



Report

Second Report on the 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 organizations 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 marginalized.

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POLICY SNAPSHOT



This paper looks at the medium and likely long-term impact of COVID-19 on the provision of social services, based on input from Eurodiaconia members. It highlights the importance of prioritising social services in recovery measures.



This paper is addressed to the European Commission's Recovery and Resilience Task Force and to National Authorities in Member States.



In this report, we look at the impact COVID-19 has had on social service providers and its effects on quality of care, staffing and funding. The report outlines our recommendations to the Commission for the recovery efforts.



Throughout the pandemic, Eurodiaconia members have continued the provision of social services to the most vulnerable in society. They have experienced diverse challenges from low income streams, staff shortages and the impact of a rapid digital transformation. We must therefore ensure that these service providers are neither by-passed nor excluded in recovery plans..



Social services are essential services, yet, too often are not sufficiently recognised. COVID-19 has made it urgent for social investments to be included in the response of member states and the European Commission. We must rebuild better and construct a more resilient Social Europe where no one is left behind and where people are able to enjoy their human dignity.

About this publication



Eurodiaconia is a network of 52 organisations in 32 European countries providing healthcare and social services and advocating for social justice. With over 30,000 service centres, approximately 800,000 staff and over a million volunteers around Europe, our members offer frontline essential services to the elderly, families and children, persons experiencing poverty, migrants, Roma, refugees, people without homes, health care, and employment through its social enterprises. . Founded in the Christian faith, together with our members, we work to ensure that our societies guarantee social justice for all people, including the most vulnerable and marginalized. We aim at strengthening diaconal service provision so that as many people as possible have access to affordable, high quality and accessible social and healthcare services. Since the outbreak of COVID-19, our members have continued to provide services amidst many diverse challenges. Yet they are at the forefront, making sure the most vulnerable are not left in the cycle of disadvantage, further worsened by the pandemic. Throughout the pandemic, Eurodiaconia has held several online meetings and webinars to understand the reality on the ground in the countries where our members are present. Some of the information given was published in an earlier report¹ exposing the devastating initial impacts of COVID-19 on social service provision. This follow up report looks at the medium impact the crisis has had on social service providers based on interviews carried out

But the EU must ensure that no one is left behind, especially social services. They must not be an after-thought, recovery measures must go beyond just saving jobs.

¹<https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202009-Impact-of-COVID-19-on-Diaconal-Services.pdf>



in November and December 2020. However, it is still too early to say with certainty what the long-term effects will be. Nevertheless, the EU must ensure that no one is left behind, especially in the social services sector. Our sector must not be an afterthought; recovery measures must go beyond just saving jobs and restarting the economy but also towards building resilience in the social sector. The EU and member states must look at what can be done to sectors and persons hit hardest; the long-term care sector, children, migrants, refugees, Roma, persons with disabilities, people experiencing homelessness, persons at risk of poverty and exclusion and low-income earners. The recommendations in this report are based on the experience of our members who are on the ground dealing with the impact the virus is having on people and the services they need.

Why this publication



The outbreak of COVID-19 has had a devastating impact on the world and the entire European continent, leaving no one untouched. The crisis has forced change on the way millions of people work and live. However, not everyone has been impacted the same; certain vulnerable groups bear the brunt of the virus more than others. Social services have been under pressure, Eurodiaconia members have witnessed an increased demand for services; they provide services to persons with economic, health, psychological and spiritual needs. Our members across Europe report a massive increase in the number of people previously at risk-of-poverty now being pushed into poverty.

Social services play an essential role in supporting the marginalised and making sure people live in dignity, enjoy their fundamental human rights, fulfil their potential and participate in society.² They

are essential for fostering inclusive growth; expenditure on these services enhances human capital and thus is a form of investment with a mid-to-long-term return to individuals, society and the economy as a whole.³

Social services play an important role in supporting the marginalised and making sure people live in dignity.

