

COVID-19 IMPACT ON EUROPE'S SOCIAL SERVICES

PROTECTING THE MOST VULNERABLE IN TIMES OF CRISIS



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About the European Social Network

ESN is the independent network for local public social services in Europe. It brings together organisations that plan, finance, research, manage, regulate, deliver and inspect local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and expertise.

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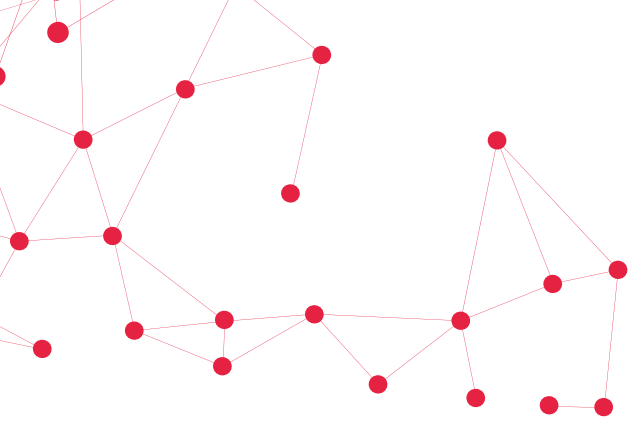
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About

This piece of work of the European Social Network (ESN) focuses on the first wave of the Covid-19 pandemic and is informed by:

- » the information provided by ESN members to build a website page with examples of how social services responded to the initial Covid-19 outbreak;
- » answers provided by ESN members to a questionnaire;
- » a series of webinars that took place between March and October 2020;
- » subsequent national quantitative data collected and provided by ESN members or through national data collection agencies.

Covid-19 webinar series

The Covid-19 webinar series brought together members of ESN representing public social services authorities, service providers and practitioners, to discuss not only the challenges they experienced but also the solutions and innovative practices developed as a response to the pandemic. Keeping with ESN's approach to disseminating good practice and facilitating exchange between professionals, the webinar series was open to all interested parties, with 675 participants attending over its course.

The series sought to capture the impact of the pandemic on all aspects of public social services, from financial implications for public

services, conditions of frontline social services professionals and, importantly, the needs of the vulnerable populations who social services support and protect. In this publication, we highlight the challenges for public social services and demonstrate how they have responded to ensure the continuity of care to vulnerable populations across Europe. Importantly, based on their experiences, the publication also outlines key considerations for decision-makers at European and national levels on the need to strengthen public social services and recognise their central role in both the response to, and the recovery from this crisis.

Introduction

The Covid-19 pandemic has placed additional pressure on a social services sector which was already under stress to protect the most vulnerable in society and has exposed the gaps and weaknesses of existing social protection and welfare systems, such as child protection, housing and homelessness, and long-term care for people with disabilities and older adults. This has led to creating additional vulnerabilities, particularly amongst older people, those who rely on social services, and those who have lost their jobs as a result of Covid-19, creating financial precarity, and ultimately leading to social exclusion.

Health services were at the forefront during the first wave of the Covid-19 pandemic, but they have not been the only services to carry the brunt of its fallout. Public social services have also played a significant role as they have continued to support and protect vulnerable populations across Europe. The pandemic is a classic illustration of the importance of an integrated approach underpinned by accessible and quality social services. The response to the pandemic cannot be a siloed approach, as to be truly effective it must go hand in hand with a well-financed public social services sector.

1. Challenges for vulnerable populations during Covid-19

1.1. Introduction

Since the beginning of 2020, Covid-19 has spread across Europe negatively impacting and changing the lives of European citizens, particularly the most vulnerable. The spread of the virus has led to a health emergency, with governments taking measures to limit physical proximity between citizens, closing businesses, implementing periods of 'lockdown', closing local public services such as schools, libraries and day care centres, and severely curtailing visits to hospitals and residential centres. These measures have, and will continue to, impact upon Europe culturally, economically as well as socially.

The social emergency caused by the Covid-19 pandemic has impacted greatly the most vulnerable individuals living in our communities, such as children, people with disabilities, homeless people, and older people. The fallout of the pandemic has had a direct impact on their lives and has equally had an impact on the public social services that support these vulnerable populations.

Public social services have been facing significant challenges during the Covid-19 pandemic, a crisis, which, for many if not all European countries, represents the first crisis of this scale. While some challenges emerged as a direct consequence of this crisis, others that were related to social needs not adequately met prior to the crisis have worsened, such as the lack of adequate housing and quality long-term care.

In this chapter, we will see how the Covid-19 pandemic impacted the lives of vulnerable populations across Europe. All populations have been affected by the Covid-19 pandemic, but in particular children, vulnerable families like those where parents are in unstable or low paid jobs,

the homeless, and older adults, especially those living in residential facilities. In many European countries, years of under investment has meant that the social services sector has struggled to meet the growing demand for support, while ensuring services quality, accessibility, and continuity.

1.2. Children and Families

Based on the experiences and testimonials of ESN members at the frontline of social services during the first wave of the Covid-19 pandemic, it emerged that children have been significantly affected by the Covid-19 health and social emergency.



To start with, closure of schools meant that the most vulnerable could not access support services operating through schools such as food and nutrition services, like free school meals, leading to the increase in the numbers of children at risk of poverty. As a response, local councils supported the most vulnerable families through vouchers for food and basic needs support. For instance, ESN member Barcelona County Council reported that local councils demanded increased budget to provide vulnerable families with vouchers to buy food and necessities.

ESN member, the social services consortium A5 in the Italian region of Campania reported an increased need of economic support for single parents-and low-income families with dependent children that had been severely impacted by the health emergency due to job and income loss. As in the Barcelona county, Campania's A5 social services consortium supported families in need with vouchers for the purchase of food, necessities, medicines and personal protective equipment (PPE).

