

Witness Name: Adelina Comas-Herrera

Statement No.: 1

Exhibits: 21

Dated: 8 July 2025

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF Adelina Comas Herrera

I, Adelina Comas Herrera, will say as follows: -

Background

1. My name is Adelina Comas-Herrera and I am a researcher working on Long-Term Care policy and financing. I am the director of the Global Observatory of Long-Term Care and I work at the Care Policy and Evaluation Centre (CPEC) at the London School of Economics and Political Science (LSE).
2. CPEC is an international research centre working mainly in the areas of long-term care (social care), mental health, developmental disabilities and other health issues. Since 2009, we have been awarded over 130 new research grants, of over £67 million, and has been involved in a number of key policy and practice developments. Until June 2019 we were known as the Personal Social Services Research Unit (PSSRU) at the LSE.
3. We have been a research group at LSE since 1996; growing out of the original PSSRU established at the University of Kent in 1974. In 2000, we joined with LSE Health to form LSE Health and Social Care. In 2017 we became an independent research centre at the LSE affiliated to the Department of Health Policy.
4. Our mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

Research at CPEC (LSE):

5. We carry out policy analysis, research and consultancy globally. Our research spans the whole life-course - from pregnancy to end-of-life care and bereavement. We apply rigorous methods drawn from a range of disciplines, with economic questions and approaches quite prominent. Our research has

contributed in many ways to the development of national and local policies and frontline practice in the UK and elsewhere.

Brief summary of CPEC research to support the social care system during the COVID-19 pandemic

6. CPEC's research to support the system's response to the COVID-19 pandemic concentrated on two activities: the LTCcovid.org platform, and a partnership with London ADASS.

LTCcovid.org

7. I, Adelina Comas Herrera, coordinated a comprehensive synthesis of international evidence on COVID-19 and social/long-term care. I led the establishment of LTCcovid.org, an online platform, to disseminate emerging international evidence regarding the impact of COVID-19 on social care, with contributions from CPEC and international experts. Between 20/03/2020 and 01/08/2020, the website received over 170,000 visits from 179 countries.
8. An international report on COVID-19-related mortality indicated for the first time that care home residents accounted for approximately half of all COVID-19 deaths [ACH/01-INQ000548105], this report was updated and expanded every few months, with the final version published in April 2022 [ACH/02-INQ000548106]. A subsequent, I led two reports published by the World Health Organization on preventing and managing Covid-19 in long-term care services [ACH/03-INQ000548107 and ACH/04-INQ000548108].
9. Briefing notes from this work shared with DHSC and local government highlighted evidence of asymptomatic transmission in care homes, along with international examples of guidance to address this issue. The first summary was published on 23 March 2020, I have included as exhibits summaries produced until May 2020 [ACH/05-INQ000548109], [ACH/06-INQ000548110], [ACH/07- INQ000548111], [ACH/08-INQ000548112], [ACH/09-INQ000548113], [ACH/010-INQ000548114], [ACH/11-INQ000548115], [ACH/12- INQ000548116]. DHSC officials described this work as "incredibly useful" and "being used at the highest level." LTCcovid briefings were cited by the Minister of Social Care [ACH/13-INQ000548117] and I was told that they informed decisions made by the Cabinet Office.

10. I provided evidence to the Health and Social Care Select Committee regarding the management of COVID-19. I was contacted by Sean Holland, the Chief Social Worker for Northern Ireland, on the 6 of May 2020 following a newspaper interview I gave to the Belfast Telegraph that incorrectly attributed comments I made about the UK guidance to the Northern Ireland situation. Following that initial conversation, as well as requesting a correction of the newspaper article, Sean Hollands asked me to advice on their existing Covid-19 care home guidance and a planned pilot study. My advice was to consider asymptomatic testing of staff and residents, particularly in localities with high degrees of community transmission of Covid-19, as well as recommending support to care homes in implementing isolation effectively and considering the negative impact of confinement within nursing homes.
11. I also advised governments of other countries, for example my advice ensured that the Chilean government included unregulated care homes in its COVID-19 response planning.
12. A subsequent project, Social Care Recovery and Resilience, led by me, contributed to further developing the evidence synthesis exercise and examined key lessons from the international experience of managing the pandemic for the English social care system. Further details about the project and its key findings are provided below.

