

SOCIAL CARE COVID RECOVERY & RESILIENCE:

Learning lessons from international responses to the COVID-19 pandemic in long-term care systems

9 September 2025

PROJECT AIMS:

To draw lessons for policy and practice from international Covid-19 experience & scientific evidence to support the English social care sector:

To **recover** from Covid-19 in the short-term

To be able to better **withstand** future waves of Covid-19/similar shocks in the medium-term

To become more **resilient** in the long-term

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LEARNING FROM THE PANDEMIC: LESSONS FROM ENGLAND & ABROAD

Understanding the English experience

What features of the English social care system impacted on the effectiveness & impact of the response to Covid-19?



What underlying/historic weaknesses impacted the response in the first 4 months?



What has been learnt and improved since?



What are the priorities for reform if the system is to be made more resilient in the face of future shocks?

FINDINGS FROM THE SITUATIONAL ANALYSIS: PRIORITIES FOR SOCIAL CARE REFORM IN ENGLAND

The system:

- Clarity of accountability
- Visibility of social care
- Collaboration with NHS/other local systems
- Preparedness



People:

- Tailoring to complexity & diversity
- Understanding & supporting the workforce
- Building in support for unpaid carers



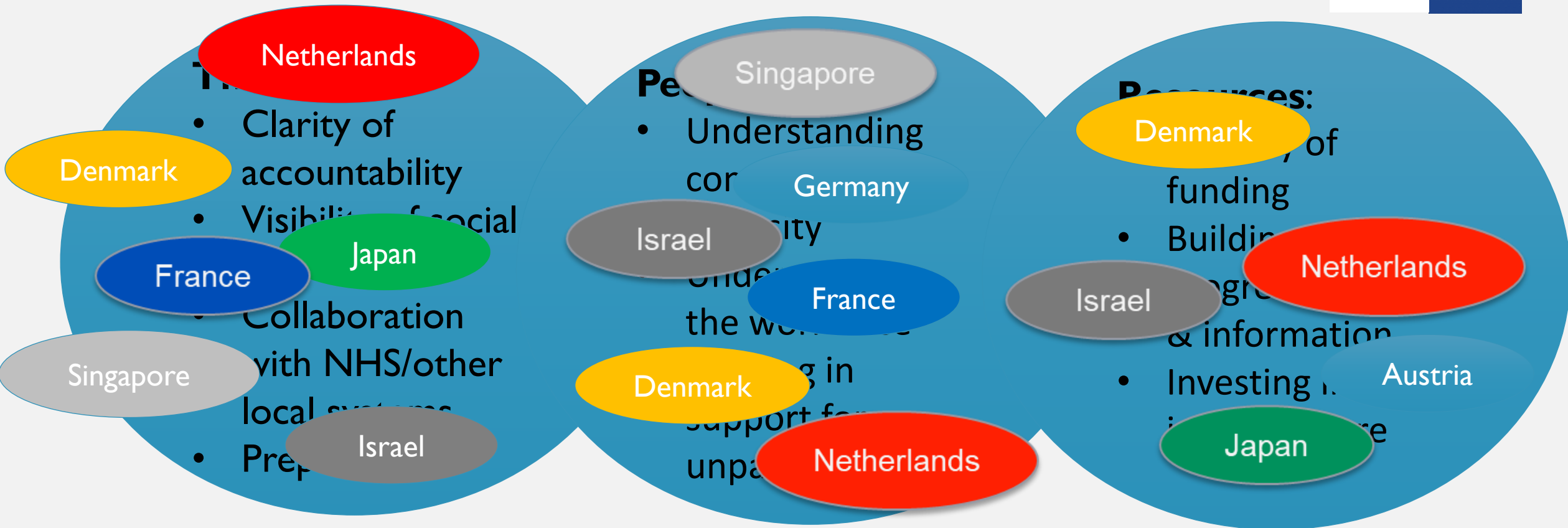
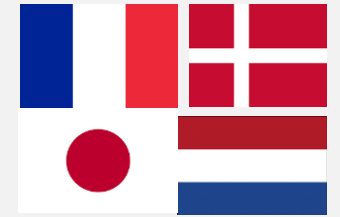
Resources:

- Stability of funding
- Building on progress with data & information
- Investing in infrastructure (estates & technology)







LEARNING FROM ABROAD: MAPPING PRIORITIES FOR REFORM

Final choices:



<https://ltccovid.org/>

LEARNING ACROSS COUNTRIES: INGREDIENTS OF RESILIENCE

				
Communication & accountability	High levels of local autonomy but with clear national oversight & clear demarcation of responsibilities & roles	Shared accountability for care between health and local authorities. Confused accountability & lack of ownership of social care	Very complex governance arrangements required new structures for handling covid	High levels of local autonomy but with clear national oversight & clear demarcation of responsibilities & roles
Preparedness		Preparedness plans in care homes developed after heatwaves lacked flexibility & infrastructure		Strong preparedness plans mandated, updated and embedded in care homes. Surrounding infrastructure supported preparedness
Workforce	Highly trained staff able to adapt to new measures Low use of zero hours contracts (sick pay access)	In wake of covid, efforts made to strengthen workforce (e.g. action on pay) but implementation of reforms problematic	In wake of covid, efforts to address workforce shortages (e.g. action on pay) hampered by lack of holistic approach	Highly trained staff able to adapt to new IPC measures, but entry requirements can be a barrier to recruitment
Infrastructure & resources	Long-standing regulations over IPC put care homes in strong position. Long-term sustainability of funding enabled investment in infrastructure, alongside strong data systems.	In wake of covid, plans to invest in developing infrastructure (information systems and estate) fit for future crises	Long-term sustainability of funding enabled investment in infrastructure. Pandemic accelerated use of technology	Long-standing regulations over IPC put care homes in strong position. Long-term sustainability of funding enabled investment in infrastructure. Lack of systematic data collection.

