



Report

Impact of COVID-19 on Diaconal Services

Eurodiaconia is a European network of churches and Christian NGOs providing social and healthcare services and advocating social justice.

Mission

Eurodiaconia is a network of churches and Christian organisations that provide social and health care services and advocate for social justice. Together we work for just and transformative social change across Europe, leaving no-one behind.

Vision

Driven by our Christian faith, our vision is of a Europe where each person is valued for their inherent God-given worth and dignity and where our societies guarantee social justice for all people, including the most vulnerable and marginalised.

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POLICY SNAPSHOT



This paper examines the impact of the COVID-19 pandemic on diaconal organisations. It gives an insight into the impact it has had on the provision of social services, based on input from Eurodiaconia members.



Eurodiaconia calls on the European Commission to prioritise social services in recovery plans and on member states to make sure recovery funds are made available quickly to social service providers.



In the Recovery and Resilience Facility, we must ensure that member states work in consultation with social and health care providers.



As the EU moves towards recovery, the most vulnerable should be prioritised in funding programmes. COVID-19 has created an environment where discussions must go beyond the usual political rhetoric and towards policy proposals that practically mirror the European social and economic realities.



The social dimension must be included in the current response from the European Commission. Protecting SMEs and securing jobs is not sufficient. It is essential that alongside the SURE instrument, member states ensure that social protection schemes are accessible and adequate. No one should be left behind.

About this publication



COVID-19 has significantly exacerbated pre-existing inequalities in society, leaving no segment of the population untouched. The effects of the pandemic are widespread and far-reaching, having an impact on all sectors of the economy and people, with some groups hit harder than others. The people experiencing , the elderly, persons with disabilities, migrants, Roma, refugees, the homeless and children have felt the effect most deeply, and the implications of pre-existing discrimination, vulnerability and neglect have been underlined. While it is too early to assess the impact of the pandemic fully, various reports and analysts forecast the effect on the European economy will be more devastating than that of the 2008 crisis. Much action has already been taken to strengthen health care provision and to protect the economy. Nevertheless, there remain substantial gaps that, if not addressed quickly, may have severe social consequences.

The COVID-19 pandemic has offered an opportunity for the EU and member states to address the social inequalities that existed before the outbreak.

At the same time, the COVID-19 pandemic has offered an opportunity for the EU and member states to address the social inequalities that existed before the outbreak. To adequately fix current structural weaknesses and to effectively deal with the impact on the social sector, we need a more substantial commitment by the EU to ensure and support the resilience of social services. The EU has to empower social service providers and equip them with crisis management tools. The crisis is far from over, and the fear of subsequent waves of the virus remains palpable; as such, drawing lessons from the crisis is crucial. The EU and the member states must work swiftly on better preparedness, at the same time ensuring that no one is left behind. Vulnerable people, more than ever, need to be at the heart of decision-making in the EU.

In March 2020, Eurodiaconia published a policy briefing with recommendations, calling on the EU to protect the vulnerable and address the social and economic impact of COVID-19.¹ We welcome the creation of the SURE instrument (Support to mitigate Unemployment Risks in an Emergency) to safeguard jobs during the pandemic, however it is of absolute importance that the European Commission together with national governments invest in social services and social infrastructure. The crisis has uncovered the negative impact of years of underinvestment in social infrastructure. This must be a priority area in recovery efforts.

Eurodiaconia is a network of 52 churches and Christian organisations that provide social and healthcare 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 offer front line services to the elderly, families and children, persons experiencing poverty, Roma, migrants and refugees, persons without homes, health care and employment through its social enterprises. We have a unique view of the specific challenges on the ground and the emerging needs of the social sector. Our members see the social, economic, health, psychological, emotional and spiritual needs faced by people daily whilst they operate at the forefront in confronting the impact of COVID-19. Throughout the pandemic, our members have continued to provide services, despite the diverse challenges.

During the period of lockdown, Eurodiaconia held a series of online meetings on a variety of topics to understand the reality of the situation in those countries where our members are present. The information presented in this report is based on feedback given by members through webinars and subsequent questionnaires. It exposes the devastating initial impacts of COVID-19, sheds light on the adjustments social service

¹ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/03/Protecting-People-the-Eurodiaconia-response-to-the-Global-Pandemic.pdf>

providers had to make to cope with the situation and also what positive effects the crisis has uncovered.

Finally, the report provides recommendations to the EU and member state governments on measures to support our sector better and to create a favourable social services ecosystem. This crisis cannot be wasted; this is an opportunity for the EU and its member states to put people first, by formulating adequate and suitable social welfare systems. As the EU moves towards recovery, the most vulnerable should be prioritised in funding programs. COVID-19 has created an environment where discussions can go beyond the usual political rhetoric and towards policy proposals that practically mirror the European social and economic realities.

At the time of the publication of this report, many countries in the EU are easing lockdowns but there is also an increasing number of governments already facing the dilemma whether or not to return to strict confinement as the rate of infections increase in Europe. Another confinement will have an effect on economies, Eurodiaconia will continue to report on the socio-economic impact of the crisis as it develops.