Partnership with London ADASS

13. My colleague and CPEC director, Jose Luis Fernandez, led a partnership between CPEC and the London Association of Directors of Adult Social Services (ADASS) to support Greater London's assessment of and response to COVID-19 impacts on social care. This resulted in the design and analysis of *daily* evidence from London care providers, which identified provider-level COVID-19 risk factors and effects on the care workforce and financial sustainability.
14. CPEC's partnership with the London Association of Directors of Adult Social Services (ADASS) resulted in the collection of daily data from over 1,300 care homes and more than 1,100 home care providers across Greater London.
15. These data were used to monitor COVID-19-related risks at the provider, borough levels (infection, mortality, workforce availability, financial sustainability).
16. Daily briefings were shared with the Directors of Adult Social Services and Public Health in London, emphasising key trends and analytical findings at

both the London and borough levels. Daily projections were also produced for the London Strategic Coordination Group, responsible for managing and recovering from critical emergencies in London.

17. Reports regarding provider-level risks were shared with social care professionals to inform local operational decisions and assist in the targeting of support for care providers at risk from COVID-19.

18. This collaborative experience has been written up as a case study https://eprints.lse.ac.uk/126628/1/SASCI_Case_study_ADASS_web.pdf in the Supporting Adult Social Care Innovation (SASCI) study, which examines innovation in the social care system. Some of the key lessons from the case study included:

19. The collaboration was an example of a regional, system-level innovation involving multiple partners, illustrating how and why the COVID-19 pandemic influenced the development, growth and spread of the innovation.

20. Key factors for the development of the innovation included:

- Strong, continuous leadership, including succession planning and knowledge transfer were essential for maintaining momentum
- Strategic and clear communication across various stakeholders was vital in overcoming challenges and ensuring that all parties understood the innovation benefits
- Identifying and developing specific capabilities (e.g. new Local Authority roles for liaising with providers)
- Utilising external technical and analytical expertise (e.g. through the partnership with university researchers)
- Flexibility and adaptability to changing circumstances during the innovation journey
- Pre-crisis experience in the London region about the collection of evidence for supporting care markets oversight provided a foundation for rapid innovation during COVID-19.

LTCcovid collaborative platform:

21. There were two phases of LTCcovid.org.

The first phase, until the end of 2021:

22. On the 20th March 2020 we set up the [LTCcovid.org](https://lrtcovid.org) website, initially in the form of a blog hosted by the International Long-Term Care Policy Network (ILPN,) which in turn is hosted by the Care Policy and Evaluation Centre at

the London School of Economics and Political Science. We set it up because, through our international contacts, we were becoming aware of the large numbers of deaths linked to Covid-19 in care homes in Italy, Spain and France. We had also been asked by the Department of Health and Social Care to share information on what was happening internationally.

23. Our aim was to offer a platform to collect and share in real time information to help inform the response to Covid-19 in social care/long-term care systems, both in England and abroad, as there was no other international platform focused on long-term care and most of the initial reports of responses and international data only covered hospitals.

24. At the beginning we started by sharing examples of guidance to mitigate the impacts of the pandemic, as well as emerging information on what was happening in care homes in different countries.

Some of the key items we published in the early phase included:

25. 23rd March 2020: blog posts/briefings summarising initial evidence of the impact of COVID-19 in care homes in Spain, Italy and the United States and of the initial lessons suggesting need to improve Infection Prevention and Control in care homes, monitor staffing levels and prepare emergency responses, prioritise PPE, ensure people in care homes with COVID had access to adequate treatment if they were not transferred to hospital and prioritisation of Personal Protection Equipment (see [ACH/14-INQ000548119]).

26. 28th March 2020: report by the US Centers for Disease Control and Prevention detailing cases of asymptomatic transmission in a US nursing home [ACH/05-INQ000548109].

27. From then on we put a lot of effort in spreading the word about the possibility of asymptomatic (or pre-symptomatic) transmission in care homes, for example through presentations to London ADASS, and started a report on measures taken internationally [ACH/06-INQ000548110]

28. On the 1st of April we published a post (and shared with DHSC) alerting of the importance of not relying on symptom-based screening to determine isolation as was in the UK guidance at the time and giving the example of Spain updating its guidance to isolate all “possible, probable and confirmed” cases [ACH/07-INQ000548111]