The crisis has laid bare the effects of years of under-investment in social services. The challenges that plagued the sector have been exacerbated, such as: staff shortages, insufficient funding, and quality standards amidst increase demand. Despite the action taken by the European Union and

² <https://ec.europa.eu/social/main.jsp?langId=en&catId=794>

³ <https://ec.europa.eu/social/main.jsp?langId=en&catId=794>

member states to strengthen health care provision and protect the economy, there remain significant gaps in the social care sector. If these gaps are not addressed quickly, we will face severe economic and social consequences of more significant proportions than those following the 2008 financial and economic crisis.⁴ This report will look more closely at the impact the pandemic has had on the quality of social services, staffing and the influence of digitalisation on the provision of services. Delivering high-quality social services is crucial to Eurodiaconia members, but the pandemic is challenging quality standards for some organisations. Whilst Eurodiaconia members have continued to provide social services through self-funding, we are concerned about the sustainability of these services. To ensure the continuity of provision, social services must be adequately funded and adequately equipped

Eurodiaconia welcomes the political agreement on the Recovery and Resilience Facility-(the main European recovery fund). However, the instrument must not lose sight of addressing the social impact of the crisis it intends to respond to as well as the green transition and digital transformation. Whilst saving jobs and efforts to rescue the economy is clearly vital, the EU and Member States must ensure that social services are not relegated to the back of the queue. COVID-19 is not only a health crisis but a socio-economic crisis that is widening social inequalities in our societies. Therefore, people and their wellbeing must be at the centre of be it the Green Deal, Recovery and Resilience Facility, economic stability or productivity. Action is needed now to ensure quick recovery in social service provision and also to build resilience of the sector.

⁴ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/06/Protecting-People-the-Eurodiaconia-response-to-the-Global-Pandemic.pdf>



Impact of COVID-19 on Staffing



The pandemic is having an enormous impact in the world of work with significant alterations to the way people live and work. New forms of work have emerged with teleworking being the default for some sectors with the exception of most social services. Prior to the pandemic, social services have been faced with the challenge of recruiting and retaining staff to match the increasing demand for services. In the long-term care sector for instance, reports reveal the impact of demographic change in Europe; people are living longer leading to an inevitable increase in demand for care.⁵ Unfortunately, this increase in demand has not been matched by investment.⁶ Staffing challenges have now been worsened by the outbreak. Besides the labour shortages, COVID-19 is having a huge impact on care providers as well as staff providing social services. A cross section of our members expressed concerns in terms of staff mental fatigue and the increased workload amidst efforts to continue service provision.

Prior to the pandemic, social services have been faced with the challenge of recruiting and retaining staff to match the increasing demand for services.

Our German member **Kaiserwerther Verband**, talks of the extra effort they have had to put in to comply with Corona regulations in nursing homes; the staff have been overwhelmed with many falling sick from the virus. There

⁵https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impactdemographic-change-europe_en

⁶<https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/12/LTC-Policy-Brief-FINAL.pdf>

is no business as usual; face-to-face meetings, disruptions in delivery of services all contributing to the toll on the staff.

In Czechia, our member Diaconia **ECCB**, was also faced with a reduced work force. With the close-down of schools, mothers were often required to stay at home to care for their children, while, other workers were either in quarantine or ill with COVID-19. With the reduced work force, the remaining staff are overwhelmed with the workload. A similar situation is reported by our Serbian member **Ecumenical Humanitarian Organisation**. Their staff are faced with an enormous work load; adapting to the different changes is also taking a toll. Also, in Italy, some staff in **Diaconia Valdese** have been experiencing burnout, especially workers in elderly care facilities. To cope with the stress, they have introduced monthly group sessions with a psychologist and provided other avenues to support those needing help.

Another challenge **ECCB** faced at the start of the pandemic was dealing with ambiguous government regulations on COVID-19 which were sometimes difficult to understand. In order to help the staff cope with the pressure, they established support groups online where the director shared regular encouragement videos to all employees. They also launched an internal website for the directors of Diaconia centres to share information on regulations, recommendations and a crisis communication manual.

In Romania, our member **Fundatia Filantropia Timisoara** has had to lay off some of its workers due to limited funds to sustain the workforce

Diakonhejemmet, our member in Norway, as well as **Haraldspass Diaconal Foundation** both faced a similar challenge in the spring as they reported a need for extra staff in their care services but they managed the situation by mobilising qualified health care professionals through a creative 'SoMe' scheme.

Meanwhile, in Slovakia, our member **Evangelical Lutheran Diaconia in Slovakia** has its employees tested for COVID-19 every two weeks to easily



detect infection cases within the staff. Moreover, the employees have had to stay in the hospitals, working 24/7 to help people who are sick.

Diakonie Deutschland, on their part, expressed increased difficulties for mobile social work and problems with securing enough personal protective equipment for the staff.

In all, the challenges social services staff have faced so far have been huge, but they adjusted to the present situation to continue providing services. National governments and the EU therefore must ensure the sector is duly recognised and prioritised in the implementation of recovery programmes. Efforts should be taken to make employment in social services attractive and to ensure that adequate support is available for the practical and mental impact of working during a pandemic.

