaches have been implemented to address these challenges?
3. What was the effect of the pandemic on the workplace relationships?

4. How did the pandemic affect the health and wellbeing of the staff?
5. What are the most pressing issues going into winter 2020/21?

These five questions yielded rich and multi-layered pieces of data, many of which repeatedly intersected within a response of an individual organisation, but also across all responses. This report will therefore look into the challenges in the home care sector generated by the pandemic such as recruitment and retention issues, loss of home care hours, and uncertainty and fear permeating the sector. It will also explore a range of covid-19 policies and procedures implemented promptly by the providers, and new and innovative ways of delivering service safely.

Further, the study will shed light on the manner in which the pandemic shaped internal and external workplace relationships including, importantly, the relationship with the HSE. It will be demonstrated that the crisis highlighted structural shortcomings within the sector, but it also fostered an ethos of collaboration and partnership within the sector. Unsurprisingly, covid-19 generated psychological distress across the society, and the mental health consequences of the crisis for those working in the sector – frontline workers especially – will be uncovered. The research will explore the protective measures implemented by the providers to promote positive mental heath and wellbeing of the staff. Finally, it will outline the most pressing issues, as identified by the providers, ahead of the winter and potential second wave of infections.

One relevant topic that emerged from the research was related to a set of positive changes as a result of the pandemic, which were conducive of staff wellbeing and work satisfaction. Insomuch, unexpectedly, this research will also suggest that the covid-19 pandemic may serve as a catalyst for much needed attitudinal and societal changes in the workplace and home care sector.

3. METHODOLOGY

3.1. WHO WAS SURVEYED?

A questionnaire consisting of ten open-ended questions was developed following a rapid literature review and internal consultations. These questions were categorized under five subheadings: management, service provision, relationships, health and wellbeing, and the future. The document also outlined the purpose and objectives of the research, data management and storage, as well as ethical considerations such as anonymity and confidentiality. Provider organisations were asked for informed consent to partake in the research, and they were made aware that they may be contacted by the researcher to follow-up on their responses.

The questionnaire was emailed to all twenty-three HCCI members brands on the 29th July 2020 with a request to fill it out by the close of business on Monday the 10th August 2020. Six organisations responded by the deadline, and follow-up emails and phone calls took place with the remaining seventeen organisations. This brought the total number of participating organisations to eighteen, as per Table 1, which represents a 78% response rate. Following the initial reading of each response, nine organisations were emailed with a request to clarify or elaborate on specific issues. All organisations responded promptly providing additional information, which was then added to their original submission.

Table 1: Overview of the provider organisations taking part in the research

Applewood Homecare	Comfort Keepers	InisCare
Be Independent Homecare	Communicare	Pioneer Homecare
Bluebird Homecare	Connected Health	Right at Home
Care about You	Heritage Homecare	Sandra Cooney Homecare
Care at Home	Home Instead Senior Care	Westcare Homecare
Caremark	Home Care Solutions	Woodbrook Outreach

3.2. HOW WAS THE DATA ANALYSED?

Once all the submissions have been received, the process of anonymisation began wherein all the identifying markers such as names and locations were removed. A code was assigned to each completed questionnaire (e.g. M1, M2 etc.) and the anonymised data was stored in a new folder. Thematic content analysis was utilised to investigate the data. The aim of the initial reading was to familiarise with the data, whereas the second reading resulted in line-by-line

manual coding. This means that the analysis followed an inductive or bottom-up approach. Put differently, conclusions were drawn only after carefully engaging with individual submissions and seeking patterns, overlaps and regularities between them.

After all the submissions have been coded and these codes have been reviewed, initial themes started to unfold. A master list of themes was drafted adhering to five central research questions – and thus five overarching themes – and it encompassed all the themes emerging from the data. This list was then reviewed several times to establish main and subordinate themes within each overarching theme, and merge themes when appropriate to avoid any repetition. Furthermore, the prevalence of each main and subordinate theme was noted. The master list of themes was also subject to a brief internal consultation to help inform the progression of the research and structure of the report. Finally, the master list of themes was translated into a narrative. Several excerpts from the submissions have been included in the report. In those instances the excerpts were highlighted by using the italic font, and any additional information inserted in the excerpts was indicated in squared brackets.

3.3. WHAT ARE THE LIMITATIONS OF THE RESEARCH?

The limitations of this research are related primarily to the tight timeframe within which the data collection, analysis and write-up took place. The organisations were asked to fill out the questionnaire within less than a two-week timeframe in the middle of August, which is traditionally a time when most staff members take annual leave. This probably explains why only six responses were received within the requested timeframe. This in turn required additional engagement with individual organisations to receive a sufficient number of submissions in order to make this study feasible. The process of subsequent engagement with individual organisations was time-consuming, and it reduced the time available for the analysis and write up. In other words, this report is a product of a rapid analysis. Nevertheless, every attempt was made to thoroughly engage with the emergent data.