29. This was further expanded in a post looking at the policies and guidance in place in more countries published and shared on the 3rd of April [ACH/08-INQ000548112]:
30. On the 8th April, we prepared and shared another briefing note explicitly titled: “Briefing note: Current UK guidance on admission and care of residents during COVID-19 is based on symptomatic cases, ignoring early international evidence and lessons from other countries” [ACH/09-INQ000548113].
31. On the 12th April, with Joseba Zalakain (Spain) and later on an international team of researchers, we published the first “Mortality associated with COVID-19 outbreaks in care homes”, showing that, for the 5 European countries for which official national data was available at the time, between 42% and 57% of all deaths were linked to COVID-19 [ACH/01-INQ000548105]. This report was expanded as more countries were publishing data. Over time, the share of all deaths in care homes decreased, potentially showing that greater support was being provided to care homes later in the pandemic [ACH/02-INQ000548106]. This report was picked up initially by the Guardian on the 13th of April <https://www.theguardian.com/world/2020/apr/13/half-of-coronavirus-deaths-happen-in-care-homes-data-from-eu-suggests> and afterwards by newspapers all over the world and helped raise awareness of the need to focus resources on care homes. This report was updated until April 2022, when the vaccinations had started to have a major impact in reducing mortality [ACH/02-INQ000548106].
32. We edited and published reports on the Covid-19 experiences of the Long-Term Care systems of 27 countries, these were written voluntarily by national experts on Long-Term Care: <https://ltccovid.org/country-reports-on-covid-19-and-long-term-care/>
33. In May/ June 2020 we were commissioned by the World Health Organisation (first the European regional office and then the Geneva headquarters) to carry out a rapid mapping of evidence and of measures taken by countries and to produce two guidance reports/briefings [ACH/03-INQ000548107 and ACH/04-INQ000548108].

2nd phase of LTCcovid.org

34. Building on the international collaboration that was developing through the platform, and supported by funding from a grant from the Policy Research Programme of the National Institute for Health and Care Research (which started on 1st January 2021), we developed a “living report” to gather

evidence, in real time. The report was entitled *LTCcovid International living report on COVID-19 and Long-Term Care*.

35. There is no full-text version of this report. It was developed as a “living report” and was updated until the end of 2022 as and when new evidence and information became available. It is structured in 4 parts:

- Long-Term Care System characteristics and preparedness
- Impacts of the Covid-19 pandemic on people who use and provide Long-Term Care
- Measures adopted to minimise the impact of the Covid-19 pandemic on people who use and provide Long-Term Care
- Reforms that aim to address structural weaknesses of Long-Term Care systems and to improve preparedness for future pandemics and emergencies.

36. The report contains 68 questions that could be answered for any country in the world (or region where the Long-Term care system varies by region). We invited experts on LTC that were involved in the LTCcovid.org activities to contribute and our project team conducted monthly literature searches. In total 1,007 answers were provided. The report could be read “by country”¹, so you could create a national report with all the questions that had been answered for a particular country, or “by question”², where you click on a question and see all the answers that had been provided for a particular question. The best link to access the report is:

<https://ltccovid.org/international-living-report-covid-ltc/>, clicking on each question opens all the answers provided for the countries/regions where we got information.

37. Where some questions were of particular policy relevance, we sent surveys to the LTCcovid experts and were able to create “sub-reports”, for example on measures to encourage the update of vaccination among long-term care staff (<https://ltccovid.org/questions/3-11/>), or visiting measures in care homes (<https://ltccovid.org/questions/3-07-03/>). In these cases we also published specific reports [ACH/15-INQ000548118 and ACH/16-INQ000548120].

Coverage of the different UK nations in the LTCcovid International Living Report

38. The countries (and UK nations) covered in LTCcovid and the International Living Report depended on whether there was an expert volunteer able to

¹ <https://ltccovid.org/country-profiles-covid-19-and-long-term-care/>

² <https://ltccovid.org/international-living-report-covid-ltc/>

provide information. In the first phase of LTCcovid (2020) we published reports for England [ACH/16-INQ000548120], Scotland [ACH/17-INQ000548121] and Wales [ACH/18-INQ000548122]. And we also published a comparative report covering mortality associated with Covid19 in long-term care in England, Northern Ireland, Scotland and Wales [ACH/19-INQ000548123].

39. The International Living Report was funded through a project focusing on what England could learn from other countries. The study gathered information on other countries, while at the same time conducting an in-depth analysis of the situation in England as this was necessary to identify areas where learning from other countries would be useful. Our Scottish experts on the LTCcovid platform continued to engage and provide information, so we created a link from where the answers for Scotland could be accessed as a single report:

<https://ltccovid.org/covid-19-and-the-long-term-care-system-in-scotland-uk/>

40. There are answers for some specific questions (for example where we were tracking mortality associated with Covid-19 <https://ltccovid.org/questions/2-02/>) for which we were able to gather data for all four nations [ACH/02-INQ000548106].

