

# The Impact of COVID-19 on Carers: An International Perspective

June 2022

# About the International Alliance of Carer Organizations

The International Alliance of Carer Organizations (IACO) is a global network of carer organizations dedicated to providing strategic leadership to establish a global understanding and recognition of the essential role of carers. Through partnerships, advocacy, and knowledge translation we strengthen and honour the voice of carers.

## IACO MEMBERS

**Association Française des Aidants** (France) - (formed in 2003) advocates for the recognition of the role of caregivers, address caregiver-related issues and directly support caregivers.

**Care Alliance Ireland** - (established in 1995) is a national network of 95 voluntary organisations supporting family carers by providing information, developing research and policy and sharing resources.

**Caregivers Israel** - (established in 2014) is a non-profit organization that is committed to raising public awareness to the caregiving issue; to recognising and supporting Israel's family caregivers.

**Carers Australia** (established in 1993) is the national peak body representing Australia's carers, advocating on behalf of Australia's carers to influence policies and services at a national level.

**Carers Canada** (established in 2000) is a national coalition dedicated to increasing awareness, recognition, and support for caregivers. Carers Canada is a priority program of the Canadian Home Care Association (CHCA).

**Carers Denmark** (established in 2014) works to improve the conditions of life for carers themselves, irrespective of the diagnoses or handicaps of those for whom they care through collaborates with others working on health policy—nationally and internationally.

**Carers Finland** (established in 1991) is an advocacy and support association for carers with a mission to improve the social status of families in informal care situations by influencing legislation and public opinion.

**Carers Hong Kong** (established in 2018) is advised by caregivers and patients' groups, cross-sectoral professional bodies and NGOs to promote better policies and quality services for caregivers' selfless.

**Carers Japan** (established in 2010) aims to raise public awareness of family carer issues and solve problems faced by carers through advocacy, research, policy recommendations, enlightenment and provision of information and advice to carers.

**Carers New Zealand** (established in 1995) is the country's peak body supporting family, whānau and aiga carers. It assists a direct network of 50,000+ carers and partner organisations.

**Carers UK** (established in 1965) supports carers and provides information and advice about caring, influences policy through research based on carers' real-life experiences, and campaigns to make life better for carers.

**Carers Worldwide** (established in 2012) works with family carers in low- and middle-income countries. It aims to improve support, services, and recognition for anyone living with the challenges of caring for a family member or friend who is ill, frail, or disabled, or who has mental health problems.

**Swedish Family Care Competence Centre** (established in 2008) is commissioned by the Ministry of Health and Social Affairs via the National Board of Health and Welfare Sweden is a centre of excellence for family care.

**Taiwan Association of Family Caregivers** (established in 1996) is dedicated to advocating for family caregivers' rights in Taiwan.

**The National Alliance for Caregiving (NAC)** (founded in 1996) envisions a society that values, supports and empowers family caregivers in the United States to thrive at home, work and life.

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## INTRODUCTION

Unpaid caregiving has become one of the most important social and economic policy issues around the world. As the COVID-19 pandemic spread globally in early 2020 and the world faced an unprecedented health care crisis, carers were forced to adjust to the rapidly changing situation. In every country, individuals with disabilities, chronic health issues or frailty had to rely on unpaid care from family and friends more than ever. Together with the formal health care system, carers ensured that the individuals they care for continued to receive the support and level of care they needed.

The Global Carer Well-Being Index study<sup>1</sup> surveyed 9,000 unpaid carers across 12 countries and found that COVID-19 has forced many people to assume caregiving responsibilities for the first time. Twenty percent of informal carers reported that they are first-time carers as a result of the pandemic. In addition, the results show that the pandemic has increased demands on carers, with two out of five carers (39%) reporting that they are relied on more than ever as a caregiver.

Caring can have significant costs, and without sufficient support it can have far-reaching effects on a number of aspects of the carer's life. IACO members are working with their country authorities and local partners on a range of actions to support carers and the people they care for during this challenging time. Building on country members' reports, statements and surveys, this position paper provides an international view of caregivers' needs and the measures individual countries have taken to support carers during the COVID-19 pandemic and beyond. Through this sharing of knowledge and expertise, IACO members will continue to work together to facilitate further actions for carers in their individual countries and around the world.