Why this publication



COVID-19 pandemic has dealt a devastating blow to the entire European continent. The effects on the provision of social services are far-reaching; funding needs in diaconal services escalated as new forms of care provision emerged. The European Commission needs to engage with organisations providing social services to guarantee their needs are adequately met in recovery programs. Whilst enormous effort has been put in place to strengthen the health care sector and to ensure recovery for SMEs, there remain large gaps in actions taken by the European Union and the member states. These gaps have to be addressed quickly to avoid greater negative economic and social consequences. In the current situation, it is crucial that the EU member states come together in solidarity to tackle social challenges that have plagued the continent, making sure no one is left behind.

COVID-19 has widened the already existing inequalities leaving the vulnerable struggling to deal with the catastrophic consequences.

Amidst the many challenges caused by the virus, our members have reported increasing demand for social services, food aid, psycho-emotional support and financial assistance. They have been providing services with limited financial resources. As such, the EU and the member states should respond swiftly to cushion the severe socioeconomic impact that social service providers face now and into the future.

On the one hand, COVID-19 has widened the already existing inequalities leaving the vulnerable struggling to deal with the catastrophic consequences. It has exposed the fragile nature of our social security, health and welfare systems.



On the other hand, the crisis has made more visible those sectors that are genuinely essential for the smooth running of our societies. In addition to health and care workers fighting the pandemic in severe frontline conditions, workers in agriculture, shops, food production and distribution, delivery drivers, cleaners and garbage collectors amongst others all made substantial contributions to ensure continuity of life in the crisis.

Like every sector, diaconal work in Europe is faced with new challenges, Eurodiaconia members have witness a rise in the needs for food support, mental health/psychological support, housing, and diverse material needs from vulnerable groups. Diaconal social services have suffered financially having to adapt to the new ways of working, embrace technology and extra staff cost. It is therefore important that recovery should take full consideration of citizens, put people at the centre of reforms and ensure that social and health care service providers are sufficiently funded to continue the provision of affordable, accessible and quality services.

Impact of COVID-19 on Diaconal Services

The impact of COVID-19 on diaconal services cannot be underestimated and has had a huge impact on the day to day social service provision of our members, which has led to drastic transformations. First, we will have a broader look at the changes in the world of work, such as staff shortages, the (part) transition to teleworking and online social service provision. Second, we will focus particularly on the care sector, i.e. the lack of personal protective equipment at the start of the outbreak or the continuous struggle to guarantee adequate finances for the provision of quality social services. Third, we will reflect on the impact of COVID-19 on some of the most vulnerable groups affected by it (e.g. the homeless, children, Roma or refugees) from the perspective of our members and how they continue to support them in the best way possible.

The changing world of work



COVID-19 has drastically transformed the world of work. Measures adopted by governments to restrict physical contact to mitigate contagion led to the closure of workplaces across Europe. Employers and employees had to embrace new forms of work, almost overnight. The closure, almost overnight, of sectors that were deemed non-essential led to an immediate and unprecedented increase in unemployment. Furthermore, many people across the EU experienced a significant reduction in working time, some segments adjusted to working on a shift basis, allowing a limited number of persons at a time. These reductions often resulted in reduced income. This “new reality” was also true for our members. Lockdowns and closure of borders also had a devastating impact on seasonal workers² and migrant workers.³ Workers in food services, those in construction, cleaners, kitchen assistants, bar staff and waiters – amongst others - make up the group hit most severely by the pandemic - people who were already towards the bottom of the income ladder. The crisis uncovered (not for the first time) the need for quality employment by bringing once more to light people working in precarious jobs, often not covered by social protection systems. For instance, Eurodiaconia has written a contribution for the CESI #NoPrecariousWork Project in April 2020.⁴ In our contribution, we stressed the need to take targeted steps to cushion the effects of the COVID-19 crisis not only on the

Lockdowns and closure of borders also had a devastating impact on seasonal workers and migrant workers.

² European Commission Communication: Guidelines on seasonal workers in the EU in the context of the COVID-19 outbreak: <https://ec.europa.eu/social/BlobServlet?docId=22866&langId=en>

³ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/02/201912-Promoting-access-to-employment-for-migrants-and-refugees-WEB.pdf>

⁴ <https://www.eurodiaconia.org/2020/04/eurodiaconia-contributes-to-the-no-precarious-work-project/>

elderly people but also on all other vulnerable groups at risk such as the homeless, people living with debt, children, (undocumented) migrants, refugees, asylum seekers, Roma, people with disabilities or people experiencing mental health issues and others. For these groups, income inequality transforms into a matter of life and death as they have limited – and sometimes none at all – access to healthcare services and unemployment benefits. This situation is particularly alarming for low-skilled employees who cannot work from home and/or are required to work with people despite the outbreak.

The following section will explore in more detail some of the key issues raised by our members during the first months of the pandemic.

Staffing shortages

The pandemic abruptly disrupted the way of work, creating substantial labour shortages in diverse areas, from downsizing which affected incomes to considerable alterations in mode of work, suspension and reduction of activities, layoffs, furloughs, closedown of services, working in shifts, teleworking and sick leave.

Our member, The **Salvation Army EU office**, expressed concern about the declining staffing levels in their social services due to restrictions on movement and sickness with no funds to recruit extra staff. There is a need for additional financial resources to allow for the continuous provision of services.

Short-term work

Firms and organisations facing economic difficulties had to temporarily reduce the hours of work by their employees with income support from the state for hours not worked.

In Austria, our member **Diakonie de la Tour** had to adjust their labour market projects, due to the uncertainty of ongoing EU funding and a clear EU direction. They had to use a variety of approaches, including short term work, working on a rotating basis to curtail contagion among the staff and, in some cases, terminate contracts. The same was true for some of our other members.