Impact on Quality of Services



The Voluntary European Quality Framework for Social Services of 2010 aimed at developing a common understanding on the quality of social services within the EU by identifying quality principles that services should fulfil. The framework recognised the close relation between quality of service to skills and working conditions of workers in the sector.⁷ As such, COVID-19 is having an impact on the working conditions of staff in social services and consequently quality of social service provision in some organisations is being affected.

Some social services were closed down during lockdowns thereby challenging the quality principle of availability. Providing affordable, accessible and quality social services remains crucial to Eurodiaconia members.

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Our Czechia member **Slezka Diakonie** reports a possible drop in the level of quality during the crisis period which has been marked by a lack of staff while the demand for services increase. Similarly, **Diakonie Deutschland** report a reduction in quality through the absence of physical contact. They report increased difficulties working with persons experiencing homelessness and dealing with social isolation in elderly care homes.

On the otherhand, our member **Philantropy Charitable Foundation of the Serbian Orthodox Church** say that the quality of their services has not been affected, they have managed to maintain good quality with great effort and adjustments.

⁷ <http://ec.europa.eu/social/BlobServlet?docId=6140&langId=en>.

Digitalisation of Services

COVID-19 has accelerated the move towards digitalisation of social services. Teleworking has become the new normal with technologies such as video conferencing, direct messaging and shared documents increasingly being part of our day to day life. During lockdowns, many of us have been nearly entirely dependent on the internet for work, education, information and even socialisation. Companies and organisations that would otherwise be reluctant to move their processes online have been forced to have both an online and offline presence. Eurodiaconia members, like the rest of Europe, have embraced this new norm in some parts of their work: principally in human resources; connecting with clients on the phone; offering counselling sessions on social media platforms. Nevertheless, some services cannot be provided online. Moreover, we are increasingly concerned about digital poverty and consequently increasing inequality gaps for those persons who cannot access the internet nor possess knowledge on the use of IT tools. In Ukraine, for instance, our member **Living Hope NGO** told us that they had difficulties reaching children when education moved online. In the rural 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.⁸ Similarly, our Greek member, the **Evangelical Church of Greece** told us that Roma children had fallen back on their studies due to the inability to access distance learning. The church stepped in to provide monthly internet fees to some families, as well as computers.

In Romania, our member **Fundatia Filantropia Timisoara** created an online platform where people could ask for help during lockdown, for instance, in getting medication and groceries. People from the local parish

⁸ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202009-Impact-of-COVID-19-on-Diaconal-Services.pdf>

and community could also offer their support through an app that works with a smartphone.

Diaconie Valdese, our Italian member, provided tablets to the elderly care facilities so that the residents could communicate with their family during lockdowns. However, this was not possible for those people with mental impairments. Our Austrian and Slovak, members bought tablets to enable residents in elderly care homes to communicate with family members.

Diaconia Latvia quickly adapted to the outbreak by moving some services online, staff connected with beneficiaries over the phone. They came up with a hybrid model of providing services with both online and offline; they created more locations for delivering hot meals as well as day and night shelter for persons experiencing homelessness.

In Serbia, our member **Philanthropy Charitable Foundation** reported that they have found digitalisation has allowed them to save money, as well as being easier and readily available to use. Also, in Czechia, our member **ECCB** has been having video conferences, online meetings and running training courses online. Yet, during the lockdowns, the ban on visits to care homes left clients suffering from lack of face to face contact leading to loneliness and feelings of isolation.

Also, **Svenska Kyrkan**, our member in Sweden, strengthened its on-call clergy service to give people spiritual support and offer them the opportunity to share their concerns online.⁹

Our Norwegian member **Diakonhjemmet** developed the use of digital tools in their internal communication and administration with a large part of their staff and leadership working from home. The use of digital tools was also applied across the diverse sectors; hospital, care, higher education and administration. In the hospital, follow-up of patients with long-term and

⁹ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202009-Impact-of-COVID-19-on-Diaconal-Services.pdf>

chronic conditions was possible with digitalisation. In higher education, exams, PhD defenses involving international examiners were carried out online. Also, in their care homes, tablets were distributed to residents to enable them communicate with families. However, with vocational training, they faced the challenge of ensuring students acquire necessary practical training and placements in the current circumstances. Eurodiaconia members have embraced the increase use of digital tools in their daily work, but evidently enormous effort is still needed to ensure the green and digital transitions pay urgent attention to persons least able to shoulder any extra burden. Digital transition will also require everyone have access to lifelong learning, skilling and upskilling. We therefore welcome the Commission's proposal to use resources in REACT-EU to invest in education training and skills development directed to address the twin green and digital transitions.¹⁰