ACCOUNTABILITY & COMMUNICATION

***Clear demarcation
of roles at national,
regional & local level***

- Japan & Denmark: High levels of local autonomy but with clear national oversight & clear demarcation of responsibilities & roles
- France: Shared accountability for care between health and local authorities led to invisibility of social care and lack of ownership in the response
- France & Netherlands: Complex accountability led to introduction of new layers of governance to cope during covid. In contrast, Japan introduced no additional structures

***Pre-existing channels
of communication
enabled timely
targeted response***

- Japan & France: Trade associations acted as conduit linking all the levels, from providers to national govt. Not statutory but formally embedded
- Japan: Regional public health bodies acted as conduit for real-time information & support. Able to deploy staff to outbreaks
- Netherlands: Client councils in care homes provided established channels to enable the user voice to be heard. Mixed effectiveness in early stages but important in debate over home closures later

CRISIS PREPAREDNESS

Embedded preparedness plans enabled systems to click into crisis mode with little delay

Japan:

- Mandatory preparedness committees meet regularly to familiarize themselves with the latest protocols
- Managers have to complete mandatory crisis management training
- Care providers are audited for IPC processes every year & municipalities offer support & training
- Plans kept up to date & regularly used. During covid, there was little need for new unfamiliar guidance
- Payment system used to enforce new business planning requirement

Preparedness plans based on prior crises need to be flexible and embedded with supportive infrastructure

Japan:

- Learnt from past experience of natural disasters and MERS & TB outbreaks
- Regional layer of system enabled coordination of response: e.g. deployment of emergency staff to outbreak areas; immediate demarcation of hospitals for covid infection protected health system

France:

- preparedness plans based on heatwave experience with insufficient flexibility
- resources were not there to support needs identified by plans

WORKFORCE

Employment terms and conditions are a crucial determinant of resilience

- Japan and Denmark: Low use of zero-hours contracts, high access to sick pay meant most could follow isolation guidance
- Denmark and Japan: Terms and conditions improved during Covid, e.g. emergency childcare facilities and psychological support

Pay is an important driver of recruitment and retention but can have trade-offs

- Low pay has been a driver of sector exits across all country case studies.
- France offered Covid bonuses of €1,000-1,500 and Japan offered hardship bonuses.
- Covid has also been an opportunity to accelerate more radical pay reforms, e.g. in France, but delays to roll-outs have created disappointment and exits.

Formal training can support crisis response, but can also create barriers to entry

- Denmark and Japan benefitted from high levels of training among staff, which ensured a rapid uptake of developing IPC measures.
- High entry requirements can deter some staff from joining.
- Covid provided an opportunity for some countries, e.g. France, to introduce more structured career progression.

RESOURCES & INFRASTRUCTURE

Technology and data systems can support joined up and personalised care in times of crisis

- Countries e.g. Denmark with pre-existing data infrastructure could adapt these to collect Covid-19 infection information
- The pandemic accelerated the uptake of data and digital strategies and investment for social care in other countries e.g. France, the Netherlands
- All countries have faced barriers in improving data and digital: diverse landscape of provision and needs, existing regulation, poor integration with health, lack of incentives, implementation costs

Investing in physical estate can promote wellbeing as well as provide resilience

- Countries e.g. Denmark and Japan have legislated to ensure all new build homes are single bed, have kitchenettes and living spaces, and access via private terrace
- Countries e.g. France are now investing in upgrading estates, recognising the importance of modern facilities in supporting wellbeing and infection control
- There has been limited investment in non-congregate settings

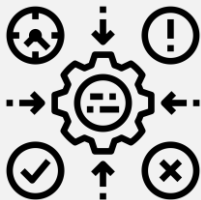
WHAT NOW FOR ENGLAND?

Examples of learning & progress made during covid-19:



- Data & information improvements
- Innovation & tech usage
- Communication across the sector
- Visibility of social care & capacity in DHSC
- Some examples of closer NHS/social care collaboration

Context:



- Hallett Inquiry: social care module hearings summer 2025
- Cross government preparedness exercise autumn 2025
- Wider changes in NHS structures
- Local government reforms (structure and funding)
- Backdrop of economic challenges & funding implications

Key current focus of policy:



- Workforce development including Employment Rights Bill and Fair Pay Agreement but no government backed long-term strategy
- Ongoing work on data and information
- Casey Commission for long-term reform

The screenshot displays two overlapping web pages. The background page is the 'Employment Rights Bill' document, showing the title, 'LORDS AMENDMENTS', and the start of 'Clause 1'. The foreground page is the 'Casey Commission' website, featuring a teal header with the commission's name and navigation links (About, News, FAQs, Contact). A large teal banner reads 'Welcome to the Casey Commission website' and mentions the Prime Minister's request for Baroness Casey to chair an Independent Commission on Adult Social Care. Below the banner, there are sections for 'Frequently asked questions' and 'What is the UK Covid-19 Inquiry?'. The bottom of the page shows a footer with 'Bill 501' and '59/1'.

KEY LINKS & RESOURCES

- England situational analysis: <https://www.nuffieldtrust.org.uk/research/building-a-resilient-social-care-system-in-england-what-lessons-can-be-learnt-from-covid-19>
- Learning from country case studies: <https://www.nuffieldtrust.org.uk/research/building-resilience-in-adult-social-care-learning-the-lessons-from-other-countries-experiences-of-covid-19>
- GOLTC: <https://goltc.org/>