In Italy, **Diaconia Valdese** had to close their hostels, temporarily laying off people. Activities supporting integrations into the labour market were also stopped, which had a significant impact both on migrants and others with poor socio-economic opportunities.

Teleworking and digitalisation

The pandemic has revolutionised the world of work, with varied impacts from sector to sector. Many people have been obliged to work from home, leading to an increase in the use of digital communication.⁵ Teleworking, which initially was not common in most European countries, has become the new norm. While parts of the work and meetings shifted online; technologies like video conferencing, shared documents and direct messaging were increasingly introduced. As such, digital sectors have grown rapidly during the pandemic. Many educational classes were also taught virtually, enabling students to continue to receive an education whilst in lockdown. However, while the use of teleworking increased within the Eurodiaconia membership, this is not possible for the majority of social services they provide. Throughout the pandemic, our members have tried to continue to provide in-person and personalised services, despite the diverse challenges.

⁵ Eurofound (2020), Living, working and COVID-19, COVID-19 series, Publications Office of the European Union, Luxembourg.



Whilst teleworking has the potential to contribute to a better work-life balance, it also poses difficulties for some, predominantly single parents and those with young children, given the difficulty of combining work and homeschooling.⁶ Especially in the first weeks of the outbreak, our members shared with us their concerns in terms of staff mental fatigue and the risk of work overload as they continued to ensure the provision of social services for their clients.

Further, the digital divide (or the inability to use IT) became even more transparent and increased existing inequalities, either due to the lack of access or due to the lack of skills. Digital poverty has been heightened and

⁶ <https://www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19-first-findings-april-2020>

consequently increasing inequalities for families who could not have internet nor computer access. Our member **Living Hope NGO** in Ukraine told us they had difficulties reaching children when education moved online. In the villages, 44% of children do not have access to computers and 37% have no access to internet making it difficult to provide effective online education.⁷

For diaconal organisations, teleworking is not always an available option. Taking care of the elderly could not be conveniently moved online, neither the delivery of food packages. According to our Danish member **Kirkens Korshaer**, they could practice “physical distancing” but not “social distancing”, as their provision of social services continued to be in high demand.

Lack of social protection

COVID-19 has made the issue of social protection more urgent by making visible those people working in precarious jobs, many without social protection. The pandemic revealed gaps to be addressed in social protection in particular for platform workers, migrants and refugees, people in the informal sector, temporary workers and people with precarious work contracts. COVID-19 has highlighted the crucial need for social protection systems to be stepped up to respond to challenges and ensure a safety net for all, including those registered as self-employed and in atypical employment contracts. It is crucial that social protection systems are accessible to those in all types of work, are concrete, adequate and well-funded.

That is also why, for instance, Eurodiaconia and its members highlighted in their advocacy efforts the need for adequate minimum income schemes

⁷ https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/06/Minutes_Eurodiaconia-webinar-on-child-and-family-poverty-1.pdf

to be introduced in all EU countries. At Eurodiaconia, we have been following and contributing to the discussions around minimum income for the last decade because adequate minimum income (AMI) is at the heart of any realistic, impactful approach at addressing poverty and social exclusion in the European Union. At the EU level, the necessity of adequate minimum income schemes is also manifested in the European Pillar of Social Rights (EPSR) with Principle 14. Thus, as one concrete outcome of the European Commission's public consultation on the implementation of the EPSR⁸, Eurodiaconia joins the call for the adoption of an EU Framework Directive on Adequate Minimum Income as a cornerstone of the upcoming action plan to raise the living and working conditions of millions of people currently experiencing poverty or social exclusion.⁹ Because access to adequate social protection (incl. MI) or to adequate employment and accessible, affordable quality social services are part of that big package that people need in order to fully participate in society. This must be part of the recovery from this current wave of COVID-19 to prevent increased poverty in future waves or other pandemics.

Our member in Ukraine, **Living Hope NGO**, reported an overnight massive loss of jobs with no social protection. They reacted by beginning to distribute weekly food packages to support vulnerable families but, as such, their expenditure rose considerably during the crisis.¹⁰

⁸ European Commission, Have your say on reinforcing Social Europe. Available at: <https://ec.europa.eu/social/main.jsp?catId=1487>

⁹ <https://www.eurodiaconia.org/2020/09/policy-paper-update-adequate-minimum-income-recommendations-for-an-active-inclusion-strategy/>

¹⁰ <https://www.eurodiaconia.org/2020/06/children-are-the-hidden-victims-of-covid-19-out-now-our-webinar-on-child-povertys-report/>

Social Services



Despite many social services being placed under particular pressure during the crisis, social service providers played a central role in mitigating the effects of the crisis: they continued working when other sectors shut down, displayed courage, engagement and flexibility by adjusting their provision of services to accommodate the rapidly changing reality. Nevertheless, COVID-19 created specific difficulties for social services and these have not always been recognised by the responses of national governments or the EU. Inadequate personal protective equipment (PPE), reduced staffing levels and a lack of volunteers have been some of the immediate challenges. Furthermore, due to their not-for-profit nature, our members have not been able to draw on accumulated profit to fund new demands. Financial support is needed from the EU and member states to provide additional equipment, to engage more staff and train them for working in this new environment.