Secondly, open-ended questionnaires used in this survey yielded rich, multi-layered and occasionally complex qualitative data. However, the analysis of qualitative data is time-consuming, and the process of coding and identifying emergent themes is potentially subjective. For these two reasons – especially the latter one – it is helpful to have a second researcher discussing and reviewing the themes with the lead researcher. Due to the resources constraint such arrangement was not possible in this instance. However, a brief internal review of emergent findings took place within HCCI in order to minimise the potential of this research being influenced by the perspectives, values and experiences of the researcher.

4. WHAT ARE THE KEY FINDINGS?

In line with the research objectives, the key findings resulting from this research can be divided in five broad categories: the main challenges experienced by the home care provider organisations, policy approaches to address covid-19, impact of the pandemic on the internal and external workplace relationships, effects on the health and wellbeing of the staff, and implications for the future including beneficial changes to be carried forward, as well as areas for improvement.

4.1. MAIN CHALLENGES

The main challenges introduced by covid-19, as identified and experienced by the management, include recruitment and retention challenges, reduced and suspended services, uncertainty, fear and worry, complex interaction with the HSE, and rapidly changing day-to-day management.

Recruitment and retention challenges

Apart from one organisation that reported no staffing issues, there was a strong consensus among the providers that the pandemic introduced a set of recruitment and retention challenges. The most significant problem was workforce shortage. Specifically, two thirds of organisations indicated low staffing levels due to a lack of childcare brought about by the closure of schools and creches. The precarious working conditions and a feeling of unsafety at work were the other most common reason for the staff shortage, with more than half of the sample reporting anxiety and fear of contracting the virus experienced among the carers. Closely related to this, cocooning and self-isolation among the carers, described by every other organisation, also resulted in a smaller staffing pool.

About a quarter of organisations observed a decrease in staff availability caused by illness, delays in staff testing, and carers availing of the COVID-19 Pandemic Unemployment Payment (PUP), which was higher than their weekly part-time wages. The latter was promptly introduced by the Government (Citizens Information Board 2020) at the onset of the crisis, and it includes a weekly payment of €350 for those with average weekly wages of €200 or more, and €203 for those earning €199.99 or less per week. However, those who were working part-time and claiming a jobseeker's payment immediately before claiming PUP would continue to receive €350 a week. This point is interesting to note as is demonstrates how the pandemic highlighted, if not aggravated, the already existing inequalities in the care economy, for those on a low income were also the ones most exposed to the virus – and most in need of a steady income.

Other less prevalent reasons that led to staff shortage included carers being a close contact of a confirmed case or having vulnerable people at their homes, as well as carers' fear of working with a covid-19 positive client and thus declining to provide the service. This is probably why one organisation offered extra remuneration for the care of covid-19 positive client. On the other hand,

those that cared for covid-19 positive clients were not able to care for any other clients to prevent the possibility of viral transmission, which had placed additional pressure on the management to source cover for absent staff. One organisation stated that they received a high volume of CVs from those working in the hospitality sector, which had been hit hardest by the pandemic with an estimated 127.000 job loses (DEASP 2020). This, however, would have provided only temporary relief rather than a sustainable long-term solution to staffing issues.

Reduced and suspended services

Another important challenge reported by the home care providers included reduced and suspended services with potentially significant implications for economic viability and business continuity. Almost every third organisation noted a decrease in home care services, ranging from 20-30 per cent, mostly due to clients cocooning and self-isolating. Cancelled care had a knock-on effect on the revenue, with organisations reporting a decrease in turnover ranging from 10-40 per cent. Further to that, a loss of hours meant a loss of work for the existing staff, so some providers faced the challenge of finding suitable work for the existing staff to keep them in employment.

However, on a more positive note, slightly more than a third of respondents experienced no significant impact on the revenue, largely due to the HSE paying for cancelled homecare. Although initially the payment for cancelled services was a cause of concern and stress for many organisations, ultimately the HSE's intervention was one of the elements that helped improve the overall relationship between the private homecare providers and the public health sector. Lastly, only two organisations observed an increase in revenue. These providers reported taking on new clients as the result of other companies being unable to offer cover.