**Health and social care systems are designed to rely on carers to provide care. Without carers, global systems would be overwhelmed. To ensure sustainable long-term care systems, the unique needs and contributions of carers must be considered in health and social policies and programming.**



## GLOBAL CARER PRIORITIES

Caregivers come from different backgrounds, different age demographics and different income levels—there is no ‘one size fits all’. Despite this diversity, our conversations with caregivers from various countries have revealed similar needs. The IACO has identified the following five key areas where action is needed to better support carers:



### CARER RECOGNITION

Policies and programmes to increase recognition of the central role carers play in the well-being of the person they are caring for, in community capacity, in society and in economic prosperity.



### FINANCIAL SUPPORT

Measures to support carers’ financial security and alleviate the pressure on personal finances from caring.



### WORK AND EDUCATION

Practices to create supportive workplaces and educational environments so carers have equal opportunities to remain in and return to work/school.



### HEALTH AND WELL-BEING

Supports to uphold carers’ physical and mental health, facilitate social connections and enable carers to pursue interests outside of their caring responsibilities.



### INFORMATION AND KNOWLEDGE

Resources to empower carers that are appropriate to their needs and stage of their journey.

Although these universal needs of caregivers have long existed, COVID-19 has exposed the lack of appropriate policy and programme responses to adequately support carers’ overall well-being. We explore each of these priorities in this report.



## **CARER RECOGNITION**

Policies and programmes to increase recognition of the central role carers play in the well-being of the person they are caring for, in community capacity, in society and in economic prosperity.

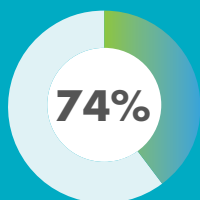




Carers play a central role in the well-being being of the person they are caring for, in community capacity, in society and in economic prosperity. Evidence shows that carers are more likely to continue caring if they are recognised, valued and supported.<sup>2</sup>

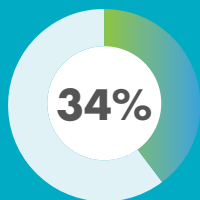
COVID-19 has highlighted the systemic challenges in seniors’ care globally, along with the challenges faced by health systems in responding to the pandemic. However, the carers who are crucial to the provision of this care have not received the recognition they deserve. While there has been well-deserved and vocal recognition and thanks for frontline health care workers and medical leaders, the substantial levels of care provided by carers has not been recognised in the same way. Caregiving is often seen as a personal and private matter in family life. As a result, the essential role carers play in minimizing impacts on the health care system can easily be overlooked.

The response from carers themselves has been clear, and the findings are not new. In fact, New Zealand has long cited low social awareness of the importance of carers, as have many other countries.<sup>3</sup> In terms of the global pandemic in particular, carers have indicated that their role has not been recognised. For example:

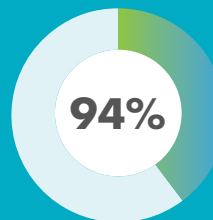


**IN IRELAND**

of respondents feel the government has not responded well to the needs of family carers.<sup>4</sup>



of carers have experienced some positive displays of social support and kindness during the pandemic, over half (52%) of respondent have not experienced this type of support.<sup>5</sup>



**IN UNITED STATES**

of carers say the important role they play is not widely recognised by society, citing government as the top organisation they feel should be providing more support.<sup>6</sup>





Many governments have often not even mentioned carers in their pandemic-related public statements or included them in their planning. The invisibility of carers extends to regulations and policies implemented in response to COVID-19. This lack of recognition has been especially apparent for those who care for individuals living in a residential facility such as a long-term care home. In many countries, access to these facilities has been restricted in order to slow the spread of COVID-19 in this vulnerable population. As a result, carers' access has been limited or restricted entirely. While technology has often been used as a replacement for these visits, no visit can be entirely replaced by technology, especially given the essential care provided by carers beyond conversation and social engagement. In reality, carers supplement the care provided by facilities, including supporting activities like exercise and assisting with eating and drinking.<sup>7</sup>