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Funding must come quickly, not only to member states but also directly to social and health care service providers. Administrative hurdles and bureaucracy must 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 continue to play their essential role at this time, economic security must be guaranteed. Some member states, such as Germany, have taken action to support the sector but this has been the exception rather than the rule and the European Commission should issue guidance to member states on how to protect and support social services at this time as part of the response and recovery actions.

Long-term care

The impact of COVID-19 on the elderly and their care workers has been enormous. According to the OECD, the bulk of COVID-19 deaths were among the elderly, especially those aged 80+ who represent 50% of those receiving long-term care (LTC)¹¹. Shortages of hospital beds led to the quick discharge of patients into the community without adequate testing, thereby transferring the risk from hospitals to care homes, putting an enormous strain on LTC systems across the EU. While member states understandably rushed to support their healthcare systems, most were much slower at providing adequate support and guidance to those working in LTC.

The crisis has highlighted pre-existing structural problems in the long-term care sector. The acute shortage of staff, lack of experienced, qualified caregivers, poor working conditions, lack of personal protective equipment, gruelling long hours of work, low wages, poor integration of different aspects of care and low uptake of digital solutions have all been underlined by the pandemic. These are problems that can not be overlooked any longer.

Governments must act by building resilient and accessible systems that prioritise integrated care. There is a need for better cooperation between health care services and long-term care services. Furthermore, Europe must ensure that the growing number of elderly persons have access to quality and affordable long-term care, not just healthcare. Member states must act quickly to adopt actions and policies to adequately cater for the ageing population and build resilience against any future crises.

¹¹ <http://www.oecd.org/coronavirus/policy-responses/workforce-and-safety-in-long-term-care-during-the-covid-19-pandemic-43fc5d50/>

Personal Protective Equipment (PPE)

At the start of the outbreak, lack of personal protective equipment (PPE) such as masks, face shields, gloves and disinfection gel was of great concern to nearly all of our members. Care workers did not enjoy the same protective measures as workers in the health sector. There was also a lack of training support on how to properly use the PPE that was provided.

Our members in Austria, Italy, the Czech Republic, Serbia and Slovakia all reported issues related to the lack of PPE at the beginning of the pandemic. It was also frequently unclear who would bear the financial burden of providing PPE, the government or care facilities.

Diaconia Espana, our Spanish member, had a mask-making workshop for refugees and women survivors of human trafficking. The initiative served as both a community-building exercise and to support the provision of personal protective equipment.

Furthermore, testing for COVID-19 being limited to symptomatic persons only disproportionately contributed to the increasing number of cases of the virus in LTC homes.

Staffing

The pandemic highlighted yet again the urgent nature of long-standing chronic labour shortages in the care sector. Movement restrictions and closure of borders further worsened labour shortages. While resources were mobilised both by the EU and national governments to engage additional staff to work in the healthcare sector, the LTC sector was not given the same priority. Shortages of staff obliged service providers to be creative to keep providing services. Nevertheless, new forms of service provision often meant increased costs.

One initiative which aimed to tackle the shortage of staff was the *Nursing Star* campaign which aimed at bringing together former nursing staff with institutions which required additional assistance during the COVID-19 pandemic, joined by our German member **Diakonie Michaelshoven**. Former health professionals who wished to join their colleagues in the fight against the disease could do so by registering at a specially-dedicated website which had established partnerships with various care facilities and hospitals across the country. Upon completion of a simple registration procedure, participants were almost immediately able to receive offers from different institutional care centres and medical facilities based on their previous experience. The initiative received the support of over 50 social and medical care institutions from all parts of Germany.

In the Czech Republic, our member **Diaconia ECCB** was able to maintain sufficient staffing levels thanks to the willingness of some care workers who could no longer work in their usual roles (e.g. in day care facilities) being willing to work in residential care instead.

Our Austrian member, **Diakonie Austria**, faced staffing issues due to border closures, in particular in the border area with Slovakia, as many LTC workers live in Slovakia but work in Austria.

Diaconia Valdese, our Italian member, provided counselling support to their staff. They expressed difficulties with maintaining staffing levels as, in some facilities, there is a small staff rotation and so there is very little room for replacement in the event of anyone falling sick or needing to self-isolate.

Use of technology

Due to the restrictions put in place to limit the number of non-residents in care homes, many of our member organisations have had to embrace technological solutions in order to maintain good communication between residents and their families. Our Austrian and Slovak members launched a successful fundraising scheme to buy tablets so that they could

connect residents with their families. In the Czech Republic, the regional government provided some tablets but it was more symbolic than practical with only one tablet per 100 residents.

Our member in Slovakia, **Evanjelická Diakonia**, asked their Facebook followers and members of the Evangelical Church in Slovakia to pick up a fairy tale of their choice and record themselves while reading it aloud. The recordings were then projected in seven different nursing homes run by our member to keep the elderly company and comfort them during difficult times.

Also, **Svenska Kyrkan**, our Swedish member, had to strengthen its on-call clergy service to give people spiritual support and the opportunity to share their concerns, fears and questions with them. The on-call clergy service witnessed a steady increase in the number of calls, with an average of 200 calls per day.

Impact on residents

Whilst the measures adopted by governments to control infection sought to protect residents in care homes, they also had the potential to have a negative impact on the mental health and well-being of residents. Changes in everyday routine in a new, unpredictable situation, the suspension of visits from family members, the introduction of new rules: all had a massive impact on residents.