41. I would not be able to comment on whether the findings for England and/or Scotland would apply to Wales or Northern Ireland as I do not know enough about the Welsh and Northern Ireland social care system contexts and the implementation of measures.

Lessons learned and recommendations

42. Based on my experience of tracking the earliest available scientific evidence on Covid-19 and social care, as well as the responses in the Long-Term Care systems of other countries, in my view there was a delay in considering the emerging Covid-specific and social care-specific emerging evidence in the English response. While it was a complex situation and I fully understand the initial prioritisation of hospitals for the scarce tests and Personal Protection Equipment (PPE), other countries that faced similar constraints were issuing more “precautionary guidance” considering, for example, close contact with someone infected by Covid as a reason for isolating staff and residents in care homes, whereas the English guidance was focusing only on people with symptoms.
43. Even once the decisions had been made in May 2020 to make testing available to care homes, there was a further delay in social care providers

being to access testing (and test results), as well as Personal Protection Equipment to social care providers. Providers were also reporting that they had limited capacity to implement distancing measures in May and June 2020 [ACH/20-INQ000548124]. In my view the guidance issued by the DHSC did not take sufficient account of the practical difficulties providers were experiencing due to a worsening workforce situation, and to having buildings that were not designed to implement isolation practices.

44. In terms of recommendations, based on my experience in the earlier part of the pandemic, while modelling of the spread of other known viruses was an important tool when responding to a new pathogen, it is important to ensure that emerging evidence from the new pathogen in relevant settings is considered quickly and that a precautionary principle is adopted, particularly in settings such as social care (both in care homes and in the community). Other countries adapted their guidance to new evidence more quickly, or had already adopted more preventative approaches from the start, compared to England, and this may have resulted in fewer deaths in the early part of the pandemic.
45. The rest of my recommendations are building on the outputs from the project entitled: Social Care Recovery & Resilience: Learning lessons from international responses to the COVID-19 pandemic in long-term care systems, funded by the NIHR (NIHR202333). It was done in collaboration with the Nuffield Trust and I co-led the project with Natasha Curry.
46. That work built on the LTCcovid.org material and additionally involved a living review of the literature on Covid-19 and Long-Term Care published during 2020 and 2021, an in-depth situational analysis of the English response to the early part of the pandemic in the social care system, and four international case studies covering Denmark, France, Japan and Netherland, seeking lessons for the English social care system.
47. We published the situational analysis of the English response in May 2023, it is available here [AC/21-INQ000548125]
48. We will publish the international case studies as well as a discussion of the lessons they hold for the English context on the 30 of June 2025.
49. Here I provide an overview of the findings of the whole project: The project identified a wide range of learning from (1) our situational analysis of England, (2) global scientific evidence and (3) international case studies that can support the development of policies that can build resilience and preparedness. There are four main areas that should be prioritised:
 - ensuring social care is properly included in preparedness planning for future pandemics and other crisis;
 - strengthening the way the care system is structured to ensure clarity over where responsibility lies;

- supporting the people who work in it, draw on care, and provide informal care; and investing into services;
- developing high-quality infrastructure that can meet people's needs and preferences and withstand shocks;

50. Our international case studies provide learning for policymakers derived from real-world examples of how other countries have sought to address shared issues, what has worked and failed, and what is needed to successfully implement change.

51. Our evidence mapping of the international scientific literature covering long-term care showed that, while the pandemic motivated a strong and rapid response from the research community, there was an inevitable lag in the generation of high-quality evidence. This meant decision-makers faced difficulties due to the quantity and nature of evidence. Our evidence mapping and scoping reviews suggest that:

- Decision-makers need to adapt to the evolution of knowledge on a new threat, as some emerging 'non-gold-standard' evidence may be more pertinent than well-established evidence about other diseases or situations. As discussed earlier, in England there was a delay in the guidance recognising the potential for asymptomatic or presymptomatic transmission in the social care guidance.
- Evidence developed very unevenly, most research was conducted in a few countries, there was very little evidence on people who use home and community-based services or unpaid carers.
- Research on the effectiveness of measures needs to be considered together with research to inform the implementation of those measures.
- Innovations in scientific knowledge sharing helped mobilise and track new knowledge and could be established rapidly building on platforms used in 'normal times'.