¹⁰ <https://eur-lex.europa.eu/eli/reg/2020/2221>

Impact on Social Services

“2021 will be the year of delivery; governments are expected to deliver realistic and ambitious recovery plans to unlock NextGenerationEU funding...We will use the Recovery and Resilience Facility to provide new opportunities to people affected by the pandemic and couple that action on the ground with initiatives to implement the European Pillar of Social Rights” Executive Vice President of the European Commission Valdis Dombrovskis¹¹ The pandemic has placed social services under enormous pressure. Despite being a sector that has suffered from staff shortages before COVID-19 outbreak and insufficient funding, social service providers had to adjust to continue providing services amidst increasing demand. Our members report an acute increase in unemployment and a rise in poverty.

Europe can not miss this opportunity to permanently close the social inequality gaps that has existed in our society.

More families need food, clothing and shelter. It is already evident that inequalities are widening, and, if nothing is done, people who were already disadvantaged will be further plunged into despair thus reducing social cohesion in member states. We need improved social protection systems in order to ensure a strong and sustainable safety net for all. Also, adequate minimum income schemes should be introduced in all EU member states, we believe this should be at the heart of any impactful approach to address poverty and social exclusion. We fully support the calls for a legally-binding EU Framework Directive on Adequate Minimum Income as a cornerstone of the upcoming EPSR Action Plan in order to

¹¹<https://www.politico.eu/newsletter/brussels-playbook/politico-brussels-playbook-this-is-america-spending-eu-billions-no-corona-privileges-for-meps/>

raise the living and working conditions of millions of people currently experiencing poverty or social exclusion.¹²

Besides a surge in unemployment and poverty, People experiencing homelessness, had no homes to go to during lockdowns, thereby leading to an increase in demand for shelter and mental health support. Our member, **The Deaconess Foundation (Helsinki)** had to provide emergency accommodation shelter to the homeless Roma predominantly from Romania and Bulgaria.

Europe can not afford to miss this opportunity to permanently take people off the streets by engaging in decent social housing projects and permanently closing the social inequality gaps that have been overtly present in our society.

We welcome the initial response by the Commission to amend the Fund for European Aid to the Most Deprived (FEAD) as part of the Coronavirus Response Investment Initiative Plus CRII package introducing more flexibility and liquidity for member states. This made it possible to deliver food aid and basic material assistance through electronic or other types of vouchers.¹³ However, efforts must be put in place to prioritise social investments in public and private services which go beyond addressing immediate crisis needs to preparing for the future.

¹²<https://www.eurodiaconia.org/2020/09/policy-paper-update-adequate-minimum-income-recommendations-for-an-active-inclusion-strategy/>

¹³<https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202009-Impact-of-COVID-19-on-Diaconal-Services.pdf>



Funding

All Eurodiaconia members are very concerned about the loss of finance and the possibility of continuation of service provision with shrinking funding streams. Eurodiaconia's members have incurred extra unforeseen costs during the pandemic, they have succeeded in continuing service provision, though often with the use of self-raised funds but this is not sustainable and not the way to ensure well functioning social protection systems. The challenge of funding that plagued the sector before has been deepened with the crisis; the providers often bore the extra spending burden for the procurement of personal protective equipment and someother unforeseen expenditures. This is also an unsustainable

approach.¹⁴ Funding gaps that had existed in the sector must be addressed quickly to build social resilience.

In Germany, our member **Diakonie Deutschland** initially mentioned that social service providers were not included in government support programmes, but that has since changed with social services now benefitting from the national ‘safety-umbrella’ aimed at helping organisations to counter financial losses. The process to access the funds is still bureaucratic and complicated. There is always a massive need for social investment, especially in social housing and the provision of long-term solutions for people experiencing homelessness.

On another note, as our Czechia member **Diaconia ECCB** lost finances from clients payments, the government offered additional funding sources that were sufficient to cover the loss and extra unforeseen expenses. The government has equally contributed extra remuneration for social and health care employees. In Slovakia, employees in social services who worked more than 30% of their regular working hours during the first wave of COVID-19 received a one-time financial remuneration but have not benefitted from any recovery programmes yet.

Meanwhile, our Norwegian member **Diakonhjemmet** and our Serbian member **Philanthropy Charitable Foundation** both report that funding has been cut and the compensation offered by the authorities does not cover real expenditures. We are very concerned by the impact the lack of funding will have on staff and the continuity and quality of service provision.