Social distancing, isolation, visit bans to care homes, grandparents not allowed to take care of their grandchildren: all contributed to increased loneliness, and in some cases, the cognitive decline of older people.

This was particularly the case for those people suffering from dementia. According to a study carried out in Germany, 70% of 1,000 people surveyed said that the general condition of relatives who lived in nursing

homes had deteriorated during the lockdown. And as many as 65% complained about a decline in cognitive abilities.¹²

In Austria, our member witnessed difficulties for residents with dementia, who were often confused and in constant fear. Due to the small size of the homes they operate, they managed to continue some activities from their balconies or in the garden. Similarly, **Slovakia Evanjelická Diakonia** organised activities such as balcony concerts to entertain residents.

Our members in Italy had to become like 'good parents' in handling those residents experiencing anxiety, and they hired professional animators to provide entertainment to the residents.

In the Czech Republic, our member started a campaign asking people to write letters to the elderly in homes which were read to the residents to help them cope with the absence of family.

Finance

Diaconia Valdese in Italy is very concerned about the impact of this crisis on their finances. They are also worried about the impact of media stories about some extremely upsetting circumstances in very few care homes in the country (neglect, violence and abuse) and how it may undermine the excellent work being done in all the rest. Many of their services had to stop and it was necessary to increase human resource budgets in order to cover colleagues on sick leave and hiring of extra staff for cleaning and other sanitary measures.

Similarly, **Diaconia Austria** has expressed great concern over financing. They estimated that they have spent an extra EUR 200 million in order to meet the extra costs just for the first four months of the crisis. If financial

¹² <https://www.euractiv.com/section/non-discrimination/news/structural-discrimination-against-elderly-increased-during-covid-19-says-fra-study/>

support is not provided then it will be very hard for them to maintain their usual services.

In the Czech Republic, our member **Diaconia ECCB** has great concerns over the financial implications of the crisis. They do not want to have to cut social services but their social academy lost 1,000,000 Kč in one month. The revenue from the academy and related services supports the work that ECCB does. Likewise, **Diaconia Center of ELCL** in Latvia also incurred extra costs due to the need to purchase personal protective equipment. Another member, **Bräcke Diakoni** in Sweden, also expressed concerns regarding the future of the foundation given the increased costs they incurred due to COVID-19.

Social enterprises

Social enterprises have also suffered enormous losses due to containment measures. Many of them are essential services and have had to shut down, including social enterprises.

This was the situation in Denmark with the closure of around 230 charity shops run by one of our members, **Kirkens Korshaer**. This has had a knock-on impact on the funding of support services for people in poverty. Similarly, many social enterprises have experienced a reduction in funding from their usual donors which has led to the suspension or postponement of some activities.

Our member, **the Ecumenical Humanitarian Organization** in Serbia had to postpone some activities due to confinement which had major implications for their financing. Also, our member in Czech Republic, **Diaconia ECCB**, reported a close down of restaurants and cafes leading to temporary unemployment of some staff.

Impact on the Vulnerable



The crisis brought to light the vulnerability of some groups in our society. Due to the COVID-19 crisis, in many countries poverty and social exclusion have been radically exposed, with images of long lines at the overwhelmed food banks due to the sudden drop or lack of income of people who have lost their jobs, and families now forced to live on a reduced income with increased costs.¹³ The situation of people suffering from mental health, drug addiction worsened during the lockdown period. Some of our members reported an upsurge in the demand for psychological counselling. Homelessness increased when many facilities closed and there was an upsurge of makeshift shelters for the homeless and those sleeping rough. Children in families experiencing poverty faced challenges following online education due to a lack of computers and digital skills. At risk of more exploitation and discrimination were groups like migrants, refugees, and the Roma population.

The situation of people suffering from mental health, drug addiction worsened during the lockdown period.

People Experiencing Poverty

The pandemic has hugely worsened an existing circle of poverty, deprivation and social exclusion. It has made more visible inequalities in Europe. Lockdown or confinement measures had an overwhelming,

¹³ <https://www.eapn.eu/the-impact-of-covid-19-on-people-experiencing-poverty-and-vulnerability-eapn-report/>

negative impact on already poor households, whose incomes were already inadequate for them to afford a decent standard of living. Unemployment, compulsory furloughing and lack of access to adequate financial support, particularly with increased costs, caused financial problems and anxiety that could be reflected in the internal life of families and other households, particularly in single parent families.¹⁴ Poverty has always been a reality in society, but the situation of the poor has hugely deteriorated. Reports indicate that the pandemic will push 71 million people worldwide back into extreme poverty in 2020, in what would be the first rise in global poverty since 1998.¹⁵ This increase in poverty is reflected in the number of people turning to food banks for sustenance.

Our Member, **Living Hope NGO** in Ukraine, turned to giving out food packages on a weekly basis for the first time due to a massive loss of jobs.¹⁶

Children

As COVID-19 spreads from country to country, affecting mostly middle-aged and older people,¹⁷ the situation of children can easily be overlooked. However, the virus has also made them victims. It has turned their life upside down. Children are losing their sense of normality as schools close, as they play less with peers of their age and are restricted to quarantine. For some, this also comes with a sense of losing their security.