Uncertainty, fear and worry

The third issue that featured strongly across all responses was related to uncertainty surrounding the pandemic – stress, fear, worry and even panic. Almost every other organisation identified Protective Personal Equipment (PPS) to be a significant cause for concern – supply and distribution was a considerably more prevalent issue than the actual cost of PPE. The providers also outlined safety concerns around viral transmission. Almost one third highlighted concern for the health of their staff due to potential exposure, especially high-risk staff, whereas several organisations expressed their concern for the health and wellbeing of their clients, in particular high priority clients. To address this fear many respondents had to provide reassurance to their staff and clients and keep them calm during the crisis.

Bearing in mind the previously described recruitment and retention challenges, it is unsurprising that many organisations also underlined uncertainty and fear pertaining to recruitment, redeployment, staff payments and layoffs, as well as reduced revenue and profitability. Carers

on the other hand experienced fear and even panic over the potential viral transmission, and it appeared that worry and panic were particularly exacerbated by exposure to social media.

Interaction with the HSE

The covid-19 crisis has had a substantial impact on the relationship between the home care providers and the HSE, although, as will become evident in the upcoming sections of this report, the impact has been overwhelmingly positive. However, some issues did arise, and these will briefly explored here.

There was a strong agreement among the respondents that the pandemic resulted in significantly increased communication on all levels with the HSE primarily via emails, teleconferences and phone calls. The biggest challenge in that respect, from the perspective of the providers, was a disconnect in communication between the national HSE office and the local branches. Over half of the organisations reported difficulties in coordinating their policy approaches to covid-19 due to, what appeared to be, a fragmented public healthcare sector. 'Too many voices from the HSE' and 'frequent policy changes' were the terms often used be the providers to capture the fast-changing information landscape during the crisis. Although the organisations also commended the HSE for its prompt and comprehensive information provision, this large amount of information communicated in a relatively short space of time also lead to information overload.

Another issue highlighted by several providers was an increase in reporting requested by the HSE. Some believed that the deadlines for requested reports were unrealistic, whilst others found the reporting process very time-consuming. Other less frequent issues related to the collaboration with the HSE were largely tied to the onset of the pandemic. These included some minor problems around accessing and applying PPE, a lack of communication around the covid-19 guidelines roll-out, and issues related to pay policy for suspended care, which, although causing stress to providers, were subsequently successfully resolved with the HSE.

Day-to-day management

Everyday business in a rapidly changing health and social climate posed a new set of challenges for the providers. The most common issue reported by the organisations was the adjustment to remote working. As covid-19 swept over the country, working from home became the 'new normal'. This new workflow, though embraced by some organisations, proved to be problematic for others predominantly due to the blurred line between personal and professional life. In other words, some providers stated that their staff found it difficult to switch off from work and found themselves confused as to when exactly does a working day begin and end. Further to that, one provider underscored that working from home is not suitable for the home care sector, for it requires a very high level of interactions or '100 very short conversations' every day.

In addition to the new workflow, restructuring and redeployment also proved to be problematic for some providers, whilst others focused more on managing changes – developing, implementing and monitoring new policies to tackle covid-19 in the home care sector. Almost all organisations indicated that the stress induced by the crisis, often accompanied by the heavy workload, had a negative impact on the health and wellbeing of the staff. This particular issue requires further attention, and it will be elaborated on in the upcoming sections of the report.

4.2. POLICY RESPONSES TO COVID-19

To ensure the smooth running of business at a very chaotic time, all the providers implemented a range of novel policies and procedures. This rapid development of new ways of delivering service safely took place on several interrelated levels.

Staff health and safety

All the providers adopted a set of protective measures to safeguard the health and safety of their staff, though to a different degree. In line with the guidance from the HSE, these primarily included regular distribution of PPE, and additional and intensive PPE training for staff. Furthermore, with regards to training, organisations provided up-to-date and enhanced Infection Prevention and Control (IPC) training for staff, and several providers mentioned implementing new IPC policies. Additional focus had been placed on hand hygiene and cough etiquette, and staff were encouraged to engage in self-monitoring and social distancing. Some providers stated that they introduced daily temperature checks for staff as a precautionary measure. One provider elaborated on a detailed morning self-risk assessment and risk assessment that the health care assistants are required to undertake before entering each house. These were proposed by the relevant Community Healthcare Organisation (CHO) during the fortnightly covid-19 calls.

The morning self-risk-assessment involves the HCA [health care assistant] asking themselves three questions:

- *Check your temperature.*
- *Are you showing any signs or symptom of infection?*
- *Have you been in contact with a person who is suspected or infected with the infection?*

The risk assessment before entering the home involves a different set of questions and is advised to be practiced at each house:

- *Do I have the appropriate PPE?*
- *Is there anyone in the house who is confirmed as having or who is showing signs of the infectious disease?*
- *Since I was last here, has anyone been in house the who is confirmed as having or who is showing signs of the infectious disease?*
- *Since I was last here, have you been in close contact with a confirmed case of the infectious disease or is there anyone in the house who thinks they have?*

The morning self-assessment takes place over the phone, and this particular provider included both assessments in their updated Infection Prevention and Control (IPC) Policy. However, as indicated in the above excerpt, these risk assessments encompass recommended protective measures – not required ones.

