

24 March 2020

## **Policy Briefing and Recommendations**

### **Protecting the vulnerable – supporting our people**

#### **Policy recommendations to address the social and economic impact of COVID 19**

The COVID 19 pandemic has had a devastating impact on the entire European continent, leaving no one untouched. People have been forced to adapt their lives as they face a new reality. Whilst much action has already been taken to strengthen health care provision and to protect the economy, there remain significant gaps in the actions taken by the European Union and Member States. If these gaps are not addressed quickly then we will face severe economic and social consequences that may have a greater negative impact than those following the 2008 financial and economic crisis.

Eurodiaconia is a network of 51 churches and Christian organisations that provide social and health care services and advocate for social justice. With over 30,000 service centres, approximately 800,000 staff and over a million volunteers around Europe, our members are at the forefront in confronting the impact of COVID 19. Every day we see the social, economic, health, emotional and spiritual needs faced by people. We have a unique view of the challenges on the ground and the emerging needs and trends, and we, therefore, wish to propose the following recommendations to address the current policy gaps.

**Social services are under pressure.** Inadequate personal protective equipment, reduced staffing levels and a lack of volunteers are some of the immediate challenges. Due to their not-for-profit nature, our members are not able to draw on accumulated profit to fund these new needs. Finances are needed from EU and Member State sources to provide additional equipment, to engage more staff and train them for working in this new environment. Whereas we welcome the proposal of the Corona Virus Investment Initiative, the situation requires immediate dispersal of funds, not only to Member States but also directly to social and health care service providers. We must ensure that administrative hurdles and bureaucracy do not stand in the way of vital service delivery. It is essential that managing authorities and social and health care service providers engage in common decision-making

as to how additional funds should be used. For social and health care services to play their essential role at this time, economic security must be guaranteed.

The current economic response from the European Commission recognises that high unemployment will be a result of the current crisis. However, the economic response cannot limit itself to protecting SMEs alone. It must look at how social protection systems can be enhanced with increases in not only the coverage of such systems but also the level of benefits provided. It is unacceptable to see higher rates of relative and absolute poverty because of the inadequacy of social benefits. It is therefore essential that, alongside the proposals on an Unemployment Reinsurance Scheme Mechanism, work is accelerated on adequate minimum income and that Member States are given guidance on the level of social benefits that will ensure people are able to retain a dignified life.

We further welcome the potential loosening of fiscal rules through the Stability and Growth Pact to allow for greater spending in urgent areas by Member States. However, this cannot be a time-limited, one-off measure. The social impact of this crisis will not unfold in fullness for some time and so investment in education, training, social and health care will need to be incorporated into the Stability and Growth Pact as required. Therefore, it is imperative that the European Commission work with Member States to ensure that a complete package of social benefits for the overall wellbeing of people is put in place quickly, mitigating the severe social and economic impact and increase in poverty post COVID 19, especially towards the vulnerable populations in each country.

**The most vulnerable in our societies are under pressure.** Those who find themselves on the margins on our society are disproportionately at risk. For people who are homeless, access to self-isolating spaces, access to adequate health care and a continuation of existing support services are essential.

Financial insecurity must be addressed as soon as possible. People living with debt face a stressful and uncertain time. Action needs to be taken to allow greater flexibility in the banking and credit sectors to alleviate pressure on individuals with debt. Utility providers must also take into account the pressure that many household budgets face and also increase their flexibility. Debt services must still be provided in some form to ensure that individual situations do not worsen in these difficult months.

Migrants and refugees must also be considered. Refugees/asylum seekers in overcrowded camps with unsanitary conditions have very limited access to primary healthcare, soap and

clean water, and hygiene material. It is very difficult, if not impossible, to maintain social distancing in extremely overcrowded detention centres and camps. There must be urgent provision of better accommodation and basic food distribution as well as access to hot water and soap. Furthermore, access to healthcare for refugees, asylum seekers and undocumented migrants should be provided without fear - particularly for undocumented migrants – of being reported to immigration authorities. Additionally, ongoing integration support for migrants must continue in some form or we risk negating work already done and pushing migrants further away from employment and social inclusion.