Furthermore, the consequences of the crisis will continue impacting children and their development in the years to come, and the existing

¹⁴ <https://www.eapn.eu/the-impact-of-covid-19-on-people-experiencing-poverty-and-vulnerability-eapn-report/>

¹⁵ <https://unstats.un.org/sdgs/report/2020/finding-transformative-pathways-in-turbulent-times/>

¹⁶ https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/06/Minutes_Eurodiaconia-webinar-on-child-and-family-poverty-1.pdf

¹⁷ https://www.ean.care/media/fileman/Newsletters/EAN_Newsletter_Sumer_2020.pdf

inequalities are only expected to grow. Our member, **Lutheran Church Sweden**, told us children who relied on free school lunches for nutritious and filling meals, for example, run the risk of malnutrition and the financial pressure the lockdown has put on their parents doesn't help with the provision of enough and quality food needed for a child's development and growth either. Reintegration into school will also not be smooth for many children, especially for those from less favourable backgrounds, children with no access to computers, internet and other technical material needed for educational purposes and/or are surrounded by non-simulating settings. Current educational inequalities are expected to grow, and equal chances for kids to thrive is under pressure. In line with this, there is an anticipated increase in the number of school dropouts due to the pandemic.

Moreover, child poverty, which was already a problem in the EU, is expected to rise. In 2019, 24,5% of European children were at risk of poverty and social exclusion.¹⁸ With increased unemployment of parents and increased financial pressure, this percentage will worsen in the coming months and years. Children living in poverty are affected because of their parents' situation. Not only is the financial crisis causing financial struggles within households, but it is also creating a reduction of public services, social care and family support services. Together with the social distancing measures, the financial crisis is endangering the crucial work provided by social services for children in need, children in alternative care and children with special needs. The current situation is also putting a strain on child protection services which increases the risk of child domestic violence. There has been a surge in reports of domestic violence against women and children. The EU should put the best interest of children at the core of the EU's recovery strategy. The specific reference to the European

¹⁸ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/06/Revision-of-Policy-Paper-on-Child-Poverty-July-2019.pdf>

Commission's and European Parliament's proposal for EU member states to earmark 5% of their ESF+ resources to tackle child poverty is welcome and we urge the Council of the EU to support this proposal. Eurodiaconia, as part of the EU Alliance for Investing in Children, has been calling the European Commission to take a rights-based integrated approach in tackling child poverty and to incorporate the three Pillars of the Investing in Children Recommendation¹⁹ in its proposal for the European Child Guarantee. The importance of this approach has been also reflected in the Final Report of the Child Guarantee Feasibility Study Phase I, which proposes that a Council Recommendation on the Child Guarantee would "complement and build on" the Investing in Children Recommendation.²⁰

Finally, the general health of children can be questioned. There is less access to health care possible due to the restrictions and reduced demand in health care services has been observed. Besides, COVID-19 is interfering with primary health care programs such as vaccination, and children are directly suffering from the impact the virus is having on the health of their family members, both physical and mental. Children with no access to housing also don't have the ability to socially distance, self-isolate or quarantine themselves. This puts them and their families at higher risk of getting infected and infecting others in their surroundings.

With the closure of schools, the challenges of staying at home were enormous for children with disabilities. Parents were expected to take on the care and assume teaching their special needs kids at home and most often not equipped to help their kids adequately. In some countries, children in special education did not receive any guidance, training nor pedagogic support. This will regrettably worsen the existing inequality in our education systems.

¹⁹ Access to resources, access to affordable quality services, children's right to participate

²⁰ Chapter 9 of the Final Report of the Child Guarantee Feasibility Study Phase I
<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

The pandemic particularly hit children in a precarious situation. The pandemic heightened the dire situation of children in overcrowded refugee camps on the Greek Islands living in refugee accommodation, and most had no access to laptops and internet connection to follow lessons online. Moreover, refugee parents most often did not have adequate language skills to carry out homeschooling meaningfully. The proposed Child Guarantee aims to reduce the gap between children in need and to better support the integration of children in migration. This is the opportunity for clear earmarking of funding for children in the next European Multiannual Financial Framework.

In addition, Children in foster families were also negatively impacted by the pandemic. Our member, the **Hungarian Reformed Church**, runs a network focused on foster families with over 1200 children in 500 families. They told us that most families during the confinement with more than three children did not have enough technical materials like laptops, and tablets to continue with their studies. Also, foster parents in some circumstances were not qualified to teach children at home, in some situations, the foster parents who still had to work faced the challenge of who to take care of the kids. Therefore, the **Hungarian Reformed Church** had to provide online assistance to the parents with homeschooling. They equally organised training sessions for foster parents on different activities for the children in lockdown.

Homelessness

Also, the crisis has had a far-reaching impact on persons without homes; they have been at a high risk of transmission. More so, homeless persons face various barriers to accessing healthcare as well as information, hygiene and isolation spaces. At the time countries were in lockdown, and everyone was expected to stay at home, staying home was far from reality for the homeless. While many retreated to their homes and stocked up food and other essentials, homeless people had no home to go. Homeless

people have been a medically high-risk population, disproportionately affected by poor health and disability and therefore face higher risks of dying if they contract COVID-19.²¹ Again, homeless people have had problems in accessing social services in countries where the system is built on identification through an individual's address. **Diakonie Austria** continued to provide homeless people with hot meals and drinks. They created a corona aid fund to collect donations for people in difficult circumstances. In Finland, homeless street vendors were stopped from continuing their vending. Our Member, **Helsinki Diaconia Institute**, had to provide emergency accommodation shelter to the homeless Roma predominantly from Romania and Bulgaria.