52. Key learning for English policy from our study, grouped around the three main priorities for reform identified by our English stakeholders is presented below:

'System' learning

Covid-19 experience in England	Examples of key learning from other countries/ scientific evidence	Examples of application for England
It was unclear who was responsible for different aspects of the social care response in the initial months. Adult social care voices were not sufficiently embedded in decision-making structures.	Clear accountability structures in 'normal' times facilitated an effective response. Japan and Denmark benefited from greater national consistency and standards, balanced with local autonomy. In the Netherlands client councils helped strengthen the user voice in-decision making.	Implementing a National Care Service could clarify roles and strike a balance between national consistency and standards and local autonomy/flexibility. English policymakers could explore mechanisms to ensure a range of voices from the sector

		are embedded in decision-making meaningfully.
Opportunities to prepare the sector for a pandemic, or other crises, were missed.	Embedding crisis planning as part of day-to-day management helped other countries respond rapidly. Japan drew on: crisis management plans in all care homes, multidisciplinary infection, prevention and control committees, and crisis managers in provider organisations.	Policymakers can potentially strengthen emergency preparedness and crisis response in care settings through regulation and support more intensive quality improvement through regional (e.g. ICSSs) and local structures.

'People' learning

Covid-19 experience in England	Key learning from other countries	Examples of application for England
The wider Covid-19 response did not adequately take account of the structure of, and pre-existing issues in, the adult long-term care workforce.	<p>Countries that had invested in training and wellbeing were able to rapidly upskill staff to manage the crisis.</p> <p>Prompted by the pandemic, countries such as France have increased pay and developed career pathways for staff. Pay increases were enacted through collective wage agreements, but their staggered implementation led to many staff leaving the sector.</p>	<p>The government has committed to Fair Pay Agreements and improving terms and conditions for staff. Careful implementation and funding will be essential to avoid further destabilising the sector.</p> <p>Improvements to pay need to form part of a wider long-term workforce strategy that also drives better terms and conditions, enables progression, embeds opportunities for training and upskilling and attracts and retains a domestic workforce, reducing unstable reliance on overseas staff.</p>

'Infrastructure' learning

Covid-19 experience in England	Key learning from other countries/ evidence reviews	Examples of application for England
A lack of good quality data and information about who uses and provides adult care services hampered communication and response during Covid-19.	Investing into good quality information systems that collect data, integrated with healthcare information, helped countries such as Denmark. In Denmark staff benefited from being able to access individual health records with rapid	England's emerging client-level dataset (linking client data from local authorities with NHS records for the same individual) will contribute to a more resilient long-term care system. Policymakers need to

	<p>access to test results and documentation of vaccinations. The data system supported the Danish Covid-19 surveillance system and meant that the social care system was integrated in the data systems from the beginning.</p> <p>In Japan workforce registers helped Japan ensure staff could access training and redeployment staff to areas with high infection rates.</p>	<p>carefully consider how to link with healthcare data and give thought to the benefits and costs of a workforce register.</p>
<p>There was an initial delay in considering social care-relevant evidence in development of guidance.</p> <p>Research developed unevenly, there very little evidence on how to support people living in their own homes and unpaid carers.</p>	<p>Researchers innovated to support the response, e.g. 'Living reviews and reports, scientific 'crowd-funding' and knowledge exchange platforms. Some of that infrastructure could be maintained to ensure it is available for future challenges.</p>	<p>A research strategy for social care would ideally take stock of existing research, identify key knowledge gaps.</p> <p>Research should be part of preparedness for future health shocks and emergencies in social care.</p>
<p>Outdated buildings, and lack of investment over time meant providers struggled to implement guidance.</p>	<p>Countries such as Japan and Denmark, that had invested, regulated and legislated for more modern provision, were better able to control infections and support wellbeing.</p>	<p>Policymakers in England should consider how best to invest in modernising the sector, and the role of legislation and regulation (e.g. CQC) in ensuring an infrastructure fit for the future.</p>

53. A substantial part of the project's work were evidence summaries that were shared directly with the SAGE Social Care Working Group, which I was invited to as a regular attendee from May 2021. We have listed all the outputs of the project in the appendix.

54. With regards practicality, our recommendations are very wide-ranging and each of them would require a specific answer. There are a set of them that are on preparedness for future pandemics and other crisis that will affect the social care system, and another set that require more fundamental system-wide reforms. In the context of the Casey commission on social care,

there is, potentially, an opportunity for some of the more structural recommendations to be adopted.