Children who experience poverty and social exclusion will be disproportionately affected by the pandemic. We run the risk of seeing inequalities increase as schools close thanks to the disparities in the support children may receive at home due to their parents'/carers' employment situation, the lack of materials such as laptops, printers etc or where the family exists in a crisis situation. Children will also be affected by the reduced incomes of their parents/carers which could lead to food insecurity and a lack of basic provisions.

The Roma population is among the most vulnerable in this crisis. There has already been increased racist scapegoating of Roma in some parts of Europe with supposedly “special measures” being put in place only for Roma . For the many Roma who are living in substandard housing in overcrowded sites and shanty towns, social distancing, access to clean water, sanitation and medical care is next to impossible. In addition, in many Roma settlements there is an urgent lack of food and access to reliable information.

Employment is a concern for many. We cannot have a rapid escalation in unemployment. Developing alternatives to unemployment such as underwriting salaries, temporary arrangements and re-deployment should be available in all Member States. Employment in the social economy sector must be protected as it will assist many people in multiple ways. Access to employment support for the long-term unemployed or others who find the employment market hard to access must not be suspended indefinitely as to do so will potentially negate what has already been achieved. Member States must not use the current crisis to withdraw financing to projects supporting entry to the labour market.

## What our members are telling us

1. In **France**, our members have been concerned that no provision has been made for people experiencing homelessness to have secure accommodation where their risk of infection can be reduced. They can also see that outreach to the most vulnerable, including migrants and refugees, is lacking. Furthermore, many volunteers who are essential to the maintenance of social programmes are currently unavailable and there is a need to secure additional human resources to meet growing needs. It would be possible to mobilise additional volunteers but there must be resources to train them quickly in the services provided. Our members are also in need of financial assistance, which must be directly provided to the organisations working on the front lines in order to ensure that COVID 19 does not further affect people in situations of exclusion and that they can have basic needs met such as daily meals and health care. They have also proposed that the creation of an online European platform as a tool to provide exchange among other organisations would be very helpful at this time.
2. Our members in **Spain** report that their key work in prisons has been suspended. This will result in a reduction in the support given to prisoners to re-integrate into society, enter the labour market and re-establish independent living following their release.
3. In **Romania**, our members have shared their concern regarding food security among the most vulnerable, as contractors are unable to work and provide delivery of food to hospitals and other care institutions. Some charitable measures have been put in place, but these are not sustainable in the long-term. In addition, Romania is experiencing a high volume of returning citizens who have been working and living in other EU countries. They do not have any resources on returning to Romania and will have delays in accessing social protection. As a result, there are many concerns about how newly returned citizens will be able to maintain a minimum standard of living.
4. In **Serbia**, our members shared that even though there is an important and essential focus on the elderly, other vulnerable groups such as the homeless, migrants and

those who are immunosuppressant, who are also at risk, must also be considered. This is not currently happening. As in Romania, the on-going movement of people from various parts of the EU raises concerns due to a lack of a support system or access to social protection.

5. In the **Czech Republic**, due to the self-confinement restrictions, the work of our members has been severely impacted. Their provision of social and health care services is suffering, along with the population they serve. Residential service facilities have been closed. Home nursing services are currently still in operation; however, day care centres have been closed with a resulting increase in pressure on home care. Diaconia is seeking alternative ways to retain their employees and not dismiss them. In terms of voluntary service, one area severely impacted is food delivery to seniors as more people are restricted in their movements. The government is trying to deploy students to help in social services, however students cannot easily move around due to the confinement restrictions, and additionally public transport has been reduced. Our members recognise that greater assistance will be needed once the crisis is over. They anticipate that unemployment will rise; lack of income will impact many businesses.
  