Along the same lines, social services in public authorities members of ESN have seen a rise in families in need of income support due to the sharp increase in unemployment over the past months. In the city of Barcelona, local public social services supported 45,000 households just between March and July 2020. This figure accounts for half of the total number of beneficiaries in the whole of 2019. In France's Northern county of Eure, the number of households receiving minimum income rose by more than 6% just in three months between April and June. In the Belgian region of Flanders, social services directors warned that the number of households requesting social services support increased by 30% during the initial stage of the pandemic.

The pandemic resulted as well in the disruption of educational pathways of children. This led to situations where many vulnerable children could not be supported by their parents because many were essential workers in low paid jobs who were still working. In other situations, parents did not have the knowledge or skills to school their children at home, or equipment like computers to be able to support their children, as reported by our member the Public Centre for Social Welfare in Gent, Belgium.

The pandemic has also seen a rise in domestic abuse, specifically violence against women and children. ESN member CNOAS (national social workers association in Italy) noted an 80% drop in calls to domestic abuse helplines during the first

lockdown, resulting in child protection concerns potentially being underreported to the authorities as these issues may go unnoticed if children do not go to school.

Children within the child protection system were particularly impacted by measures such as physical distancing or the closure of mainstream public services. Paola Milani, leader of the P.I.P.P.I. programme for the prevention of institutionalisation of children at the Italian University of Padova, reported challenges in the continuity of work done by social workers and educators with children and families due to physical distancing rules. Another issue highlighted was the increased difficulty for child protection services to meet their statutory obligations because of lack of PPE for professionals, for example to be able to visit the homes of the families they work with.

Likewise, children not living with their biological parents were significantly affected though at different rates. The most affected were children living in residential facilities. Marie-Paule Martin Blachais, ESN member who leads the French Ecole de Protection de l'Enfance, explained that children in residential care facilities who would go to school or visit other services in normal circumstances, spent all their time in the residential homes where they lived as they were not able to go to school or to other support services like mental health. However, Ms. Blachais explained that the impact of the pandemic was felt differently by children in residential care and those in family foster care. The sense of isolation was higher for children in residential facilities, while children in foster family care reported a higher sense of security.

“Children cared for in foster families had a feeling of better inclusion than those in residential facilities because of being able to share the risks to health as a family”

Marie-Paule Martin-Blanchais,
Ecole de la Protection de l'Enfance, France

In Scotland, it was reported that the pandemic impacted on the number of child concern cases reported to the police. Scotland saw a steady increase in child concern reports between April and October 2020 in comparison with 2019 figures. It is felt that this was a result of pandemic measures such as lockdowns, school closures and difficulties in ensuring community child safeguarding.

1.3. Homeless people

Homeless people have been another population group hit very hard by the pandemic. Not having a 'home' in times when the population is asked to stay at home, homeless people struggled to apply physical distancing rules, find shelter, and care. ESN member Riga City Council reported challenges faced by authorities running homeless shelters to maintain physical distance and provision of PPE for staff and for people using services.

“A total of 603 homeless people or people in crisis situations remained in Riga's shelters and five other organisations provide services contracted by the municipality during the pandemic”

Martins Moors,
Riga City Council Welfare Department



There were additional challenges placed on health and social services. The lack of knowledge and reliable data on the extent of homelessness made the issue all the more concerning as there could be other groups unknown of and who therefore received no support. It was highlighted that the risk of infection was higher among homeless people due to the impossibility to self-isolate, as reported by our member Madrid City Council.

1.4. Adults with disabilities and older people

Social services authorities operating across Europe reported challenges for people with intellectual disabilities and their families, as they were impacted by a different daily routine. ESN member, the Department for Social Inclusion of the Regional Government of Galicia reported increased lack of understanding and discrimination towards people with cognitive impairments who were having difficulties understanding the rules implemented by the authorities.



“People with disabilities who used to go to day care centres have been missing contact with carers”

Carlos Santos Guerrero,
Department for Social Inclusion of the
Regional Government of Galicia, Spain

ESN member, the Maltese Agency responsible for the provision of support for people with disabilities, Agenzija Sapport, also reported that people with disabilities and their families were impacted by the reduction of certain social services, such as the closure of day centres and community services and banning of visits to people with disabilities living in residential facilities.

Another major challenge related to access of information for people with disabilities, such as the lack of material in sign language or easy to read material when plenty of new information was constantly being produced and could not be provided in hand due to physical distancing rules.

However, the population group most affected by the Covid-19 pandemic has been older people. Hans Kluge, the regional director for WHO Europe, said in a [virtual press briefing](#) that between March and May 2020, 95% of Covid-19 fatalities on the continent had been people older than 60.

Additionally, more than 50% of all deaths in Europe were people aged 80 or older. Already at high risk of infection from the virus due to their weaker immune system, older people, living at home or in residential facilities, dealt with loneliness and isolation respectively and increased need for care and support.