In Australia, for example, carers encountered difficulties when they required special arrangements for those they cared for. The government regulations in response to the pandemic did not leave space to easily accommodate the needs of carers. Many 'care and support' visits were limited to one per day, but certain states restricted visits entirely during periods of increased community transition.<sup>8</sup> These restrictions applied even to those homes that had not experienced a COVID-19 outbreak, and severely limited carers' ability to provide social interaction and care. In another example, in one area of Canada, 70% of carers supporting an individual in supportive housing and 87% of those supporting an individual in long-term care were providing significantly less care because they were unable to access these congregate settings.<sup>9</sup>

Similar situations occurred in other countries. According to Carers Denmark, visiting in long-term care facilities was significantly restricted, with very limited hours and duration of visits and only outdoor visits permitted. Exemptions were made only for terminal situations, not for those providing ongoing care. These restrictions carried on for many months, creating an ongoing challenge and burden for carers. In addition, one state in Australia warned that regular visiting to long-term care homes would not return to normal until well into 2021.<sup>10</sup>



Learn about the recognition programs and legislation in place for carers in 18 countries. [VISIT](#)



The increased commitment of care as a result of the COVID-19 pandemic has been well-documented globally:

-  In Australia, the leading challenge identified is the nearly universally reported increase in the amount and intensity of care provided.<sup>11</sup>
-  In the most populous province in Canada (Ontario), 31% of caregivers are providing more than 10 hours of care per week, which is up from 26% before the pandemic.<sup>12</sup>
-  In Israel, a survey of carers showed that the burden of caring has doubled.<sup>13</sup>
-  In the United Kingdom, 70% of carers are providing more care, with carers on average providing 10 additional hours of care a week.<sup>14</sup>
-  In Ireland, 70–80% of family carers report that they are providing more care since the outbreak began.<sup>15</sup>
-  In Scotland, one in 10 young carers have seen their caring responsibilities increase by 30 hours or more.<sup>16</sup>
-  In the United States, the average hours of care provided per week has risen by 7.5 hours per week, with 30% of carers reporting that they are spending over 40 hours per week providing care.<sup>17</sup>
-  In the United Kingdom, 64% of carers have not been able to take any breaks at all in six months due to the pandemic.<sup>18</sup>
-  In Japan, care time provided by carers has increased by 37%.<sup>19</sup>

Carer organisations and carers themselves have continued to advocate for their rights, which has led to some inclusion of carers in pandemic responses. For instance, Carers Denmark, in collaboration with Dane Age, Alzheimer's Association and Parkinson's Association, has distributed a weekly newsletter to inform political and administrative members about issues relevant for carers. 'News from the Overlooked' has covered various subjects, including restricted visiting hours at long-term care facilities, isolation of at-risk groups at home, loss of function due to inactivity, and conflicts between staff and carers. In another example, carers are now designated as 'key workers' in the United Kingdom for the purposes of testing, increasing their ability access COVID-19 testing. In terms of vaccination, carers are at mid-level priority, ahead of many in the general public. The government has also committed to prioritizing carers' supports in their care funding.<sup>20</sup>





## **FINANCIAL SUPPORT**

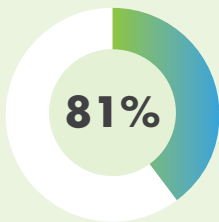
Measures to support carers' financial security and alleviate the pressure on personal finances from caring.





In many circumstances, carers take on a substantial personal financial burden in order to provide for the individuals they care for. Carer organisations globally have called for measures to support carers' financial security and to alleviate the pressure on personal finances from caring.