55. Our recommendations cover the whole social care system, including unpaid care.

56. Our recommendations are mostly based on an analysis of the English response and international evidence and experiences, gathered through the evidence reviews of international evidence and interviews with people involved in the pandemic response in Long-Term Care in Denmark, France, Japan and the Netherlands.

57. In the English context there have been improvements relevant to our recommendations, for example in the social care data infrastructure (such as the Adult Social Care Client Level Data), as well as the announcement of the development of social care workforce pathway in 2024 (and revised in April 2025), which aims to improve recognition of the experience of care workers. However, the bulk of our recommendations require a more fundamental reform of the social care system's governance and financing.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated: 8 July 2025

APPENDIX: Outputs from the Social Care Recovery and Resilience project:

Situational analysis of the English social care response to the early part of the pandemic:

Report

Published 5 May 2023, citation:

Curry N, Oung C, Hemmings N, Comas-Herrera A and Byrd W (2023) *Building a resilient social care system in England: What lessons can be learnt from Covid-19?* Research report, Nuffield Trust and Care Policy and Evaluation Centre.

The full report, accessible summary, easy read summary and press release are available here:

<https://www.nuffieldtrust.org.uk/research/building-a-resilient-social-care-system-in-england-what-lessons-can-be-learnt-from-covid-19>

Mapping of scientific evidence on Covid-19 and Long-Term Care

Published journal articles:

Byrd, W., Salcher-Konrad, M., Smith, S. and Comas-Herrera, A., 2021. What Long-Term Care Interventions and Policy Measures Have Been Studied During the Covid-19 Pandemic? Findings from a Rapid Mapping Review of the Scientific Evidence Published During 2020. *Journal of Long Term Care*, 0(2021), p.423–437. DOI: <https://doi.org/10.31389/jltc.97>

Salcher-Konrad M, Smith S, Comas-Herrera A. (2021) Emerging Evidence on Effectiveness of COVID-19 Vaccines Among Residents of Long-Term Care Facilities. *Journal of the American Medical Directors Association* Aug;22(8):1602-1603. <https://doi.org/10.1016/j.jamda.2021.05.017>

Journal article nearly ready to submit to:

Byrd, W., Comas-Herrera A., Patel D. and Salcher-Konrad, M. (2025). Using a living review to map what evidence was there to support decision-making on the Covid-19 pandemic in long-term care systems in the first two years of the pandemic.

Published Open Science Framework Protocol:

Byrd W., Salcher-Konrad M., Patel D. and Comas-Herrera A. (2022). What long-term care interventions and policy measures have been studied during the COVID-19 pandemic? A systematic mapping review of the scientific evidence published during 2021. <https://osf.io/7e5jf>

Evidence summaries:

Byrd W, Salcher-Konrad M (2021) Evidence summary: What research is there linking hospital discharges to Covid-19 outbreaks in long-term care facilities? LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 22 October 2021.

<https://ltccovid.org/2021/11/15/evidence-summary-what-research-is-there-linking-hospital-discharges-to-covid-19-outbreaks-in-long-term-care-facilities/>

Hemmings, N., Oung, C., Ettelt, S., Salcher-Konrad, M., Curry N. and Comas-Herrera, A. (2021) Evidence summary: Strategies to support uptake of Covid-19 vaccination among staff working in social care settings. LTCcovid.org evidence summary.

<https://ltccovid.org/2021/05/25/evidence-summary-strategies-to-support-uptake-of-covid-19-vaccinations-among-staff-working-in-social-care-settings/>

Smith S., Salcher-Konrad M. and Comas-Herrera A. (2021) COVID-19 outbreaks during or shortly after vaccination of care home residents: summary of three studies from the US and Germany. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 4th May 2021.

<https://ltccovid.org/2021/05/05/covid-19-outbreaks-during-or-shortly-after-vaccination-of-care-home-residents-summary-of-three-studies-from-the-us-and-germany/>

Smith S, Salcher-Konrad M and Comas-Herrera (2021) Evidence summary: emerging evidence on the protective effect of vaccines from COVID-19 infections among care home populations. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 15 April 2021.

<https://ltccovid.org/2021/04/15/evidence-summary-newly-emerging-evidence-from-three-studies-on-the-protective-effect-of-covid-19-from-infections/>

Byrd W, Smith S, Salcher-Konrad M and Comas-Herrera (2021) Evidence summary: The use of Information and Communications Technology and Data Sharing in Long-Term Care settings. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 12 April 2021.

<https://ltccovid.org/2021/04/12/evidence-summary-the-use-of-information-and-communications-technology-and-data-sharing-in-long-term-care-settings/>

Yu J. and Comas-Herrera A. (2021) Developing a map of international research on Covid-19 and Long-Term Care, 21st March 2021.