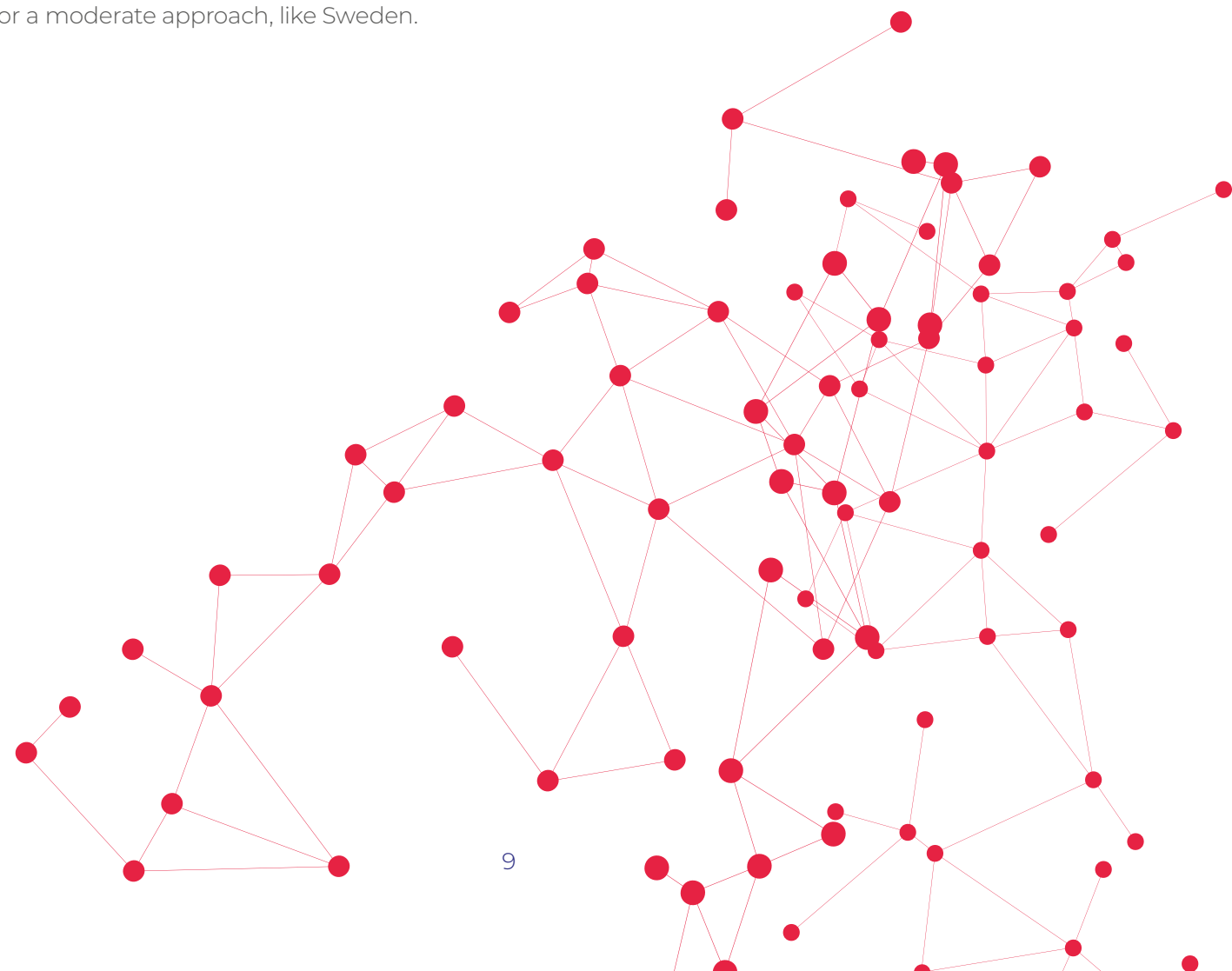
Older people living at home dealt with isolation and need for support with everyday tasks, such as grocery shopping. For older people at home, services were reduced to the most basic ones, such as personal care. However, ESN members reported how several older people, users of care

in their own homes, did not feel comfortable with having carers coming to their homes.

For example, Barcelona County Council reported that the percentage of service users of domiciliary care dropped significantly in the first months of the pandemic, reaching a reduction of 35% by May 2020.

Older people living in residential care facilities were exposed to high risks of infection. In residential centres for older people, professionals have been facing enormous pressure due to the need to keep residents and themselves safe -in many cases with a lack of PPE. According to the [European Centre for Disease Prevention and Control](#), deaths in care homes represent from 30 to 60% of all Covid-19-related deaths.

This dramatic situation has affected all countries, from Germany -with a fatality rate in care homes of 37%- to Spain with a 66% rate. The situation has been similar across countries that have adopted severe lockdown measures as well as those that opted for a moderate approach, like Sweden.



2. Challenges faced by public social services during the Covid-19 pandemic

2.1. Introduction

Now that we have seen the challenges vulnerable populations faced during the first wave of the Covid-19 pandemic, we can move on to look at the challenges of public social services as a direct consequence of the Covid-19 emergency or because of existing social needs exacerbated by the pandemic.

In addition to challenges related to the provision of support for specific vulnerable populations, the several challenges public social services have been facing related to lack of personal protective equipment (PPE), staff shortages, increases in workload, and the need to adapt from a face-to-face to a remote model of working.

2.2. Lack of personal protective equipment

Access to personal protective equipment (PPE) represented one of the major challenges for public social services. As most social services are delivered face-to-face, public social services authorities struggled in the first wave of the pandemic to ensure the provision of PPE to professionals and people using services. For instance, despite social services being considered essential by legislations in several European countries, there was a widespread lack of PPE, which posed challenges for visits at social services centres, assessment interviews and the possibility for social workers to visit people in need in their homes for assessments or follow-up activities.

A survey organised by ESN's member, the Italian National Council of Social Workers (CNOAS), answered by almost 20,000 social workers, found that around 30% of social workers had to purchase PPE themselves, while 2% declared having worked without PPE. 50% of the interviewees declared that PPE was mostly not available, or it was not sufficient. The lack of PPE posed severe challenges to the delivery of social care in people's own homes.

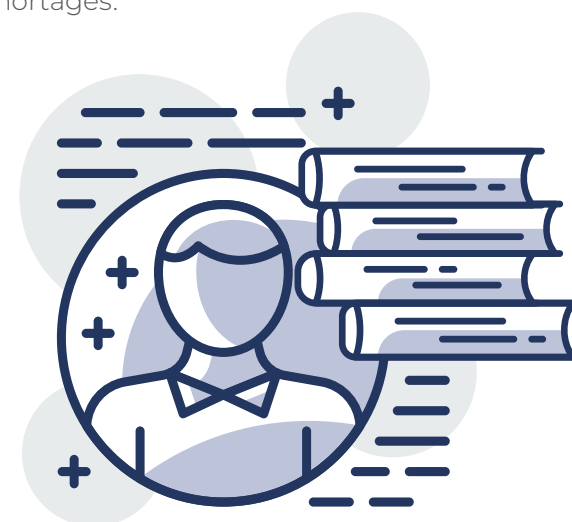


Public social services across Europe reported having to operate without PPE, especially at the beginning of the pandemic, putting at risk professionals and people using services. ESN members in the UK, Ireland and Spain reported that, while the national health services had a national system for the distribution of PPE, social care -particularly care provided by independent providers- was reliant on using external suppliers, therefore slowing down and increasing the price of accessing and purchasing PPE. For example, in their [survey](#) on the Covid-19 impact, England's Association of Directors of Adult Social Services (ADASS) wrote

"Help is needed from government in relation to testing, additional funding, better access to PPE, and having more influence on national health service decision-making."