6. In **Sweden**, members from the Association of City Missions told us that they are trying to address the needs of risk groups represented by homeless, people experiencing poverty, addicts, the mentally ill, elderly, children, families and youth, as well as migrants (EU citizens, newly-arrived, in asylum process and undocumented). They tell us that currently no provision has been made for these groups in government plans.
  
7. In **Italy**, members from the Diaconia Valdese told us that hotels are closed and have started to lay people off temporarily. Service for migrants, refugees and asylum seekers continue, however, in some parts of Italy, such as Sicily, there has been the introduction of new safety rules, particularly in terms of distances between operators and beneficiaries. Humanitarian Corridors (HC) programme is currently still operating, however the situation is complicated as many families from HC reception programme present complex pathologies that consequently could make the current

health crisis more acute. They also had to temporarily close community centres and the border-monitoring project in Ventimiglia. Some of the social housing programmes remain open. Activities for integration into the labour market have stopped and they anticipate that they will struggle to start again, having a major impact both on migrants and adults with poor socio-economic opportunities. Some of the daycare centres for the elderly and for minors remain open, but as of 16<sup>th</sup> March, some have started to close. COVID 19 will clearly impact elderly and disabled care facilities. Because many of the elderly are very weak and ill, they need to be cared for regardless of the virus risk and it is extremely hard to limit contact between personnel and patients since patients must be cleaned and medicated. Personnel have little choice but to be exposed and at greater risk. They are doing their best to serve despite the difficult days and are trying to work on solutions to keep all of their patients, staff and clients safe, but the reality is that there is a real concern over the impact this crisis will have on families and many of those living in poverty.

8. In **Hungary**, our members are responding to economic hardships due to poor public transport, infrastructure and services (e.g. post office, medical care, pharmacy, grocery stores). They have had to start basic childcare services for front line key workers in hospitals as no other support was available. They have already launched a fundraising campaign to support this work, but more permanent, structural funding is needed. They are also helping families and individuals to adapt to this crisis. The lack of professionals is extremely challenging, and the service system is overwhelmed. Our members are following the protocol of healthcare, prevention and providing information to the general public. They are meeting the needs of people on a daily basis, dealing with the long-term social and economic consequences of the epidemic, especially the impact on the disadvantaged population such as those with low education levels, single parents, the over 50s, the seriously ill. There are many concerns about food shortages. As in other countries, the municipalities have suspended health care/ nursing and basic social services, however home care is currently still operating, even though workers are overloaded.

9. In **Austria**, our members have informed us that ESF-funded programmes to integrate migrants into the work force have been suspended and that it is unclear if they can continue. They have been told that this is dependent on EU level decisions on the use of ESF funding at this time.
  
10. The **Salvation Army EU office** is deeply concerned about the declining staffing levels due to restrictions on movement and illness. No funds are available at this moment to bring in extra staff. Additionally, the complete lack of personal protective equipment has resulted in them having to ask supporters to hand-make facemasks and donate them to their services.
  
11. In **Germany**, our members described the devastating impact in the social service and healthcare sectors as they try to continue to work. Healthcare facilities and in-patient care for the elderly are suffering and have been affected by this crisis, most importantly the federal daycare facilities, as they provide workshops and advice for people with disabilities. Out-patient service in nursing care is not able to provide a service due to the insufficient protective equipment. Furthermore, rehabilitation centres, spa and recreation facilities run the risk of reducing or even stopping their service and many people may be left without services which are critical for their health. At the same time, the refinancing conditions in social work and in the health and care sector are already bringing many services to the brink of insolvency.

## **Our Recommendations**

1. The social impact of this pandemic will require ambitious, sustained and co-ordinated action at European level. We therefore call on the European Commission to establish a task force or similar to analyse the social impact and propose responsive actions using all the legislative, policy and financial tools at the European Union's disposal. Such a task force should include not-for-profit service providers and other social actors as well as policy makers.
  
