

Visiting Care Services in Times of COVID-19

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Introduction

The spread of covid-19 has exerted considerable impact on Korea's care sector. Hiatuses have been created in care as schools, kindergartens and child centers throughout the country have delayed openings. Daytime adult care is also in a difficult situation as social welfare facilities have been closed as per government recommendations. Meanwhile, as cluster covid-19 infections have emerged of late from elder homes and long-term care hospitals, fears have been escalating regarding facilities that house people in groups. The role of home-visiting care is likely to become increasingly important as the covid-19 crisis continues.

Home-visiting care users presumably have below-average risks of infection, as their outdoor activities are limited by their decreased body function. On the other hand, they are a group for whom special caution must be taken to prevent them from infectious diseases, as, once infected, with many of them having pre-existing conditions, they are at higher risk of dying. These are people who often find themselves unable on their own to perform basic activities of daily living and who therefore need to remain in close contact with others including care workers. For this reason, "social distancing" for them may mean something next to impossible to practice.

Visiting care services in overview

The risk of covid-19 infection increases in cases where a user receives services from two or more care workers or where a care worker provides services to two or more users. It is in large part the responsibility of society to establish a care system that can work steadily in crisis circumstances where the importance of personal visiting care is increasingly emphasized as care gaps have been created by collective caregiving. There is a need to examine and improve the current care system for those considered especially vulnerable in times of covid-19.

Visiting care in this study is limited to drop-in care provided in the service recipient's home. The caregiver provides long-term care for the elderly, housekeeping and nursing care services, and is treated as a living assistance provider of personalized care for the elderly. Applicants for a nursing care license are required to submit a medical examination results to confirm they are mentally healthy and not on any psychotropic drugs. There are no regulations regarding infectious diseases. However, institutional evaluation standards of long-term care institutions include health examination items for workers. In most care programs, health reasons are among the factors for dismissing an applicant as unfit for caregiving service.

[Table 1] An overview of visiting care services

	Long-term Care Insurance (Home-visiting care)	Personalized elder care	Assistance in ADL for people with disabilities	Child Care services for families with children with disabilities	Health management care services for mothers and newborns	Visiting nursing and housekeeping services	Child care (hourly)
Relevant legislation	Long-term Care Insurance Act	Welfare of Senior Citizens Act	Act on Personal Assistance for Persons with Disabilities	Act on the Support of Welfare of Children with Disabilities	Act on the Use of Social Services and the Management of Social Service Vouchers; Mother and Child Health Act	Act on the Use of Social Services and the Management of Social Service Vouchers	Child Care Support Act
Target groups	People aged 65 or older who for over 6 months have been having difficulties performing ADLs due to dementia, paralysis or Parkinson's	People aged 65 or older who are in receipt of living allowance, housing benefits, and education allowance; people in near-poverty or in receipt of basic pension who need care services	People aged 6~65 with disabilities	Families with children under 18 with severe disabilities (with an income less than 120 percent of the median)	People in receipt of living allowance, housing benefits and education allowance; people in near-poverty; new mothers and their spouse with an income less than 100 percent of the median	People aged 65 or older who are in receipt of living allowance, housing benefits, and education allowance; people with severe disabilities, diseases, rare and intractable; families headed by minors; grandparent-grandchildren families; one-parent families	Families with gaps in child care for children 3 months ~ 12 years of age
	Caregiver	Daily living assistant	Activity assistant	Disabled child carer	Mother and child health manager	Caregiver	Child carer
	357,575 (persons)	450,000 (persons)	84,000 (persons)	4,005 (persons)	97,900 (persons)	8,800 (persons)	60,053 (families)
Service duration	A monthly amount of between KRW980,800 for disability grade 5 and KRW1,456,400 for disability grade 1 (KRW53,940 for 240 minutes of service)	16~40 hours of service for focused care groups	A monthly amount of between KRW78,000 and KRW6,221,000 (KRW13,500 per 60 minutes)	Less than 720 hours per annum	5 to 25 days a month, 8 hours a day	24, 27, or 40 hours a month	Less than 720 hours per annum

In principle, no family member of the service user can be an official service provider in the home-visiting care system. However, if the user is considered at risk of being infected with a pathogen like covid-19, the family can receive special cash benefits (Family Care Allowance) from the Long-term Care Insurance or, where relevant, Family ADL Assistance Benefit.

Policy implications

Measures have been put in place for care service users who have recently returned from a covid-19-affected country to stop using care services for 14 days. Caregivers returning from an infected country are to stop working for 14 days, with their short-term absences filled by temporary replacement workers. If the visiting caregiver is put in quarantine, the service user can have a family member or a relative as an assistance provider, with the cost supported by the Long-term Care Insurance and other benefit programs. Users of the mother and child health management program can fall back on family members and community neighbors in the event that the health caregiver becomes temporarily unable to work due to quarantine.

There are guidelines that are commonly applicable to various home-visiting care services. In order for these services to be more effective, practical guidelines and manuals should be distributed and made available for wider use. Monitoring should be conducted to make sure that these guidelines and manuals are understood and adhered to.

Home-visiting care programs for people with disabilities need further adjustments to the different characteristics of various user groups. For example, the existing guidelines concerning assistance in daily activities of disabled persons fail to take into account the characteristics of the service users, creating discontinuity in care for the use of quarantine facilities when a disabled person is put in self-isolation. People with developmental disabilities are especially susceptible to unfamiliar surroundings, and keeping a regular pattern of living is important for them. Facility-based quarantine, as practiced now in Korea, fail to take into account the characteristics of people with developmental disabilities, creating discontinuity in care. Furthermore, there is a lack of caregivers who can work in quarantine conditions, making the quarantined individuals with disabilities rely on help from their families or a quarantined ADL assistant.

Safety measures should be reviewed and amended to make sure that they are working properly not only for service users, but also for long-term caregivers and ADL assistants working in quarantine conditions. Caregivers whose work involves high risks of exposure to covid-19 need to be rewarded accordingly.

Visiting care workers need to be provided at the municipal level with protective items, including masks and hand sanitizer, the costs of which are at present mostly the responsibility of care facilities and individuals receiving care services. Only a fraction of municipalities have been providing masks and other protective items to care service workers. With covid-19 raging on throughout the world, infection risks are likely to remain high for a considerable time to come.