2.3. Staff shortages

Despite a significant increase in workload, the necessary human resources have been missing in public social services to deal with it adequately. This challenge, already present before the pandemic, has been exacerbated significantly by the Covid-19 crisis. As highlighted, among others, by Riga's City Council Welfare Department, there are few specialist professionals dealing with infectious diseases and the workforce was reduced by a combination of reasons. For example, several professionals could not perform their work as they or their family members were symptomatic or belonged to high-risk groups, and therefore had to self-isolate. These observations have been also confirmed by the literature; for example, according to the report of the institute for long-term care in the Netherlands on [Covid-19 impact on care services](#): "The availability of sufficient staff was a major concern in the various phases of the pandemic". Fear of infection as well as school closures leading to increased childcare responsibilities also contributed to staff shortages.



As a result of staff gaps, in many countries staff in long-term care facilities were supported by staff from other sectors. According to the report of Vilans, national institute for long-term care in The Netherlands, in Germany, Belgium and the Netherlands, the army was deployed to provide some essential services, such as distributing meals or testing residents. In Denmark, additional cleaning staff were employed to maintain the required sanitary measures. In France, authorities implemented Le Plan Bleu - a crisis plan for nursing homes allowing more efficient recruitment of staff and calling on all those with the required skills to provide support. This was accompanied by the deployment of a significant number of volunteers to the most needed places.

2.4. Increase in workload and need of additional resources

During the Covid-19 pandemic, social services experienced an increase in workload due to the need for adaptation to regulations imposed by governments and emerging needs of populations with whom public social services work. The lack of material resources, such as funding and adequate infrastructure represented major challenges for public social services authorities. Social services needed to adapt due to regulations imposed by governments while having to support increasing numbers of people in need because of the social and economic consequences of the crisis, which have been worsening over the last months.

Barcelona's social services provided 18,760 emergency allowances for a value of 8 million EUR, more than double the amount in 2019, just between March and July 2020. More broadly, across the whole of Spain, the Ministry of Social Rights dedicated 300 million EUR for an extraordinary fund that was transferred to regional authorities. The evaluation of the Fund shows that the resources were mainly directed to families most in need. In England, the cost of supporting people in need of care services

increased by 5% (younger adults) and 8% (older people). These costs are likely to increase as the digitisation processes, assistive technology and telecare are further developed to better respond to the needs for independent living and autonomy of the people supported by public social services.

In the Swiss Canton de Vaud, additional family benefits for families with children under 16 who could not cover the basic needs of their household needs, were set in place, entailing a monthly financial benefit and the reimbursement of duly proven care and sickness costs.

In the Italian region of Campania, social services provided financial resources for the purchase of necessities, medicines and personal protective equipment for families and older people in need. They also implemented social support programmes for single- and low-income families with dependent children who have been severely impacted by the health emergency, for example because they lost their employment.

During the first wave of the Covid-19 pandemic, several public social services opted for vouchers to deliver food, necessities and social services. Local voucher support systems were for instance set up in Bergisch Gladbach (Germany), Genova and Brescia (Italy).

Due to the increased workload during the Covid-19 pandemic because of increasing numbers of people needing public social services support, a need for planning and developing existing and new services emerged to face the new situation. As highlighted by the UK's organisation Skills for Care and Development, future emergency plans should reflect local and regional needs and recognise the different issues faced by the various populations that require social care support.

“We will need to make sure the wellbeing of social care

workers, families and people with care and support needs are addressed.”

Jim Thomas
Skills for Care and Development, UK

2.5. Adapting the way of working

Public social services faced several challenges in adapting to new ways of working using technology and digital means. Suddenly faced with temporary shutdowns, social services who normally deliver support face-to-face had to be rethought and delivered telematically. Considerations on how to deliver social services, telecare and privacy issues were hereby of fundamental importance. Discussions around the investment in digital tools for programme delivery were discussed in social services authorities, as well as investments in telecare to support people in their own homes.

Evaluation and training of staff became fundamental for the use of new technological tools to deliver social services. Where possible, public social services authorities established teleworking modalities to protect professionals, their families and people using services. A survey organised by our member the Italian National Council of Social Workers, answered by almost 20,000 social workers, found that 40% of social workers worked in a hybrid modality and alternated working from home and physically with service users. Malta's national service provider for people with disabilities Agenzija Support experimented with the transition of programmes for service users to online formats.



3. Public social services responses to the Covid-19 pandemic

3.1. Introduction

Having identified the challenges brought about by the Covid-19 pandemic, in this chapter we will review how public social services responded to the social emergency which hit Europe, especially how they kept providing support to the populations most in need.

Representing a social safety net, it became essential for public social services authorities to maintain operations and to offer support to the people most affected by the crisis.

From the beginning of the pandemic, public social services proactive response to the Covid-19 emergency was to put in place the necessary legislative and policy measures to maintain and adapt operations and services, coordinate services among different levels of government, and use technological tools and solutions to deliver social services. Following this, public social services adopted cross-sectoral cooperation solutions, invested in additional services, supported social services professionals in carrying out their work, and created instruments to support specific populations.

3.2. Legislative and policy measures

Crucial to the continuity of public social services have been the series of legislative and policy measures taken at national level. In Italy and Spain, national governments recognised the essentialness of social services during the crisis with legislation passed to ensure the continuity of social services and the adequate protection of professionals working in the social services sector.