2. The European Commission should provide guidance to Member States on the maintenance of essential social services alongside health services during the

pandemic. Guidelines should assist Member States in assuring sustainability of social services during and beyond the current pandemic.

3. European Union solidarity actions should take into account the needs of the whole of Europe, including the region of the Western Balkans and the Caucasus and near neighbourhood countries such as Ukraine.
4. The European Union must ensure that human rights are upheld in all Member States in their national responses to the pandemic. Access to health care, social care and social protection must not be compromised by discrimination on any grounds.
5. The European Union should assist Member States through funding and distribution, in securing adequate equipment for social and health care providers to be able to safely care for people during the pandemic. This should include medical equipment as well as personal protection equipment. This should be readily available to staff and volunteers in social care environments as well as in health care services. Resources should also be made available to Member States to rapidly test social and health care workers so that the level of care needed at this time can be maintained.
6. Resources should be provided to Member States to expand the current social and health care workforce through additional permanent and temporary staff to alleviate the physical and mental stress experienced by employees and volunteers and to ensure that social and health care services remain sustainable despite potential staff absence.
7. The European Commission should assist Member States in providing training to staff and volunteers in good practice during the pandemic including specific training to support particularly vulnerable groups. This could include establishing a network or similar platform that can provide timely and relevant information on how social service providers are responding to the pandemic and what initiatives the European Union is taking to support them.



8. The sustainability of social and health care services can also be supported by ensuring that emergency childcare for employees in social services is available as quickly as possible and is independent of the professions of other members of the household.
9. Member State social and economic measures adopted during the pandemic must cushion the economic consequences of COVID 19 by taking into account the work of not-for-profit social services so that they can continue to care for and accompany people in need - both now and after the crisis.
10. The European Commission must encourage banks and credit card providers to show greater flexibility to people who are struggling to pay off their debts because of COVID 19-related financial struggles and to offer them financial support.
11. The European Commission must provide guidance to Member States on adequacy of income and ensure that social protection schemes are accessible and delivered with the minimum of delay. Work on developing the Adequate Minimum Income Scheme and Unemployment Reinsurance Scheme must be accelerated.
12. The European Commission should support Member States to meet the basic needs of those citizens returning to their countries but who do not have specific support available. This can be done by ensuring that information on social security co-ordination is available quickly and that there are no delays in accessing social security rights that may have been built up in another EU Member State.
13. The European Union should ensure that Member States have effective programmes to meet the needs of the most vulnerable in our societies and ensure that suitable accommodation, health care and social care, as well as social benefits, are available. For populations such as Roma and people experiencing homelessness, access to water is a must.
14. The European Union should ensure that migrants and refugees, in particular those in reception centres, are afforded the same level of social and health care as any other person in Europe. There must not be in any discrimination or reduction in services.

15. No Member State should cancel or delay existing social integration programmes as a result of the pandemic and they must ensure that such programmes can restart once isolation measures are no longer necessary.
16. The European Union must ensure the sustainability of EU-funded programmes such as work integration services and social inclusion actions beyond the current period as they will need to respond and assist people in a changing economic environment.
17. Specific actions should be taken to ensure educational inequalities are reduced among children who are at risk of poverty and social exclusion and that home-based learning is accessible to all children despite their home circumstances.
18. Families supporting children and adults with specific needs, such as disabilities, cognitive and behavioural syndromes, should be allocated particular support for respite and counselling.

Eurodiaconia will continue to report and follow the social and economic impact of the current pandemic and will come forward with additional recommendations and proposals as the situation develops. We and our members are ready to work with the European Commission and others to ensure that we mitigate as much as possible the social and economic implications of the COVID 19 pandemic. By working together and responding to the realities on the ground we can make a difference.

For further information please contact Heather Roy, Secretary General, Eurodiaconia [Heather.Roy@eurodiaconia.org](mailto:Heather.Roy@eurodiaconia.org).