We welcome the European Commission's commitment to using the Recovery and Resilience Facility (RRF) to provide opportunities for those affected. However, this must go beyond words, and beyond talking in general about people affected: recovery should provide opportunities for

¹⁴<https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/12/LTC-Policy-Brief-FINAL.pdf>

the most vulnerable groups;; migrants, elderly persons, persons with disabilities, Roma and persons at risk of poverty. Social investment should be top priority of the RRF; investing in accessible, affordable and good quality services for all is the way to build social resilience.

National recovery plans should therefore, recognise the specific needs of social services; they should be people-centred, geared towards creating opportunities for everyone to participate in all areas of life entirely. Managing authorities and social and health care service providers must engage in common decision-making as to how the additional funds should be used.¹⁵ Member states should be provided with guidance by the European Commission on how to protect and support social services in recovery actions. Also, the Recovery and Resilience Plans submitted by member states should not only be reviewed by the Economic and Financial Committee, but also incorporate input from Social Protection Committee and the Employment Committee. We recognise the effort to save jobs through the SURE scheme and protecting SMES, however the damage caused by taking a “jobs first” response to the crisis, which may have been the norm in previous years, has been well-illustrated and it must not be repeated. If the recovery is not managed successfully, the doors will be open for populism to take root across Europe. Moreover, jobs created should be of good quality and inclusive, working towards better integrating those groups currently under-represented in the labour market, and with safeguards to ensure that in-work poverty is no longer a reality for so many.¹⁶ Member states must equally ensure that social protection schemes are accessible and adequate.

¹⁵ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202009-Impact-of-COVID-19-on-Diaconal-Services.pdf>

¹⁶ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/10/202010-Promoting-shared-prosperity-in-the-European-Semester-taking-stock-of-the-2020-cycle-and-launching-the-2021-Semester.pdf>

We welcome Commission's commitment for the REACT-EU resources to support social systems contributing to social inclusion, with a particular focus on child poverty, and enhance equal access to social services of general interest, including for children, the elderly, persons with disabilities, ethnic minorities and the homeless. We hope that national governments will follow suit in their implementation plans.

There is a crucial need for less bureaucracy in accessing funds available, complex formalities make it difficult for not-for-profit social service providers to get funding for their basic functioning.



Heather Roy, Secretary General-Eurodiaconia :

Social Services are still struggling with ensuring good levels of staffing and staving off isolation and loneliness and not getting the financial support they need from available funds. The EU must step up its efforts to get funds to those who need them most and ensure that social services and social protection systems are reinforced and invested in.

Recommendations to EU and Member States



COVID-19 has not only been a health crisis but also a social crisis. The inequalities that existed before the pandemic have been drastically exacerbated; as such, the Commission and member states must now work together not only to tackle these widening gaps but also to permanently close the social inequality gaps.

The European Commission should provide clear guidance to member states in the preparation of Recovery and Resilience Plans making sure social objectives are given equal priority as other reforms.

Moreover, the Commission should also engage the Social Protection Committee and the Employment Committee alongside the Economic and Financial Committee when it comes to the assessment and final sign off of the national plans in order to get a more holistic viewpoint.

Moreover, member states should establish a task force that involves representatives of social service providers and organisation that represent users of services to contribute in formulating plans in the RRF.

Member states should act to support children in those households experiencing poverty by working to break the intergenerational poverty cycle through providing quality employment opportunities for their parents and adequate social protection schemes. Investment in early years development must also be prioritised as this can significantly improve health and socio-economic outcomes.

Also, member states should ensure the appropriate allocation of funds to meet the increasing demand for social services paying attention to the different target groups; early childhood care, elderly care, persons with disabilities and other vulnerable groups.

Moreover, each member state should establish a task force that brings together representatives of social service providers and organisations that represent the users of services to contribute in the formulation of the national Recovery and Resilience Plans.



Also, member states should provide financial support for the increased staffing needs in the social services sector both in the pandemic period and post-crisis period. To support national governments, the European Commission should create and implement a campaign across all member states to highlight the importance of the social services sector and its crucial role in social cohesion.

RECOMMENDATIONS AT A GLANCE

National recovery and resilience plans must be centred on social investment and social reforms as well as the full implementation of the European Pillar of Social rights.

The European Commission should provide guidance to Member States on the maintenance of essential social services alongside health services during and beyond the current pandemic.

Member states should work in consultation with social and health care providers in developing the national Recovery and Resilience Plans.

The European Commission must prioritise social services in recovery plans and member states must ensure recovery funds are made available quickly to social service providers.

The European Commission must ensure that the social dimension is not an after thought, it must be properly addressed. For the population to cooperate with the green and digital transition, they must be able to enjoy



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