Finally, several providers emphasised their efforts to adhere to the covid-19 travel policy against all non-essential travel overseas set out by the Department of Foreign Affairs, and the associated requirement to self-isolate upon return should the country be outside the 'normal precautions' or 'green' security status rating. However, according to some organisations, this policy was difficult to enforce as some members of the staff decided to travel abroad and not inform the company about it.

Remote working

From the onset of the pandemic the Government encouraged those who could conceivably work from home to do so, and the home care sector was no exception. About one third of providers stated that they shifted to working from home with implications for day-to-day running of the business. Online communication – Zoom calls in particular – as well as phone calls replaced face-to-face communication within individual organisations. These channels of communication were also used for phone assessments with the carers, client monitoring and assessment, as well as recruitment of new healthcare assistants. Two organisations also embraced this opportunity to introduced digitalised filing, and one provider revamped their website to facilitate better online communication and client engagement.

Although many organisations introduced working from home out of necessity, some continued to use the office. In those instances, physical changes in the office took place to prevent any further spread of the virus. These providers reorganised the office to facilitate social distancing and installed protective screen counters. They also reduced touch points, introduced additional cleaning schedule and added sanitising stations in the office.

Reduction in traffic

Another aspect of amended service delivery is a decrease in traffic in clients' homes, as well as in the office. Different providers implemented different measures, but these generally included reduced face-to-face and close contact with clients, which implies that visits to clients' homes took place only when necessary. Some providers adopted a 'one carer' model of care wherein one member of staff was responsible for caring for a particular client, whilst other providers preferred smaller staffing pods.

In the absence of face-to-face contact with clients, one organisation switched to check-in phone calls to avoid inspection on the spot, whilst another provided well-being phone calls instead of visits. Several providers reported limiting the number of people in the office by the means of staff

rota, scheduled visits and reshaped office teams. Lastly, the requirement for social distancing also had an impact on the provision of training, with some providers employing smaller training groups, and thus experiencing an increase in training, whilst other placed some training on hold altogether.

New roles and services

Responding promptly and often creatively to the pandemic, about a third of providers introduced new roles to address covid-19. This primarily included a covid-19 officer or nurse, but organisations also reported appointing social care professionals, collaborating with non-executive directors to avail of additional experience and expertise, and working with board members who have a medical background and were thus able to provide clinical guidance.

Additional home care services were offered only by some providers. These included well-being services to clients who were self-isolating or cocooning such as shopping, prescription collection, and daily well-being calls. One organisation mentioned offering live-in care as an alternative to residential care for clients with less complex needs. The live-in care enables the client to remain in their own home, whilst at the same time produces less traffic in the household.

4.3. WORKPLACE RELATIONSHIPS

One insightful finding of this research is related to the manner in which the covid-19 pandemic affected internal and external workplace relationships. It appears that the crisis exposed any structural shortcomings within the home care sector, but equally it brought about a sense of togetherness, cooperation and mutual support within the sector – and beyond it.

Internal relationships

Looking at the internal workplace relationships within individual home care provider organisations, two subjects that featured strongly were teamwork and open and honest communication. Every other organisation expressed their gratitude and pride for the way their staff operated throughout the crisis. Some providers focused on the self-sacrifice among their staff – putting their personal and family lives on hold to be able to meet their professional responsibilities – whilst others emphasised the positive impact that their work has had on the local communities.

Secondly, the pandemic had a knock-on effect on the internal communication flow, not only in terms of the volume but also quality of communication. Namely, providers reported an increase in open, honest, regular communication within the company – including the communication between the head office and other branches – but also that with a parent or peer company. There

was a general sense among the providers that this changed pattern of communication was very beneficial for the staff and management both.

External relationships

With regards to the external workplace relationships the two most important ones identified by the providers were those with the HSE and HCCI. In relation to the former, a number of issues have arisen with the HSE, as outlined previously. However, interestingly, the subject matter that featured more strongly than the problems was that of excellent collaboration with the HSE. Almost two thirds of the respondents stated that the crisis, whilst very unpleasant, prompted an improved relationship with the HSE. The words most often used by providers to describe this relational change were 'strengthened', 'enhanced', 'solidified' and 'stronger than ever'. Some providers stated that this is due to heads of departments being more available, whilst other thought it was due to heightened communication.