FEAD, the Fund for European Aid for the most Deprived, is a support instrument for organisations combatting the worst forms of poverty and food deprivation, as well as homelessness and the material deprivation of children. In April, the Commission took the initiative to amend the Fund for European Aid to the Most Deprived (FEAD) as part of the Coronavirus Response Investment Initiative Plus CRII+ package.²² Eurodiaconia welcomed this package as it introduced more flexibility and liquidity for member states. For example, it became possible to deliver food aid and basic material assistance through electronic or other types of vouchers and to provide the protective equipment, and thus lower risk of contamination. Further, it was made possible to finance measures at 100% for the accounting year 2020-2021.²³ On a Green initiative and the active support of Eurodiaconia (together with Caritas Europe, FEANTSA, the Red Cross) the European Parliament convinced the Council that the organisations working with the people are best placed to decide whether electronic or other types of vouchers work. At the beginning, the Commission was too

²¹ <https://www.feantsa.org/en/news/2020/03/18/covid19-staying-home-not-an-option-for-people-experiencing-homelessness?bcParent=26>

²² <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9690&furtherNews=yes>

²³ https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_574

restrictive in their mindset assuming that electronic vouchers would work for everyone.

Homelessness has been on the increase and the pandemic only made it worse. Our member in Sweden told us due to lockdowns in countries as Italy, Spain, France and Romania, many migrants were not able to do any changes on their situation, and many were forced to live in homelessness, as their paper legalisations were paused with authorities slowing down their services.

Migrants and Refugees

Migrants were equally struck by the COVID-19 pandemic, besides being among those most exposed to the virus, they were also one of the groups that were least protected, and due to their migration status affected in particular ways.

Migrants Access to employment

The pandemic worsened unemployment for refugees and migrants. As a vulnerable group, they became even more exposed to severe exploitation as they tried to secure a livelihood.

Not only was application processing for asylum seekers initially suspended or delayed in many countries during the lockdown, other challenges such as the delayed processing of residence permits of migrants had a significant impact on their right to stay and work in the countries where they lived, leading many to become undocumented and at further risk of exploitation. For example in Finland, during the lockdown, our members reported an increasingly challenging situation for economic migrants who were not able to get a residence permit based on work. Many also lost their jobs and consequently their right to stay because their residency was dependant on continued employment.

In addition, due to the lockdown, the agricultural sector in Finland experienced a shortage of seasonal workers, as such they had to turn to EU migrants from mostly Eastern Europe, including Roma to fill the jobs in fruit and vegetable farms.

In Czechia, our members reported approximately 622,000 (12% of the total labour force) migrant workers registered in 2019 working in construction, transport, agriculture and food production. Restrictions imposed due to Covid-19 meant a drop in the number of migrant workers who could work in sectors that Czech workers were unable to fill. Migrants were at a higher risk of dismissal, partly due to little knowledge of the labour law in Czech and exploitative conditions imposed by the employers. In addition, they were unable to find jobs due to expired resident permits, and the possibility of renewal was slow due to the government measures.

Undocumented Migrants

The pandemic further exacerbated the exclusion and vulnerability of undocumented migrants. In many EU countries, undocumented migrants do not have access to health care nor health insurance, but were at the same time highly exposed to the virus as a result of being employed as frontline workers in essential jobs, such as cleaning, care work, and the agricultural sector.

Due to their informal employment in sectors that have also been badly hit during the pandemic, such as the hospitality and tourism sector, many lost their jobs and livelihoods when these jobs disappeared, and as a result could no longer pay their rents and faced the risk of eviction. Non-governmental organisations, including our members have stepped in to help through emergency provision

Migrants and access to services

Measures adopted to curtail the spread of the virus such as lockdowns and limitations on non-essential economic activities and public life impacted the capacity of NGOs to provide essential services to migrants in need.

At the time of confinement, our member **Diaconia Valdese** in Italy told us that language and professional courses were interrupted, and migrants and refugees faced difficulties in understanding social distancing and public health rules due to language barriers. **Diaconia Valdese** adapted by moving some services online, but it was difficult for some migrants to access these services because of a lack of computers and an internet connection.

In Sweden, many faced restrictions on accessing support. In Stockholm, a number of charities and support centres had to close their activities, and many migrants could not access food and basic necessities.

Our Swedish member also reported migrants suffered from lack of proper and accessible information on the measures taken by the governments to fight the spread of COVID-19.

As a result of the pandemic, the number of migrants and refugees in need of help to access food and accommodation is also on the rise in Spain. During the lockdown, our Spanish member **Tharsisbetel** were delivering more than 1400 daily servings of cooked food to groups of migrants who could not afford a warm meal during confinement. Similarly, when migrants in Romania could not pay their monthly rent, our member **AidRom** stepped in to help pay rent for the most vulnerable migrant families. They also offered the opportunity for the homeless to stay in the AIDRom accommodation center and launched a campaign dubbed 'adopt a family in need' with the focus on big companies to offer aid.

In Serbia, our member **Ecumenical Humanitarian Organization** told us they had to stop their activities in the asylum reception centers during the lockdown, which meant projects that focused on providing migrant women

and children social and vocational skills as well as psychological support were suspended.

In Germany, our members reported limited access to advising on dismissals, short-time work and benefits. Migrants who mostly occupy low-paid work were disproportionately affected and will more likely plunge into financial difficulties.