Designating social services as essential proved to be a necessary step to ensure the allocation of professionals to where they were needed most, reorganising work, prioritising support for people using services based on their degree of needs and vulnerability, providing professionals with PPE to exercise their statutory duties such as inspecting homes where there might be suspicions of domestic violence, or supporting children in foster care.



Additional legislative and policy measures benefitting social services were taken in several EU countries. For example, ESN member the German Association for Public and Private Welfare reported adjustments made to parental allowance and support for parents working in essential jobs, such as social services.

3.3. Coordination between government levels and across sectors

Coordination between different levels of government and public agencies and services has also contributed to ensuring continuity of public social services. In Italy, a civil protection taskforce coordinated all professionals and volunteers working for emergency services, informing them promptly about decisions taken at national level, e.g. safety measures and changes in rules. In Spain, the national government issued measures and recommendations covering all regions distinguishing between the responsibilities of local and regional authorities in home care and nursing homes for older people.

Likewise, ESN members reported increased cooperation between the public, private and third sectors. Cooperation was crucial in the planning, financing and delivery of care, especially between health and social services. For example, ESN member Ireland's Health Information and Quality Authority (HIQA), which regulates health and social care in Ireland, reported that a national public health emergency team was set up with the participation of health and social care providers and the regulator. As part of the process, specialists provided remote monitoring and advice for social care facilities.

In the United Kingdom, social services authorities cooperated with the national health service on the discharge to the community of people from hospital creating capacity in the latter, as reported by ESN member the Association of Social Services Directors in England.

From the outbreak of the pandemic, there was also an increase in community and volunteering initiatives. These were crucial for the delivery of some social services. Local communities across Europe came forward to deliver food and support to people locally. For instance, ESN member Swindon Council reported that volunteers were deployed alongside Council staff to ensure the

delivery of food and medication to those in need. On average, 150 food parcels were delivered per week and 120 calls were held per day in the initial months of the pandemic.

3.4. Investment in Technology and Digitalisation

During the Covid-19 pandemic, there were different ways in which authorities invested in social services technology, particularly in the use of data and service innovation and improvement. Several ESN members report having invested in digital tools, such as tools allowing remote working, future demand forecasting and risk profiling. IT was used in planning social services and several social work interventions were performed using IT.

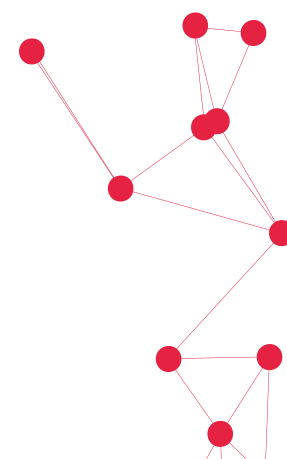


Based on the answers to a questionnaire shared with ESN members between July and September 2020 we found out how social services administrations invested in data analytics. While most respondents explained that they slowed their data automation processes, there was significant investment in relation to automating manual processes both for workers and clients. Predictive analytics appears to be in relatively limited use among public social services, but the questionnaire answers also showed that

those who use it are now investing more. The largest continuing investment was on risk profiling, while new investments were made in service optimisation but also in future demand forecasting.

We also asked members whether they invested in reading and interpreting case notes, automating decision-making or automating forms. While some were already investing in these before Covid-19, this is a new area and has yet to be a priority. When it comes to reporting and data analysis, we learnt that new reporting to support management information was the largest area of continuing investment during Covid-19. Overall, it was clear from the questionnaire that the use of data is now prevalent in many social services administrations. The changes undertaken by many indicate a level of maturity and willingness to adapt to the pandemic.

For example, ESN member, Social Services Observatory of the Regional Ministry of Social Rights and Welfare in Asturias (Spain) set in place an early detection and monitoring system to obtain near real-time relevant information on the 240 care homes located in the region. The system provides information on the capacity of care homes and facilities, the impact of the disease among residents and staff and information about personal protective equipment (PPE), cleaning and disinfection needs.



“Our early detection system allows to plan PPE purchases, define measures and protocols, give guidance, advice and support in the application of protocols, manage cases of social emergency, carry out referrals of infected users to hospital or the medicalisation of care homes where needed, and reinforce staff when it is necessary to do so”.

Regional Ministry of Social Rights and Welfare in Asturias (Spain)

In relation to service innovation and improvement, we found out that ESN member organisations in public social services invested in chatbots, case management, digitalisation of web forms, telecare and remote monitoring.

In Riga (Latvia), the social welfare department introduced a system for the automatic renewal of decisions on special needs and the entitlement to services and benefits. It was also agreed that new applications could be submitted remotely.

Chatbots or virtual service agents are a relatively new investment area, but those organisations that had invested in chatbots continued to do so during Covid-19, which suggests the value generation for those who invest in them. Case management is a relatively mature area representing the most sustained digitalisation investment, and it has been expanded to widen participation of people in the case and automation of manual processes. We also found out that those organisations that had invested in digitalisation of application forms, document upload and case evidence continued to do so during Covid-19. Results from the questionnaire show that organisations needed to inform people who use their services and constantly updated their information, forms, and adjusted their online services accordingly.

Of all the areas assessed, telecare was the one with the largest number of new investments. Remote consultation, remote monitoring and follow up services had both a high number of continuing and new investments. Results show that the pandemic likely created the right conditions for organisations to make major steps in their thinking around telecare.

For instance, service users' monitoring systems and 160 'smart client monitoring sensors' were implemented in Riga's social care centers to ensure the monitoring of service users in their own rooms avoiding frequent direct contact with care professionals.

Visits and face-to-face conversations started to take place mostly through video-conferencing. In Ghent, group level support was tried out using Youtube uploads with messages for wellbeing and physical activities at home and communications with people using social services via sms-apps.

Our Portuguese member Santa Casa da Misericórdia de Lisboa, responsible for the provision of all social care services in the city of Lisbon, experimented with virtual reality to improve its provision of social services. They believe that virtual reality could improve the lives of older people living in their nursing homes, reducing loneliness, improving their mental health and "transporting" them to places they could not visit otherwise.