When asked to specify what they appreciated most in their work with the HSE, almost every other provider emphasised excellent support provided by the HSE. This overwhelmingly referred to regular and helpful information provision via emails, teleconference calls and phone calls. It also encompassed the HSE Helpline, support from the local community healthcare organisations (CHO) and training provided by the HSE. In relation to the latter, the providers were very satisfied with the provision of (IPC) training and the online learning and development platform HSeLanD. One provider emphasised that the HSE adopted a more relaxed approach with regards to obtaining signed client timesheets for every invoice from the local CHO, which was according to this provider very valued. Lastly, less than one quarter of the providers stated that the pandemic has no impact of the relationship, and no provider reported a decline in the relationship.

Another external work relationship that the providers reflected on was that with the HCCI. Similarly, every other provider expressed their satisfaction, reflecting positively on the information provision, lobbying on behalf of the providers and the analysis of communication with the HSE. Several organisations singled out the HSE pay policy for the cancelled hours negotiated by the HCCI as one of the highlights, whereas others centred on the HCCI CEO and his guidance and commitment to home care. Some providers also described their satisfaction with the Zoom calls held throughout the first wave and expressed their wish for such interaction to continue on a regular basis. One organisation found some HCCI communication impulsive, suggesting that a longer consideration would have been more beneficial.

Finally, alongside the HSE and HCCI other external sources of support included the National Public Health Emergency Team, a business management consultancy and training companies.

4.4. HEALTH AND WELLBEING

Although first and foremost seen as a disease that affects the respiratory and immune system of those infected – and thus physical health – the detrimental effect of covid-19 on people's mental health are evident on a wider societal level. The United Nations (2020) underscored that the pandemic may trigger a global mental health crisis, with frontline healthcare workers being one of the most groups most prone to this adverse effect. A recent meta-analysis (Kisely et al. 2020) of fifty-nine papers examined the psychological impact of managing novel viral outbreaks, such as covid-19, and it demonstrated that healthcare workers in contact with affected patients had greater levels of both acute or post-traumatic stress and psychological distress.

The emergent research on covid-19 and mental health in Ireland further corroborates these findings. A survey conducted by the College of Psychiatrists of Ireland (2020) indicated a worrying increase in referrals, urgent and acute presentations to specialist mental health services and relapses, meanwhile an international study carried out by the Maynooth University and Trinity College Dublin (2020), in collaboration with the Mental Health Reform (2020), suggested that covid-19 generated a high rate of mental health problems such as depression, anxiety and post-traumatic stress.

In light of this evidence, it inevitable that those working in health care – and home care specifically – will have experienced some level of psychological distress. And that is precisely what this research indicates. This section will explore the impact of covid-19 on the health and wellbeing of the staff, as well as protective measures adopted by the providers to support and stabilize the workforce.

Mental and emotional exhaustion

If there was a one question in the survey that yielded a unanimous outlook, then it was the one related to mental health. All eighteen providers were in harmony with respect to the impact of the pandemic on the psychological wellbeing of their staff. Each provider reported that the staff had been under significant pressure and stress that had left them feeling tired, drained, and mentally emotionally exhausted. One phrase often used by the providers was that the pandemic had 'taken its toll'. A third of the providers suggested that it was the heavy workload and longer hours that brought about the stress, however looking at the entire sample there was a discord as to the reasons for the identified mental and emotional exhaustion.

For instance, one organisation reported that the office staff were under serious pressure to manage ever-changing carer rosters, whereas another one focused on the pressure experienced by the carers who had to cover for their colleagues that stopped working. A higher volume of smaller group trainings and increased internal communication have put a strain on the staff, and for those working from home the repetitive nature of that arrangement coupled with a lack of face-to-face conversations led to stress and fatigue. There have also been indications of management

and staff burnout, and one provider stated that in some instances the stress had been overwhelming to the point that carers left homecare for good. All of this was exacerbated by a lack of holidays and therefore proper time to switch off.

The research also highlighted, predictably, a high level of anxiety in the home care sector. A third of organisations reported increased levels of anxiety among the staff for several reasons: anxiety induced due to strong fear of becoming infected with the virus and/or transmitting the virus onto the family members, high concern about the health and wellbeing of the clients, and a general sense of uncertainty about the future and the upcoming winter.