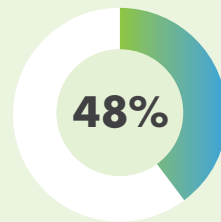
The pandemic has had varied economic impacts, based largely on people's existing financial circumstances and their employment status. The financial hardship of the pandemic and the pandemic response has been stark among carers, with the two-pronged impact of increased spending requirements and exclusion from government support programmes. For example:



81%

of carers are spending more money since the pandemic began, particularly on additional equipment, PPE, more costly food and rising home costs such as heating.<sup>21</sup>

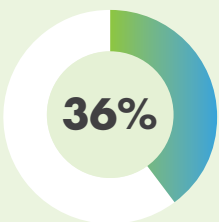
**UNITED KINGDOM**



48%

of carers have requested more financial support to help them with the additional costs of caring during the pandemic, and 39% are worried about the financial costs and implications of the pandemic.<sup>22</sup>

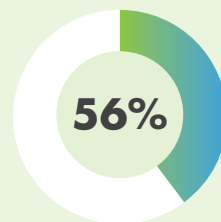
**IRELAND**



36%

of carers are worried about having enough money to pay for everything the person they are caring for needs.<sup>23</sup>

**UNITED STATES**



56%

Canadian carers say that being a carer negatively impacts their financial health, compared to 52% of the 12-country average.<sup>24</sup>

**CANADA**



Early in the pandemic and lockdown, many supplies were difficult to acquire due to both disrupted global supply chains and the hoarding of certain items. The cost of PPE also rose dramatically as global demand skyrocketed and demand lagged. Carers faced challenges in finding vital supplies, such as cleaning materials and disinfectants, along with those specific to care needs, such as incontinence pads. Many carers do not have the financial flexibility to buy the items they need in bulk and were therefore left searching or paying higher prices. A survey of carers in Ireland reported that 26% of family carers were worried about their ability to obtain essential supplies. Family Carers Ireland also found that 47% of family carers were unable to access appropriate PPE during outbreaks.<sup>25</sup>









Obtaining adequate and appropriate food has also been an issue during the pandemic. In the United Kingdom, over 60% of family carers report that they have had difficulties obtaining the food they need. In addition, the cost of acquiring food has increased for many carers as prices have risen overall and as many carers have shifted to grocery and food delivery and online shopping to avoid the need to congregate with others and expose themselves to transmission risks.<sup>26</sup>



Finally, many carers have faced additional costs associated with IT needs, including equipment and an adequate internet connection. In many countries, online services have been the only option at some points in the pandemic. They have also been the best route for maintaining social contacts and participating in activities, which typically would have been offered in person.<sup>27</sup>



Certain countries have increased the funding available for carers. For example:

-  In the United Kingdom, the government has made positive changes to the Carer's Allowance (the main state benefit for carers) and allows pay support for workers unable to work due to caring.
-  Scotland has raised the Carer Supplement and provides free PPE for unpaid carers.
-  In Taiwan, the government has passed a tax-deduction for carers of individuals in long-term care and introduced a carer-relief stipend to support carers.
-  France has expanded coverage by Social Security to provide daily allowances for parents who have to care for their disabled child at home.<sup>28</sup>
-  In Australia, there have been large increases to the financial support provided to many social welfare recipients, with support primarily targeted to those who are unemployed or who have become unemployed due to the pandemic.<sup>29</sup>
-  In Canada, The Canada Recovery Caregiving Benefit (CRCB) has been implemented to give income support to employed and self-employed individuals who are unable to work because they must care for a family member who needs supervised care.<sup>30</sup>



For a complete description of the financial supports available for carers in 18 countries [VISIT](#)

These policy solutions have been significant in the regions where they have occurred, but more is needed for carers globally. Even as access to essential supplies returns to normal, carers will face an ongoing financial burden and will require additional financial support.



## **WORK AND EDUCATION**

Practices to create supportive workplaces and educational environments so carers have equal opportunities to remain in and return to work/school





Carers require supportive workplaces and educational environments to enable them to have equal opportunities to remain actively engaged in work and school or to return to these activities. The COVID-19 pandemic has changed the structure of both work and education as many workplaces have shifted to remote work and schools have moved online. Along with having to quickly adapt to these new circumstances, many carers have experienced additional challenges to maintaining a healthy balance between personal commitments, caring and—for parents of school-age children—home schooling.