Looking at future investment plans, member organisations said that they would need to invest more in digital tools in the future, not only in existing but also in new solutions.

3.5 Support for frontline professionals

Social services professionals are at the forefront of the Covid-19 pandemic and the social emergency which emerged because of it. Supporting professionals has been and continues to be crucial for the continuity of social services.



From the outset of the pandemic, public social services authorities across Europe drafted guidelines and recommendations for professionals working in social services. These mostly focused on safety, but other types of guidelines were also developed. In France, the Directorate for Social Action, Childhood and Health of the city of Paris launched a [toolkit](#) for professionals working with children and families. The toolkit aims to answer the needs of parents, carers and professionals working with children and their families through the provision of materials and resources, such as information on the virus and safety guidelines specifically designed for children.

In Spain, ESN member Matia Foundation drafted [recommendations](#) for professionals dealing with members of vulnerable population groups, such as older people and children in need of emotional care. The foundation drafted these recommendations

for the emotional care of carers and relatives of people who require support and live in lockdown either in a facility or in their own homes.

We also identified examples of emergency support for professionals through the provision of PPE, testing, temporary accommodation, to be able to protect family members from the higher risk of infection to which professionals working in social services might be exposed. Our member, the Italian National Council of Social Workers, explained that several public social services in Italy offered psychological support to respond to an increase in burnout among social services professionals during the pandemic. In Belgium, a total of 20 million EUR of emergency resources were invested to cover increased staff and operating costs during the pandemic. Local authorities also opted for new ways of supporting providers, for example Riga City Council offered an increased price for providers who have continued to take care of persons diagnosed with Covid-19.

"Quality and promptness of information for social services is important in order to adapt services in real time."

Tobias Voltan,
Italian National Council of Social Workers, Italy

3.6 Support for specific populations

Public social services have had to put in place specific measures to alleviate the impact of the Covid-19 pandemic on the vulnerable populations with whom they work.

3.6.a. Children and families

Specific measures adopted for children and families include, among others, guidelines and financial support in various forms. The city of Paris created a [toolkit](#) with guidelines and resources for parents and carers. The toolkit includes child-friendly information about Covid-19, lockdown and hygiene rules as well as recommendations and advice on how to stay healthy and creative, maintain regular physical activity or build musical instruments at home.



Madrid City Council introduced the 'Family Card' enabling the most vulnerable families to purchase food and hygiene products through this system of cards. Almost six thousand families have benefited from the programme so far and the total amount of support amounts to 20 million EUR.

Socio-economic support measures were put in place for vulnerable families. The social services consortium A5 in the Italian region of Campania provided socio-economic support for families who saw their income reduced due to the pandemic. First, a financial allowance for the purchase of necessities, such as food and medicines, for families and older people in need. Second, a

joined-up allowance and programme for single parents and low-income families with dependent children who had been severely impacted by the health emergency, for example because they lost their employment.

In the Canton of Vaud, Switzerland, financial help was provided to families in need. The canton grants health insurance subsidies and a financial benefit for families who cannot meet their basic needs, as well as additional family benefits. In Germany, parental allowance and support to parents working in essential professions such as healthcare, social services or the police, was set up, as reported by our member the German Association for Public and Private Welfare.

As highlighted above in chapter two, the pandemic disrupted the educational pathways of children and led to situations where many vulnerable children, who could not go to school, could not be properly supported by their parents or lacked the necessary equipment to be schooled at home. To respond to these situations, local councils, for instance in Flanders purchased computers for the households in need. To make up for the suspension of free lunches at schools, Riga City Council issued pre-paid meal cards enabling vulnerable families to purchase grocery products and maintain a healthy diet.

Measures have also been implemented to fight domestic violence. For example, Association of Local Authorities in Iceland launched a dedicated helpline and introduced awareness-raising campaigns in local communities. Likewise, Canada's Institute of Excellence in Health and Social Services (INESSS) introduced social safety nets for children and youth at risk of abuse. These include the tightening of cooperation and coordination between various services' providers (community-based services, schools, and health).

Members reported responses to specific needs and challenges of youth during the prolonged periods of isolation at home. Spain's Avedis

Donabedian Institute provided the example of a collaborative programme aimed at improving the emotional welfare of 12-22-year-olds. The programme included the development of a toolkit for professionals who work with this age group and strategies to support teenagers and youth, who have emotional problems, within their communities.

3.6.b. Homeless people

Throughout Europe, shelters and emergency programmes were set up for homeless people and families. In Denmark, municipalities like ESN member in Esbjerg opened a combined service of shelter and health care for homeless people who may have become infected with Covid-19. In Italy, emergency programmes for the homeless were set up with centres operating 24/7 as well as preventative anti-poverty schemes of 6 billion EUR in emergency income for 10 million low income workers, as reported by our member the Italian Social Workers Association.



3.6.c. People with disabilities

People with disabilities and their families were significantly impacted by the Covid-19 pandemic. Public social services across Europe had to close day services at the request of national governments, and all visits in care homes had to be stopped, so contact with family members was encouraged online instead. Likewise, social work interventions had to be provided online or over the phone except in cases of emergency.



In Malta, social services for people with disabilities and their families had to be reduced drastically to minimise the risk of the virus spreading both among service users and professionals. However, Agenzija Sapport, like similar agencies across Europe, set up specific e-mail addresses and hotlines for people using their services and provided accessible information to people with disabilities, including sign language, audio and easy to read materials.

In Canada, INESSS published guidelines to help find a balance between the fundamental rights and freedoms of persons with disabilities, and the capacities and obligations of facilities, to support persons with disabilities in adapting to the new situation.

“Ongoing training and online supervision for personnel has been essential to ensure continuous professional development to deliver high-quality services”.

Bianca Caruana,
Agenzija Sapport

3.6.d. Older people

Public social services have been giving a lot of attention to the protection of older people, due to their high vulnerability during the pandemic. As day services closed, a great concern for public social services was to be able to reach out to older people in need of support.