<https://ltccovid.org/2021/03/22/developing-a-map-of-international-research-on-covid-19-and-long-term-care-21st-march-update/>

Smith S, Salcher-Konrad M, Comas-Herrera A (2021) Article summary: Vaccine effectiveness after 1st and 2nd dose of the BNT162b2 mRNA (Pfizer/BioNTech) Covid-19 vaccine in long-term care facility residents and healthcare workers – a Danish cohort study (pre-print), 12 March 2021.

<https://ltccovid.org/2021/03/12/article-summary-vaccine-effectiveness-after-1st-and-2nd-dose-of-the-bnt162b2-mrna-pfizer-biontech-covid-19-vaccine-in-long-term-care-facility-residents-and-healthcare-workers-a-danish-cohort/>

Scoping review on evaluations of interventions to support unpaid carers during the Covid-19 pandemic

Protocol for the initial (wider) scoping review:

Comas-Herrera A., Byrd W., Fry A, Marczak J., Rajagopalan J. and Lorenz-Dant K. (2023) Impacts experienced by unpaid or other family/informal carers who provided

longterm care during the Covid-19 pandemic: A protocol for a scoping review of the scientific evidence published 2020-2022 [OSF | \(Protocol\) Unpaid Carers in Long-Term Care.pdf](#)

Revised protocol to focus on evaluations of interventions:

Comas-Herrera A., Byrd W., Fry A, Marczak J., Rajagopalan J. and Lorenz-Dant K. (2024) Interventions implemented to mitigate impacts experienced by unpaid or other family/informal carers who provided long- term care during the Covid-19 pandemic, and their effectiveness: An updated protocol for a scoping review of scientific evidence published 2020-2022. [OSF | \[Interventions\] \(Protocol\) Unpaid Carers in Long-Term Care.pdf](#)

Journal article nearly ready to submit to a journal:

Byrd, W., Rajagopalan J., Marczak J., Comas-Herrera A. and Fry, A. (202) *Interventions to mitigate direct and indirect impacts of the Covid-19 pandemic experienced by unpaid or other family/informal carers who provide Long-Term Care: A scoping review.*

Intended journal: International Journal of Care and Caring

Mapping of international experiences with Covid-19 in Long-Term Care systems

LTCcovid International living report on COVID-19 and Long-Term Care

Full report:

This report was developed to collect information on the structure of the Long-Term Care systems, impacts of the Covid-19 pandemic among people who used and provided LTC, measures adopted to mitigate the impacts of the pandemic and new reforms countries were adopting to strengthen their LTC systems and improve preparedness. It was formed of 68 questions that could be answered by any country in the world. This report was “crowd sourced” over 2021 and mid-2022 (some questions were updated for the case study countries until end of 2023, see below). International Long-Term Care experts who were part of the LTCcovid.org initiative were invited to contribute information about the developments in their countries as they happened, and also in response for information requests when the team were preparing evidence summaries on particular questions (see the evidence summaries).

Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Patel D, Pharoah D (eds.) and LTCcovid contributors. (2022) *LTCcovid International living report on COVID-19 and Long-Term Care*. LTCcovid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

The full report can be accessed here:

<https://ltccovid.org/international-living-report-covid-ltc/>

LTCcovid country reports:

The International living report described above could be read “by question”, as in the version provided above, or by country, generating reports for specific countries from the questions that had been answered. The reports below are from the countries that are most complete, which are also the countries that were considered as part of the “long list” for the case studies.

The reports for Denmark, France, Japan and the Netherlands are the most complete and recent, as these were used as part of the development of the case studies.

Australia <https://ltccovid.org/country-page-australia/>

Austria <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-austria/>

British Columbia (Canada) <https://ltccovid.org/country/canada/>

Denmark <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-denmark/>

England -<https://ltccovid.org/ltccovid-country-profile-england-uk/>

France <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-france/>

Israel <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-israel/>

Italy <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-italy/>

Germany <https://ltccovid.org/ltccovid-country-profile-germany/>

Japan <https://ltccovid.org/covid-19-and-the-long-term-care-system-in-japan/>

Netherlands

<https://ltccovid.org/covid-19-and-the-long-term-care-system-in-the-netherlands-2/>

Sweden <https://ltccovid.org/country/sweden/>

International overviews of Long-Term Care policies and practices in relation to Covid-19:

We “crowd-sourced” reports from international experts in Long-Term Care on specific topics, sending out specific questions to international experts.