Migrants and essential work

On the other hand, the pandemic exposed the undisputed importance of migrants in the labour market, especially in the agricultural sector. Similar observations were shared by our members in Finland, Sweden, Iceland, Czech Republic and the Netherlands.

Migrant workers have been at the frontline of the response to the COVID-19 crisis. Their crucial contribution to support European economies, public services and to fill labour shortages became clear.²⁴ Therefore, this is the time for the EU to promote more inclusive societies and invest in migrant integration in the labour market and other areas. It is a smart and worthwhile endeavour as evidently demonstrated by the crisis.

Roma

The COVID-19 pandemic significantly brought to light the structural long-standing exclusion, inequality and vulnerability of Roma communities. Like other vulnerable groups, many Roma families who were already disadvantaged in the society faced the brunt of the virus.

During the lockdown, they were among the first to lose their jobs, as many are employed in low skilled precarious jobs. For instance, the majority of

²⁴ <https://www.etuc.org/en/document/overlooked-migrant-workers-covid-19-crisis>

Roma in Finland were involved in the sale of street magazines. With that activity suspended because of lockdown, they had no source of income or access to social protection.

As measures were put in place to curb the spread of the virus, non essential workers were expected to stay at home, but many Roma minority groups had no homes to go back to in the face of confinements. Even in the case where there was a home, too many Roma live in poor sanitary conditions, lacking access to drinking (tap) water, basic hygiene and basic public infrastructure²⁵.

Also affected greatly were children from Roma families, who lacked computers and the internet to follow lessons online, which is particularly the case in remote areas where internet access is nonexistent. In some cases, Roma parents who could neither read nor write and lacked formal education were not able to homeschool their kids. As a result of the pandemic, many organisations working with Roma expect an increase in school dropouts in Roma communities.

Our member, the **Evangelical Church of Greece** told us Roma children have fallen back on their studies due to the inability to access distance learning. The church has stepped in to provide monthly internet fees for some families as well as computers.

On a positive note, according to reports from our member **Church of Sweden**, Roma do not have rights to healthcare in regular times but due to the pandemic, were granted the same rights to access healthcare as undocumented migrants in the Stockholm region on a temporary basis.

²⁵ https://ec.europa.eu/info/sites/info/files/overview_of_covid19_and_roma_-_impact_-_measures_-_priorities_for_funding_-_23_04_2020.docx.pdf



Also, the pandemic presented an opportunity to change some stereotypes about Roma communities, in the UK, Roma joined **The Salvation Army** in delivering food packages to people in need.



In Kirkens Korshaer we have met socially disadvantaged people who have been under pressure during the closure of Denmark due to the Corona crisis. The pressure on them was and remains hard, not only concerning their basic needs but also psychological requirements.

Helle Christiansen, Director of Kirkens Korshae

Recommendations for the EU



The social impact of this pandemic is enormous, the EU must take quick coordinated actions to ensure that people are at the heart of funding decisions. We call on the European Commission to establish a task force to analyse the social impact and propose responsive actions using all the legislative, policy and financial tools at the European Union's disposal.

The European Commission should provide guidance to member states in assuring sustainability of social services in the Recovery and Resilience Facility.

We call for a stronger cooperation and solidarity in the whole of Europe and for support to the Western Balkans and Eastern Partnership.

The EU must ensure that the EU recovery plan benefits people experiencing poverty and vulnerable.

The EU must take quick coordinated actions to ensure that people are at the heart of funding decisions.

The European Commission should provide guidelines to member states to build inclusive labour markets and ensure that the financing of social protection is equitable.

Social service providers are in need of urgent funds, we call on the EU to make funds accessible and for a simplification of the application procedure and clear administrative requirements.

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.

There is need to boost social investment in social services and welfare. Social services providers incurred enormous unforeseen cost due to COVID-19, this should be reflected in recovery programmes.

Recommendations for member states



Member states should grant regularisation to asylum seekers and undocumented migrants in the face of the crisis, as was the case in Portugal.

National governments should engage with civil society for an inclusive strategy for recovery.

Member states should ensure that needs of the most vulnerable in our societies are met. Roma populations, for instance, must have access to water, affordable and decent housing, health and social care.

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.

National governments should engage with civil society for an inclusive strategy for recovery.

We recommend raising awareness of the role played by social service providers, especially diaconal organisations, in mitigating the impact of the pandemic on vulnerable groups, people at risk of social exclusion. These are organisations that ensure we have more cohesive societies.

Digital transition should take into account the needs of elderly persons. National governments should improve access to digital tools for elderly people. It should be accessible to persons with disability.

Member states need to strengthen social inclusion and involvement of Roma beyond the COVID-19 crisis.

RECOMMENDATIONS AT A GLANCE

The European Commission must provide guidance to member states to assure sustainability of social services in the Recovery & Resilience Facility.

The EU must ensure that the EU recovery plan benefits the poor and vulnerable.

We call on the EU to make funds accessible and for simplification of the application procedure and clear administrative requirements.

Social services providers incurred enormous unforeseen cost due to COVID-19, this should be reflected in recovery programmes.

We call on the European Commission to establish a task force to analyse the social impact and propose responsive actions using all the legislative, policy and financial tools at the European Union's disposal.

The European Commission should provide guidelines to member states to build inclusive labour markets and ensure that the financing of social protection is equitable.

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.



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