Carers in school or pursuing higher education, particularly young carers, have faced the challenge of a changing home environment as education has moved online. Issues can include a lack of a quiet study environment and fewer opportunities for breaks from family and caring. These young carers were already facing disadvantages; they are now experiencing additional ‘learning losses’.<sup>31</sup>

For those trying to balance caring and working, many have been forced to either leave their jobs or reduce their hours. As carers have been called on to provide higher levels of care—a common situation during the pandemic as other resources have been limited—many have left their employment. Israel reports that 42% of working carers, including those working from home and those continuing to work from their workplaces, have struggled to find a balance between work and caring. As a result, 32% of carers surveyed who had worked before the pandemic are no longer working due to the burden of caring.<sup>32</sup>

At the beginning of the pandemic in the United Kingdom, 9% of working carers indicated they had no choice but to give up work in order to provide care. In addition, 11% of working carers have had to reduce their work hours since the beginning of the pandemic.<sup>33</sup> In the United States, 94% of carers strongly agree that employers should provide additional flexibility policies and support for carers, with 59% of employed carers reporting that their employer does not support them in the ways they need. Further, 50% of racialized carers and 39% of white carers feel that a carer-friendly workplace that understands and responds to their needs as a carer is very important.<sup>34</sup>

**22% of carers, whose financial health has worsened due to the pandemic, say they’ve had to reduce their professional/paid working hours because of their caregiving duties.**

[2020 Global Carer Well-Being Index Who Cares for Carers Perspectives on COVID-19 Pressures and Lack of Support]







In some ways, COVID-19 has accelerated the acceptance of flexible working across industries and is likely to yield new employment opportunities for those who need to work flexibly and/or from home due to caring. Employers in some areas are stepping up to support working carers. For example:



In India, there is a growing awareness among urban employers (especially multinationals) of the important role of caregivers.<sup>35</sup>



Carers Worldwide is developing training and consultancy packages to advise companies in supporting employees who are family caregivers.<sup>36</sup>



In the United Kingdom, research indicates that nine out of 10 employers have implemented additional arrangements to support carers' health and well-being, including offering flexible working arrangements, offering carer leave or special leave, and shifting duties to allow for remote work and non-frontline roles.<sup>37</sup>



In Canada, temporary changes have been made to the Employment Insurance program to allow for easier access to caregiving benefits so individuals can take time away from work to provide care for a critically ill or injured person or someone needing end-of-life care.<sup>38</sup>

Ideally, all employers should recognise the essential role of carers and the varying needs of individual carers. Responses could include developing support programmes for employees who are unpaid carers, including flexible working hours and paid family medical leave. Employers could also identify internal champions that employees could look to who are interested and willing to support caring in the workplace and play an active role in celebrating and creating a dialogue, as well as supporting the culture around caring.



Learn how about the different practices that countries are implementing to create supportive workplaces and educational environments, so carers have equal opportunities to remain in and return to work/school. [VISIT](#)



## **HEALTH AND WELL-BEING**

Supports to uphold carers' physical and mental health, facilitate social connections and enable carers to pursue interests outside of their caring responsibilities.





In order to ensure sustainable long-term care systems, the unique needs and contributions of carers must be considered in health and social policies and programming. Carers should have access to supports for their own physical and mental health. These supports should include measures that facilitate social connections and enable carers to pursue their own interests outside of their caring responsibilities.

As many countries introduced lockdowns during the pandemic, implemented restrictions on gathering, and selectively closed health services, carers have been left to fill in the gaps. For example:



In the United Kingdom, over one-third of carers are providing more care as a result of local services reducing their offerings or hours or closing entirely.<sup>39</sup>



In Australia, carers have faced an increased role as the person they care for has lost access to services and respite care due to services becoming limited or individuals needing to limit their contact with others.<sup>40</sup>



Denmark has stopped offering respite care and has paused approvals for home help, respite and long-term care.<sup>41</sup>



In Ireland, over one-third of respondents have experienced the closure of day care services, one-third have experienced a reduction or cancellation of homecare services, and one in four have experienced the closure of respite services. In addition, 63% have experienced delays or cancellations of medical appointments, treatments or surgery, and 23% have experienced delays in responses from health care professionals regarding non-COVID-19-related health issues.<sup>42</sup>

Along with closed services, many households have experienced limited or entirely cancelled home care. For instance, according to Family Carers Ireland, 14% of family carers have experienced the complete cancellation of home care for the person they care for and 36% have experienced a reduction or cancellation of home care services. The situation in Ireland was exacerbated when a protocol was implemented to redeploy home care workers to nursing homes due to the challenges faced in residential settings and the rise in outbreaks. This policy was only possible because family supports mitigated the loss of services in the home.<sup>43</sup> In addition, in some cases, family carers have chosen to take on extra care themselves rather than continue with home care in order to limit contact with others.