Protective Measures

The majority of providers introduced some set of measures to protect and promote positive mental health among the staff during the crisis. About a quarter of the sample offered an Employee Assistance Programme (EAP), some of which was expanded to offer a broad range of support. One organisation reflected on their enhanced EPA:

> *We fully fund a company EAP service which offers support to any of our team who may be experiencing difficulties that impact their work or personal lives. The service is available 24/7 and gives each team member access by phone or online to fully qualified counsellors and is of course totally confidential and anonymous. The service also provides free telephone access to financial advisors, a life coach and healthcare professionals. It also provides lots of online access to educational content including mental health support during COVID-19.*

In relation to the latter, several organisations disseminated educational content to their staff about minding mental health during the crisis. In relation to one-to-one support, one provider started to facilitate wellbeing calls with their staff via Zoom, whilst others relied on the availability and support of senior management, supervisors, nurses and psychologists. Some organisations initiated flexible working arrangements, and others resorted to a different approach and started urging their staff to take annual leave and recharge following the first wave of covid-19. One provider ran yoga and meditation seminars for their staff, and two organisations introduced wellness programmes and packs. The aforementioned wellness program included a range of activities such as training on mindfulness, resilience, mental wellness and nutrition aimed to boost mental health, whereas the organisation that provided wellness packs went with a somewhat different approach – self-care bags:

> *We made up a bag for each carer to the value of €60 containing reusable water bottles, power bank for mobile phones, gourmet crisps, chocolates, sweets, nuts, etc. Rejuvenating face masks, lipbalm, hand sanitizer and hand cream and other treats. We also included a fact sheet on looking after yourself during COVID. The carers were absolutely delighted.*

The above excerpt seems to show that small acts of kindness at a time of a national crisis make the employees feel seen, valued and appreciated. In addition to all of the above, this research identified another strategy to safeguard the mental health of the staff. Adopted by about every third provider, this protective measure centred around training provision. Namely, some providers reported that extensive and additional IPC training seemed to have reduced the anxiety levels among the staff, alongside receiving clear guidance on how to stay safe at work. On the other hand, three organisations run, or intend to run, additional mental health training such as Wellness at Work and Staying Well at Work programmes for staff. The above indicates that home care organisations provided – though to a different degree – information and guidance on mental health and wellbeing, access to relevant training, as well as psychological support to reduce negative mental health outcomes. And this combination is precisely what works best according to the current evidence-based research (Kisely et al. 2020).

4.5. IMPLICATIONS FOR THE FUTURE

Unlike the previous sections of this report that explored the impact of the pandemic on the home care providers – and was thus past-oriented in its nature – this final section that captures the most relevant findings resulting from the research is future-oriented. Divided in two sections, it will firstly look into the main concerns about the future, and winter 2020/21 specifically, as expressed by the providers. However, on a positive note, this section will also outline a range of beneficial changes that emerged from this crisis with the potential to transform the home care sector – for the better.

Winter 2020/21

Even though the focus may have been on different aspects of winter 2020/21, there was a strong agreement among the providers that the upcoming winter months – and a potential second wave of covid-19 – is a significant cause for concern. More than half of the sample identified staffing issues as the main challenge, followed by a fear in relation to potential cancelled home care services. The latter issue is inevitably linked to another one, which is the HSE payment policy for cancelled care that had been initially problematic during the first wave. With respect to staffing challenges, the providers were worried about a lack of rapid testing that may have an impact of the staff availability, and also the possibility of the HSE having to redeploy some of their staff to address the shortage in the long-term residential care.

Another issue identified by several organisations is that going into the winter months, traditionally associated with two respiratory illnesses – cold and influenza – it may be difficult to delineate between the aforementioned and covid-19. Similar in their symptoms, providers are worried that it will be impossible to say whether a person is suffering from a cold, flu or covid-19 and, as a result of that, a large number of staff displaying some of the symptoms many end up self-isolating

for extended periods – unnecessarily. Again, this would only exacerbate the already challenging home care labour market.

Concerns were also raised in relation to PPE supply and its increased cost by over a third of providers, and FFP2 masks in particular. One provider emphasised that going forward carers should be equipped with N95 masks to be able to wear these in the presence of positive cases, and ideally suspected cases as well, to reduce the number of infections. Some providers were also worried about their staff and clients becoming infected with covid-19, whilst other were more focused on the mental health and potential staff burnout. About a third of providers were also apprehensive about any further national and regional lockdowns, and the associated issue of school closure and a lack of childcare. Two providers raised the issue pertaining to insurance and a lack of indemnity for covid-19 related claims. Lastly, one provider raised a thought-provoking question about the high risks associated with the profession – exposed by the pandemic – and speculated whether, in the post-covid-19 era, less people will be keen partake in the care economy.