Domiciliary care cases were re-assessed, to identify those individuals most in need of domiciliary care services through reviewing service users' individual needs and their support network. Isolated dependent older people as well as isolated people with disabilities were prioritised in the receipt of domiciliary care services. For example, in Lisbon, Portugal, service users were classified in three categories, from the most to the least vulnerable, which led to allocating the provision of home care services to the most vulnerable first. In Iceland, a system of staff redeployment has been introduced to respond rapidly to staff shortages in individual facilities.

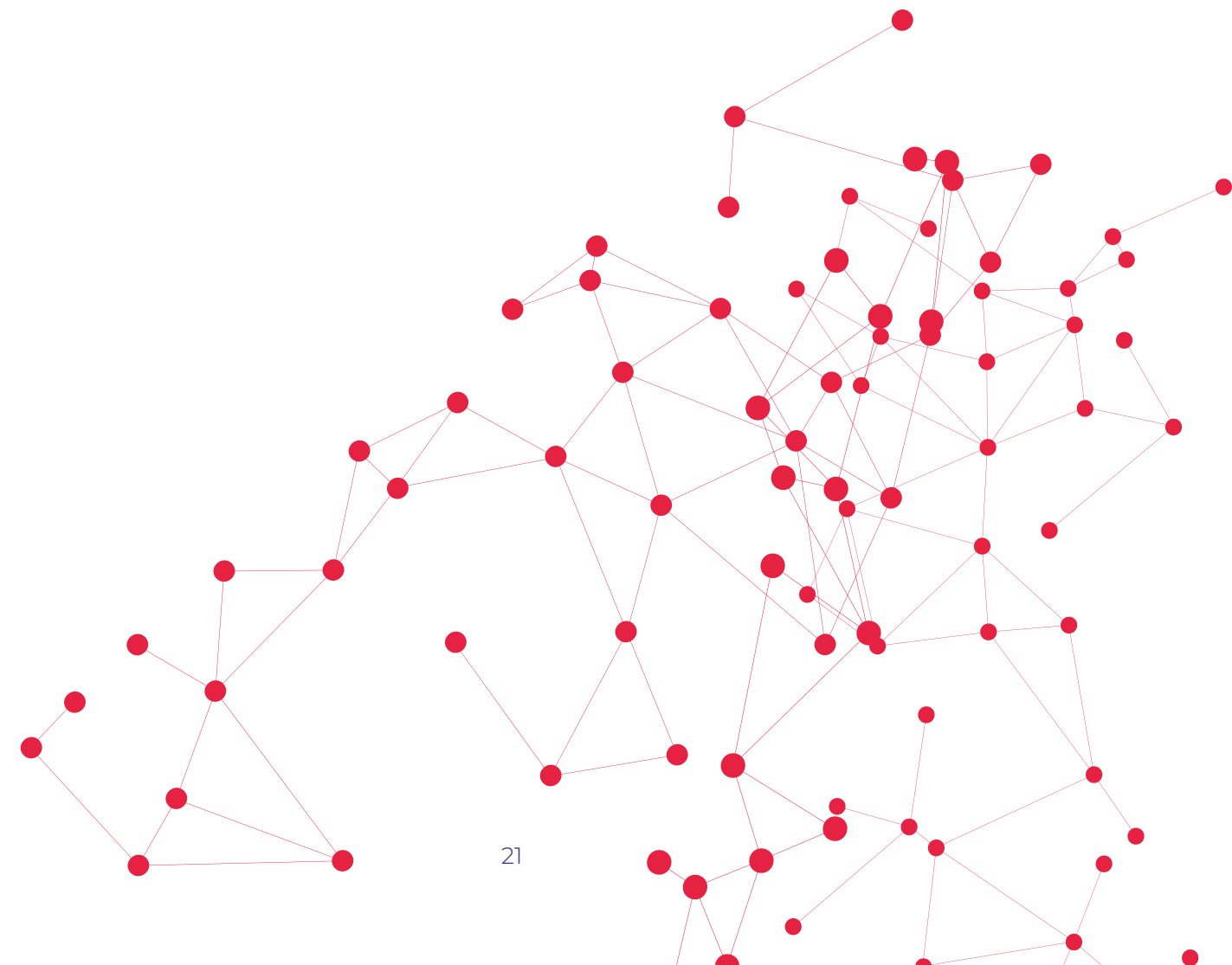
Domiciliary care services such as the purchasing of food and necessities, care and personal hygiene were prioritised. Helplines were set up to offer support to lonely older people while several volunteering initiatives took place to assist the elderly with grocery shopping and everyday tasks. For example, ESN member Vitoria-Gasteiz, Northern Spain, set up a programme to phone older people, who use the municipality's day care centres that closed due to the pandemic, so that they could check on their health and emotional status. In total, 10,000 people were reached, and situations of need were identified and followed-up by specific measures, such as food delivery and psychological support for people when symptoms of anxiety had been identified.

INESSS in Canada introduced a dedicated programme on remote socialisation. Persons involved could choose a communication method and were then provided with the technologies enabling contact with their relatives, who were informed about the new communication possibilities enabled by the available tools. The programme involved not only family members but also volunteers and community organisations.



Telecare was reinforced in several European countries. According to Barcelona County Council, more than 90,000 people use telecare services in the municipalities they cover, a figure that represents a coverage of 12.40% of the population over 65 years of age and close to 40% of those over 80 years of age. During the Covid-19 pandemic, in Lisbon, our Portuguese member, Santa Casa da Misericórdia de Lisboa, installed additional devices so that people could ask for help through a button placed on a necklace. A telecare platform was furthermore set up to collect data on service users' health and wellbeing.

Likewise, ESN member the city of Madrid offers telecare through installed devices to ensure the safety of service users, such as devices to monitor falls, and their wellbeing, through a specific support programme. During the Covid-19 pandemic, the city has reinforced this service, installing more devices and checking on service users through weekly calls.