There were also sudden changes in the support that carers receive from other family members and friends. Many who had previously provided support and secondary care have limited their contact, often due to self-isolation or restrictions to movement, or to protect others they were seeing who were sick or vulnerable.<sup>44</sup>

These issues have disproportionately affected carers, who report worsening health overall, increased anxiety directly tied to vulnerability to COVID-19, and an increase in social isolation. Around the world, the statistics on carer mental health during the pandemic paint a bleak picture. Consider the following:

### Canada

Caregiver anxiety has increased from 32% to 78%, while loneliness has increased from 44% to 86%.<sup>47</sup>

### Ireland

Carers are facing a higher risk of depression and loneliness, with 61% indicating they are worried about a decline in their mental health and 15% feeling that they are not coping during the pandemic.<sup>48,49</sup>

### United Kingdom

64% of carers report worse mental health than before the pandemic, coupled with 58% who have seen a decrease in their physical health.<sup>46</sup>

### Japan

Mental burden and stress has increased by 55% for carers.<sup>51</sup>

### United States

91% of carers say they have put the needs of the person they are caring for above their own during the pandemic, while 72% say caring for someone during the pandemic has caused them to feel more burnt out than ever before.<sup>52</sup>

### Scotland

45% of carers under the age of 18 and 68% of those aged 18–24 report that their mental health is worse than it was before the pandemic began. A total of 74% of young carers also report feeling less connected to others.<sup>50</sup>

### Israel

40% of carers report feelings of depression and hopelessness, with many also reporting that they do not have access to counselling and support.<sup>45</sup>



COVID-19 has catalyzed the use of online services to provide emotional and social support for carers. Care Alliance Ireland has established an online family carer support project through a private Facebook group platform, effectively reaching and engaging with over 1,900 family carers across Ireland. In New Zealand, [wecare.kiwi](http://wecare.kiwi) was established as a pandemic response for carers, older people, disabled people and anyone needing a hand or a listening ear. It is being expanded to connect people as a longer-term goal to reduce the isolation many carers are experiencing.

While some measures are in place, greater focus needs to be placed on carers' health and well-being. Without the right interventions, the stress and challenges during this time could lead to carer breakdown, with negative impacts on the carer and the people needing care lasting long beyond the pandemic.



Learn how countries are supporting carer's physical, emotional and social needs. IACO's Global State of Caring profiles 18 countries and their care practices. [VISIT](#)



## **INFORMATION AND KNOWLEDGE**

Resources to empower carers that are appropriate to their needs and stage of their journey.







Caring is a significant role that requires support, including specific information and knowledge. Carers should be provided with resources to empower them, appropriate for their needs and their stage of the caring journey.

During the COVID-19 pandemic, information needs have changed rapidly, as has the ease of access to certain resources. With an evolving virus and pandemic situation, there has been a lack of factual, evidence-based information in many countries and for many sectors, with carers experiencing first-hand the resulting challenges. As the pandemic evolved extremely quickly in the spring of 2020, information was sometimes changing daily. Unfortunately, governments did not provide carer-specific information with clear instructions on how the restrictions would impact carers or on what they could and could not do to continue to provide care. In Ireland, for example, 61% of carers report that not enough information and advice targeted to family carers was provided. They did not feel prepared to provide care to someone who had tested positive for COVID-19, heightening anxiety about contracting the illness themselves and passing it to the person they care for.<sup>53</sup>

For carers supporting people living in long-term care, there was very little communication and collaboration with carers about these residents, resulting in a significant lack of clear direction and guidance.<sup>54</sup> Other carers were worried about whether they would be able to accompany their loved one into hospital if an admission was required, with no clear direction provided about whether that would be permitted.<sup>55</sup>