Positive changes

The covid-19 pandemic, though mostly seen through the lens of intense pressures on the healthcare sector and the economy, as well an individual human lives, has also paradoxically served as a catalyst for an unanticipated wave of positive changes in human attitudes and behaviour. For instance, there are some indications (Nelson 2020) that the advice on prevention measures such as hand washing, personal hygiene and staying home when unwell may account for the decline in paediatric admissions for respiratory illnesses. Moreover, lockdown seems to have prompted many people to exercise more and avail of tele-consultation with their GP, which they found overwhelmingly effective, as the findings of a population-wide survey led by Dublin City University (2020) and partners suggest. So, what are the identified positive changes in the home care sector in Ireland observed by the providers?

Several clusters of positive behavioural and attitudinal shifts emerged. Firstly, about a quarter of providers reported a stronger awareness and increased standards with regards to health and safety. This encompasses more robust health and safety measures at the workplace such as infection control, strengthened clinical guidance and more attention being paid to hand hygiene and personal space. Remote work is another identified change. Namely, about a quarter of respondents indicated that they now have systems in place to facilitate working from home, their staff may have the freedom to choose between working onsite and offsite, and some organisations even reported increased efficiency associated with remote work. Provision of online training courses, which is very cost effective, has proven to be another beneficial outcome of this pandemic, as well as the greater use of technology in communications. In relation to accelerated digital changes one provider is starting to introduce artificial intelligence in home care.

Changing societal images of home care has been another identified positive change. Specifically, about a third of organisations reflected on the devastating impact of the pandemic on nursing homes. These providers speculated that this may result in decreased public confidence in long-term care, which in turn may generate increased demand for the home care. Some organisations focused more on the attitudinal changes around home care. They suggested that covid-19 has sent out a message that home is a safe place for the elderly, which may add to the value of home care so that it is seen as an important part of the healthcare service. In the light of the above, it is unsurprising that some organisations anticipate the implementation of Home First policy, as well as the legislation of home care in near future.

The third cluster of positive changes is related to an ethos of collaboration. It was already demonstrated in previous sections that the pandemic had a positive impact on the relationship between the providers and the HSE, with many providers describing it as a 'partnership'. Excellent support provided by the HSE was not the only positive outcome, for some providers also reported enhanced engagement across their teams and strengthened internal relationships. This seems to be largely due to improved and increased internal communication. Finally, some providers underscored very good collaboration with the HCCI and, on a more general level, a sense of a national cross-agency effort during the pandemic.

The final set of beneficial changes generated by the pandemic is centred on the perception of caring work and carers specifically. Many organisations expressed their gratitude and admiration for carers for continuing with their work despite the high risk encountered. Some providers decided to introduce rewards and awards for the staff as symbolic recognition for their dedicated work. These included financial incentives i.e. bonus to staff, or gift bags such as the wellness packs described in the previous sections. One provider started a Healthcare Hero Programme to express their appreciation to the carers:

> *Throughout Covid-19 the carers have shown exceptional courage and dignity in their work and we felt it was only right to show our appreciation for how fantastically they have conducted themselves and the way that they have ensured continuity of care for the clients, alongside providing vital reassurance and company during a difficult period of isolation for them. At the end of June, we sent each carer a Hero card to thank them for their work during this very challenging time. Each card contained a number for the weekly raffle that we have been holding for the last number of weeks. While we would have loved to be able to reward all of our care staff for their efforts, we felt that a raffle would be the most fair and equitable way to show our appreciation. Prizes have included €300 vouchers for [the high street stores].*

To summarise, amidst the crisis, there appeared to be a sense of hope among the provider organisations for the future of home care, with clients having improved expectations around the service, and carers being seen as a valued part of the health care system – and wider society.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. WHAT HAVE WE LEARNED?

This exploratory research into the health, social and economic impact of the covid-19 pandemic on the eighteen home care provider organisations, who responded to our survey, shed light on how those on the forefront of home care coped during one of the largest viral outbreaks in modern history.

Recruitment and retention challenges were the most pressing issue reported by the providers, with the workforce shortage coming top of the agenda. The closure of schools and creches, coupled with challenging working conditions and frequent self-isolation of carers, brought about this shortage. On the other hand, self-isolation of clients generated a 20-30 per cent decrease in home care services, with an estimated 10-40 per cent drop in revenue for the affected providers. On a psychological level, a sense of uncertainty permeated the home care sector, generating fear and concern about PPE and viral transmission, redeployment and layoffs, and subsequently reduced revenue and profitability. A significant increase in communication with the HSE appeared to have put a strain on the providers due to the volume of information received, some discrepancies in communication, and an increase in requested reporting.