National discussions on mandatory vaccination for long-term care staff in 24 countries. LTCcovid international overviews of long-term care policies and practices in relation to Covid-19 (No. 1, May 2021).

<https://ltccovid.org/2021/05/25/national-discussions-on-mandatory-vaccination-among-long-term-care-staff-in-23-countries-ltccovid-international-overviews-of-long-term-care-policies-and-practices-in-relation-to-covid-19-no-1-may/>

Current situation in relation to “visiting” in care homes and outings for residents in 23 countries as of July/August 2021. LTCcovid international overviews of long-term care policies and practices in relation to Covid-19 (Issue 2, August 2021).

<https://ltccovid.org/2021/08/05/current-situation-in-relation-to-visiting-in-care-homes-and-outings-for-residents-ltccovid-international-overviews-of-long-term-care-policies-and-practices-in-relation-to-covid-19/>

Long-Term Care and COVID-19 vaccination, prioritization and data, 26th January 2021 update.

<https://ltccovid.org/2021/01/26/new-international-living-report-long-term-care-and-covid-19-vaccination-prioritization-and-data/>

Videos of: International Workshop on Covid-19 and Long-Term Care, What have we learnt and what policies do we need to strengthen LTC systems?

We hosted a 2-day event over the 6 and 7 December where contributors of LTCcovid.org, researchers, international organisations such as the World Health Organization, the OECD, International Development Bank and the European Centre for Disease Prevention and Control. The presentations covered 18 countries. The recordings and slides are available here:

<https://ltccovid.org/international-workshop-on-covid-19-and-long-term-care-systems-what-have-we-learnt-and-what-policies-do-we-need-to-strengthen-ltc-systems/>

Case studies: lessons from Denmark, France, Japan and the Netherlands

Videos:

These are video recordings from a series of four webinars reflecting on what England should learn from the experiences of the Long-Term Care (LTC) systems in Japan, France, Denmark and the Netherlands during COVID-19, as part of the Social Care COVID Resilience and Recovery project. The webinars were used to test the initial lessons identified as part of the case studies.

Video: What can the English social care sector learn from France to recover from the COVID pandemic and become more resilient? –

<https://ltccovid.org/2023/05/15/video-what-can-the-english-social-care-sector-learn-from-france-to-recover-from-the-covid-pandemic-and-become-more-resilient/>

May 15, 2023

Video: What can the English social care sector learn from the Netherlands to recover from the COVID pandemic and become more resilient?

<https://ltccovid.org/2023/03/20/video-what-can-the-english-social-care-sector-learn-from-the-netherlands-to-recover-from-the-covid-pandemic-and-become-more-resilient/>

May 12, 2023

Video: What can the English social care sector learn from Japan to recover from the COVID pandemic and become more resilient?

<https://ltccovid.org/2023/05/12/video-what-can-the-english-social-care-sector-learn-from-japan-to-recover-from-the-covid-pandemic-and-become-more-resilient/>

Video: What can the English social care sector learn from Denmark to recover from the COVID pandemic and become more resilient?

<https://ltccovid.org/2023/03/27/video-what-can-the-english-social-care-sector-learn-from-denmark-to-recover-from-the-covid-pandemic-and-become-more-resilient/>

March 27, 2023

June 30th 2025:

Curry N., Comas-Herrera A., Oung C., Marczak J. (2025) Building resilience in adult social care: learning the lessons from other countries' experiences of Covid-19. Social Care COVID Recovery and Resilience project. Lessons from four international case studies: Denmark, France, Japan and the Netherlands, June 2025.

https://www.nuffieldtrust.org.uk/sites/default/files/2025-06/Building%20resilience%20in%20adult%20social%20care_2.pdf

What can social care in England learn from Denmark's experience during Covid-19?

https://www.nuffieldtrust.org.uk/sites/default/files/2025-06/Denmark%20case%20study_3.pdf

What can social care in England learn from France's experience during Covid-19?

https://www.nuffieldtrust.org.uk/sites/default/files/2025-06/France%20case%20study_3.pdf

What can social care in England learn from Japan's experience during Covid-19?

https://www.nuffieldtrust.org.uk/sites/default/files/2025-06/Japan%20case%20study_3.pdf

What can social care in England learn from the Netherlands' experience during Covid-19?

https://www.nuffieldtrust.org.uk/sites/default/files/2025-06/Netherlands%20case%20study_3.pdf