This confusion expanded beyond interpretations of regulations and restrictions. Caring typically follows a particular path based on the disease progression, but COVID-19 introduced a new level of uncertainty into the caring journey.<sup>56</sup> Carers are unsure of who to turn to, with a survey of Japanese carers reporting that 52% do not know what to do and 51% indicating that they feel they have no one to turn to.<sup>57</sup> Where supports are available, they have been 'siloes' and disconnected from each other, creating an environment that has been difficult for carers to navigate.<sup>58</sup> In Canada, for instance, 77% of carers who support someone with a mental health or addiction challenge say it has been difficult to access support for the care recipient due to COVID-19 restrictions.<sup>59</sup>





As key measures in response to the pandemic, organisations quickly moved online to create new digital support services and expand the use of existing services. Carer organisations and other non-government sources began offering guidance on their websites and through newly established newsletters. For instance, caregiver groups across Canada have provided access to caregiver coaches to connect individuals to needed resources, offer personalized support and listen when they just need to talk. Similarly, Carers UK has provided direct support through their online Care for a Cuppa Chats, Me Time and Share and Learns, and has supported more carers through their national helpline. They have also developed new tools such as their contingency planning tool MyBackUp to address one of the main carer concerns: ‘What happens if I can no longer care?’

Technology has certainly helped carers access supports, connect with health and social care providers, stay informed and discover new things. It has also allowed them and the person they care for to keep in touch with others and not become isolated. However, the digital divide has also widened, and those without access to digital services and technology are being left behind. As a result, it is important to make sure that technology is designed with caregivers in mind as their use of technology expands. This means putting caregivers at the centre of the design process and aiming to meet their needs and aspirations, recognising also that caregivers may have different needs and expectations when it comes to technology.<sup>60</sup>



Read more about how countries are providing education and information to carers and connecting carers through networks and support groups. IACO’s Global State of Caring profiles 18 countries and their care practices. [VISIT](#)

## THE WAY FORWARD: RESILIENT AND EMPOWERED CARERS

The collective experiences of carers during the COVID-19 pandemic shine a spotlight on the urgent need to create a global carer strategy and action plan. The essential role carers take on must be recognised globally, nationally, and locally. Policies and programmes must be implemented to help them sustain their role and maintain a balance in their lives.

While the pandemic has highlighted many issues for carers, these challenges are not new. Carers have long faced a lack of recognition, an increased financial burden, challenges balancing work and education with caring, pressure on their own health and well-being, and a shortage of information and knowledge.

The pandemic has heightened these issues as more people have taken on a new caring role and carers have assumed additional caring responsibilities. The importance of accessible and effective formal programming and health and social supports was clearly experienced through COVID-19. Detrimental impact on the health and well-being of carers and care recipients was experienced in all countries.

The way forward is clear. A global carer strategy and action plan will provide a framework to build upon current programming and create new supports for carers in all countries. A positive outcome of the global pandemic would be a commitment to actions that addresses five universal carer priorities:



**Recognize the valuable role carers have in our health and social care systems through legislation and awareness campaigns.**



**Safeguard the health and well-being of carers through respite programs, emotional supports, and social connections**



**Minimize undue financial burden placed on carers using tax credits, allowances, pensions and grants.**



**Enable access to user friendly information and education in a variety of ways to meet the needs of carers throughout their journey.**



**Create flexible carer friendly workplaces and educational environments that respect and accommodate carers needs.**

As global champions of carers, the International Alliance of Carer Organizations (IACO) has laid out a path for governments, civic organizations, employers and communities to provide a combination of actions to sustain the contributions made by carers while successfully developing national economies. We have an opportunity to learn from each other, to collaborate and to take action for carers around the world. It is imperative that governments use the lessons learned during the pandemic to develop and implement strong systems of supports. IACO member organisations around the world are learning from each other and leading the way. Through coordinated actions, the carer community can emerge from the pandemic with a stronger and more resilient than ever before.

### **A global strategy and action plan for carers will:**

- **Recognize carers as essential partners in care**
- **Foster a commitment to action for carers.**
- **Encourage the development of carer-friendly policies and programmes.**
- **Ensure inclusion of carers' experiences and voices**
- **Expand research to support evidence-informed decisions**



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