Conclusions

The Covid-19 pandemic is impacting Europe culturally, economically, and socially. The current socio-economic situation is indicating that these challenges are likely to increase in the months and years to come, with more people in need of support from public social services. People with disabilities and their families have seen a reduction of social services, as well as therapy sessions and closure of day centres. The problem of homelessness has been exacerbated by the Covid-19 crisis. Homeless people seem to be especially at risk of infection due to their impossibility to isolate. Public social services have furthermore struggled to protect residents and provide support to non-sufficient elderly people living at home or in residential homes.

Public social services authorities across Europe have faced very similar challenges in the provision of social services to those in need during the Covid-19 emergency, exacerbating the issues that were already present before the crisis. Specifically, access and provision of personal protective equipment, staff shortages and lack of additional funding and adequate infrastructure, have represented major challenges for public social services in local communities across Europe.

In response to the Covid-19 pandemic, public social services across Europe responded with several measures to continue providing for those in need of support. Through legislative and policy measures, coordination with different levels of government, the use of technological tools, cross-sectoral cooperation and financial investments, public social services guaranteed the continuity of delivery. Specific measures were put in place for the different population groups, in order to counter the specific impact the pandemic had on them.

An understanding of the ways that the social services sector has responded to the Covid-19 crisis has the potential to inform planning for future phases of the pandemic or potential crises to improve service preparedness at national and local levels. As we move forward, there are two important facts, which must be acknowledged by decision-makers:

1

We must learn from this crisis to ensure that that public social services are more prepared for and responsive to future crises of this nature.

2

Public social services will play a vital role in economic recovery, through supporting the social inclusion of the most vulnerable in local communities across Europe.

Recommendations to support social services resilience and reform

Public social services across Europe are working tirelessly to guarantee continuity of social services and support vulnerable people to mitigate the social impact of the Covid-19 pandemic and ensuring that no one is left behind. Several important recommendations can be formulated based on the experience to date of ESN members in dealing with the fallout of the pandemic. Specifically, these recommendations look to underline the support public social services will require to continue guaranteeing social services to those in need.

1. Recognise social services as essential services

Recognition of social services as being essential is key to investment. The role played by social services at times of crisis should be viewed as important as that of the health sector when mitigating for the social fallout of the crisis and ensuring recovery. Failure to do so would result in higher levels of social exclusion and poverty which would stymie recovery from the crisis. Public social services play a vital role in economic recovery, through supporting people to fully contribute to society and the economy. Their role is also vital to encourage the development of the care economy as a generator of employment in the care sector, which has significant shortages across Europe.

Furthermore, this consideration has proven to be instrumental in several countries in the access of support, such as emergency funding or access to personal protective equipment (PPE) for practitioners and service users, which is of highest importance for the continuity of delivery of social services.



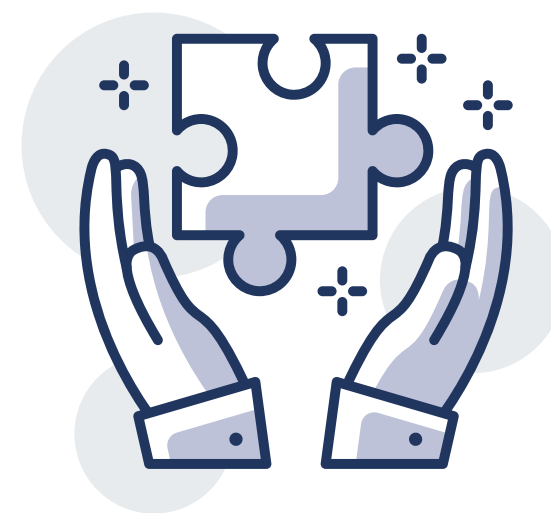
2. Invest in Social Services to prepare for future crises

Strong social services act as an effective safety net to protect the most vulnerable against the worse impact of any crises. Therefore, their role impacts the implementation of European initiatives at local level, such as those supporting the realisation of the principles contained in the European Pillar of Social Rights (EPSR). To make this a reality, social services need support, hence clear references to social services must be prominent in EU funding guidance, in particular in REACT-EU, the Recovery and Resilience Facility, and ESF+ so that national, regional and local authorities can employ these funds for the reformulation and modernisation of social services.

3. Support the social service workforce

a. to improve quality, coverage and continuity of care

Social services professionals need to be supported in the best way possible. The quality, coverage and continuity of social services and social care depends greatly on its workforce who play a vital role in supporting those in need as we have seen during the current pandemic. There is a lack of standardisation of skills and training for social services and social care professionals and differences in their status across countries.



The sector is facing a tremendous recruitment gap and there are issues with poor working conditions and funding, development and career progression, which have become exacerbated by the current Covid-19 crisis. There is a need for national social care workforce strategies -supported with EU funding- to improve the attractiveness of the sector, development and retention.

b. to adapt to new ways of working

The pandemic underlined the need for social services to be more agile in service development and delivery. Nothing can replace face to face contact between professionals and people using services, but technological and digital advancement can support public social services to ensure that they are both accessible and responsive to the needs of those in need of services. Considering this, it is important that the social services workforce receives the necessary training to include new ways of working with technological tools.

c. to be responsive to future crises

Safety measures need to be in place and psychological support is needed in future crisis situations. Investment in PPE and training on how to use it, management of emergency situations and the use of IT equipment or digital tools are necessary to guarantee the continuity of quality social services.

4. Specific measures for individual vulnerable groups

Specific attention should be placed on efforts in detecting children in need of child protection and victims of domestic violence in need of immediate support. Furthermore, people with disabilities should be supported in dealing with the specific challenges they face given the circumstances, for instance through accessible information material and specific support. Public social services need to be supported in the provision of shelter and care to homeless people. Likewise, investments are needed in the reinforcement of domiciliary care and support to non-sufficient older people.

European Social Network ASBL



8th Floor
Avenue des Arts 3-4-5
1210 Brussels. Belgium



Tel: + 32 (0) 251 110 93
info@esn-eu.org
www.esn-eu.org



@ESNsocal



european-social-network