In response to the aforementioned issues, and in the light of a rapidly changing social landscape, the providers adopted a range of covid-19 policies and procedures to stay afloat. Robust health and safety policies – provision of PPE and IPC training specifically – were implemented promptly by the providers, alongside additional focus on hand and respiratory hygiene. One provider reported conducting comprehensive self-risk assessments, as proposed by the relevant HSE CHO. However, these protective measures were adopted on a voluntary basis in the absence of national guidelines and enforcement thereof. Many providers reduced the traffic in clients' homes by adopting smaller staffing pods, introducing 'one carer' model, and switching to phone assessment and monitoring. Remote work became the new norm, and though associated with some difficulties, it also brought about some increased efficiency and, for some organisations, may provide a long-term alternative to onsite work.

This research also indicated that the pandemic had an unexpected but positive impact on the workplace relationships. Internally, it prompted a strong team morale including mutual support and appreciation, as well as an increase in open, honest and regular communication. Externally, the pandemic led to an improved and strengthened relationship with the HSE, seemingly due to the availability of the HSE management and heightened communication. The providers were particularly content with the support from the local CHOs, HSE Helpline and HSeLanD training platform. Similarly, the providers reflected positively on the work of the HCCI expressing satisfaction with the negotiation around the HSE pay policy for the cancelled home care, as well as regular communication and relevant updates.

In terms of the psychological impact of covid-19 on those working in the sector, the research demonstrated a significant level of distress experienced by the staff. Mental and physical exhaustion were very prevalent, with members of the staff feeling tired, drained and anxious due to heavy workload, long hours and the risk of viral transmission. The lack of holidays and a repetitive nature of working from home only aggravated this already difficult situation. Nevertheless, this study also indicated that many organisations responded creatively and proactively to these issues. Tough to a different degree, the organisations provided educational content about minding mental health, expanded EAP, one-to-one counselling and supervision, flexible working arrangement, yoga and meditations seminars, and wellbeing calls and packages.

Lastly, looking ahead, the research captured the providers' main concerns about the future, which by and large focused on winter 2020/21. A potential second wave would have an immediate effect on recruitment and retention, and it could result in more cancelled home care hours. The importance of rapid testing for the health care workers has also been underscored, especially given that in the winter months it will be difficult to delineate covid-19 from an influenza or a cold. PPE distribution and cost are also a cause for concern, and so were any potential further lockdowns with implication for childcare.

On the plus side, however, the pandemic also generated a wave of unanticipated yet beneficial changes such as stronger awareness and increased standards with regards to health and safety. Remote work has been embraced by some providers as it facilitates greater freedom and flexibility, and so has the cost-effective provision of online training courses. Technological changes did not only encompass digitalised filing and Zoom calls, but also introduction of AI in home care. Finally, the pandemic may also have challenged the attitudes around home care by showing that home is a safe place for the elderly. Coupled with a perceived increase in the importance of carers' work, this may have a transformative power for the societal understanding of home care – and thus home care in Ireland as such.

5.2. WHERE DO WE GO FROM HERE?

Informed by the findings of this study and examination of relevant documentation, a set of key actions has been outlined below for consideration of the HSE, the Government and home care provider organisations.

HSE

1. Develop an integrated and centralised communication system in relation to home care.
2. Synchronize policy approaches of different CHO areas to achieve a unified model of care.
3. Consult directly with the home care sector in order to develop setting-specific guidance for managing covid-19 in the sector.
4. Provide a separate list of covid-19 symptoms for the elderly population.

5. Simplify the financing and invoicing method, as well as the reporting process for the home care providers.

Government

1. Conduct a review of home care workforce to improve the recognition of carers and their contribution. Seek to improve working conditions to address the existing inequalities in the care economy.
2. Provide clarity on pay policy in a time of high infection rates and potential further lockdowns, especially for the care of a covid-19 suspected or confirmed case.
3. Ensure rapid access to testing for the home care sector, including contact tracing system.
4. Continue the enhanced supply and distribution of the Protective Personal Equipment (PPS) to the home care providers, and seek to address the increasing cost of PPE.
5. Review the introduction of covid-19 exclusions to insurance policies, and ensure adequate insurance coverage in winter 2020/21.

Home care providers

1. Develop reference tools like the self-assessment questionnaire, for completion before entering a client's house, in order to minimize the risk of viral transmission.
2. Review the Infection Prevention and Control Policy (IPC) to ensure that it is up-to-date and in line with the HSE guidelines, and implement IPC training for all members of the staff.
3. Develop interventions such as regular mental and emotional support to reduce psychological distress and promote wellbeing among the staff, particularly front-line workers.
4. Consider providing extra remuneration for the care of covid-19 positive client.
5. Explore the application of technology and remote provision of care for clients who are self-isolating and cocooning.

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